



CAMPUS CONSORTIUM'S
Single Sign-On Grant

Last Date to Apply

June 10, 2019

SINGLE SIGN-ON GRANT OVERVIEW

The Single Sign-On Grant provides selected institutions a grant award up to **\$100,000** over a period of five years which covers licensing, hosting, and professional services associated with implementing Single Sign-On.

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: **June 10, 2019**
- Review of Application by Grant Review Committee by: **June 17, 2019**
- Grant Applicant Interview and Technical Expert Session by: **June 24, 2019**
- Grant Award Letter Issued to Grant Recipients by: **July 1, 2019**
- Grant Award Walkthrough by: **July 8, 2019**
- Execution of Grant Award Agreement by: **July 8, 2019**
- Project Kick-Off by: **July 22, 2019**

HOW TO APPLY

1. Download Grant Application
2. Print and complete the grant application form
3. Submit completed grant application to 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?

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	Authentication Protocol (CAS, SAML, Shibolet, etc)	URL – Enterprise Web App (if available)
Student Information System/ Enterprise Resource Planning			
Learning Management System			
Email System			
Directory System			

LIST DETAILS OF OTHER APPLICATIONS YOU WOULD LIKE TO GET INTEGRATED WITH SSO

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about this Grant?

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

Do you have an Active Directory or LDAP?

Does the institution currently have an existing IDP (Identity Provider)? If Yes, provide your IDP URL and list of all the applications integrated with Identity Provider.			
Would you like to get a custom hostname to access the SSO dashboard, if yes, please mention?			
Why do you feel your institution should be selected for the Grant?			
If selected, what are your timelines for implementing this project?			
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.

