



CAMPUS CONSORTIUM'S  
**MULTI-FACTOR AUTHENTICATION GRANT**

Last Date to Apply

**May 20, 2019**

## MULTI-FACTOR AUTHENTICATION GRANT OVERVIEW

The Multi-Factor Authentication Grant provides selected institutions a grant award up to **\$50,000** over a period of five years which covers licensing, hosting, professional services and support costs associated with implementing the Multi-Factor Authentication solution.

## NO. OF GRANTS AVAILABLE?

There are limited number of partial and full Grants to be awarded

## WHO CAN APPLY & WHAT IS THE QUALIFICATION CRITERIA?

- K-12 Schools and accredited institutions of Higher Education are eligible to apply.
- Previous awardees are eligible. Separate applications are required for each Grant pursued.
- For swift implementation, applicants are required to demonstrate institutional purpose in the form of a “letter of intent” signed by Dean/President or member of campus leadership team. The letter should ideally indicate problems the solution aims to solve, and why the Grant would be a helpful solution for the institution.
- Preference will be given to applications who have a letter of recommendation from a previous Grant awardee.

## KEY GRANT APPLICATION DATES & DEADLINES

- Grant application due date: **May 20, 2019**
- Review of Application by Grant Review Committee by: **May 27, 2019**
- Grant Applicant Interview and Technical Expert Session by: **May 31, 2019**
- Grant Award Letter issued to Grant Recipients by: **June 3, 2019**
- Grant Award Walkthrough by: **June 11, 2019**
- Execution of Grant Award Agreement by: **June 17, 2019**
- Project Kick-Off by: **July 1, 2019**

## HOW TO APPLY

1. Register for Grant and download application form
2. Print and complete the grant application form
3. Submit completed grant application to [grantapplication@campusconsortium.org](mailto:grantapplication@campusconsortium.org)

## General Information

### Applicant Information

Name of Institution:			
President/Chancellor:			
Point of Contact:			
POC Phone:		POC Email:	
CIO/VP of IT:			
CIO Phone:		CIO Email:	
Institution's Address:			

### IN THE CASE OF BEING AWARDED THIS GRANT:

Do we have your permission to email the grant award letter to the President/Chancellor listed above?
If not, please indicate to whom this award should be made out to:
Media/Communications Contact (for News Release):

### ENROLLMENT INFORMATION

Total Enrollment:		Full Time Enrollment:		Part Time Enrollment:	
Total # On-Campus Students:			Total # Off-Campus Students:		
# Faculty:		# Tenured Faculty:		# of Academic Depts.:	
Alumni Population:			% of Alumni who Donate:		

If so, approximated how many students does this program serve?

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### PLEASE MARK "X" NEXT TO ALL THAT APPLY

Public:		Private:	
Four-year:		Two-year:	
Undergraduate:		Graduate:	

## TECHNOLOGY RESOURCES

*Please indicate all major software being utilized on campus*

Enterprise Applications	Vendor & Version	Hosted/On-Site	URL – Enterprise Web App (if available)
Student Information System/ Enterprise Resource Planning			
Learning Management System			
Email System			
Directory System			

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about this Grant?

Why do you feel your institution should be selected for the Grant?

If selected, what are your timelines for implementing this project?

What is the total number of users who would be leveraging the MFA platform?

Do you have an Active Directory or LDAP?

Do you currently have any authentication factor while resetting/ recovering passwords or user accounts?

Has your institution published any MFA solution? If yes, please list names of apps.

## SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

**Note:** All application information is strictly confidential and intended only for use of the Campus Consortium Grant Review Committee to select Grantee institutions.