



CAMPUS CONSORTIUM'S AI FOR ADMISSIONS AND ENROLLMENT GRANT

Last Date to Apply

September 20, 2019

AI FOR ADMISSIONS & ENROLLMENT GRANT OVERVIEW

The AI for Admissions and Enrollment Grant provides selected institutions a grant award up to \$50,000 over a period of five years which covers Software Licensing, Cloud Hosting, Support and Professional Services costs associated with implementing AI Support Platform.

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: September 20, 2019
- Review of Application by Grant Review Committee by: September 27, 2019
- Grant Applicant Interview and Technical Expert Session by: October 3, 2019
- Grant Award Letter issued to Grant Recipients by: October 3, 2019
- Grant Award Walkthrough by: October 10, 2019
- Execution of Grant Award Agreement by: October 17, 2019
- Project Kick-Off by: October 31, 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

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)*

Applications	Name
Student Information System / Enterprise Resource Planning	
Phone System/VOIP	
Chat Software (if any)	
Ticketing System / ITSM Tool (if any)	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about this Grant?

How do you manage the Help Desk currently and what are your top call drivers?

What issue types do you expect the AI to handle?

Do you need support for prospective or enrolled students? Or, both?

Are the issue types significantly repetitive? If yes, can you categorize the requests like “Self-Service” vs “Need-Agent”?

Please share the number of interactions (phone, chat, email) that your admissions/enrollment team is handling annually?

On an average how many concurrent interactions (phone, chat, email) do you get during peak period? If this something you do not track, please provide a guestimate number.

Where will the AI live (SMS, Website, Mobile App, Kiosk using smart devices such as Google Home/Mini or Amazon Alexa/Echo Dot)?

What information sources will the AI use?

Do you want a ticket to be created in your CRM / ITSM tool?

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

If selected, what are your timeline 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.