



Campus Consortium

Automated Provisioning & User Lifecycle Management Grant

Last Date to Apply: June 20, 2019

Email Completed Application to:
grantapplication@campusconsortium.org

USER LIFECYCLE MANAGEMENT GRANT OVERVIEW

The Automated Provisioning & User Lifecycle Management Grant provides selected institutions a grant award up to **\$250,000** over a period of five years. The Grant is intended to cover the cost towards licensing, hosting, professional services, and support costs associated with implementation of provisioning & user lifecycle management.

Note: A limited number of partial and full grants to be awarded. Interviews and technical assessment required of all applicants.

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.
- 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 indicate the challenges the solution aims to solve, and why the Grant would be helpful to the institution.

KEY GRANT APPLICATION DATES & DEADLINES

- Grant Application Due Date: June 20, 2019
- Review of Application by Grant Review Committee by: June 27, 2019
- Grant Applicant Interview and Technical Expert Session by: July 8, 2019
- Grant Award Letter Issued to Grant Recipients by: July 11, 2019
- Grant Award Walkthrough by: July 15, 2019
- Execution of Grant Award Agreement by: July 19, 2019
- Project Kick-Off by: July 31, 2019

HOW TO APPLY

1. Register for Grant and download application from
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):			
Applicant/POC Phone:		Applicant/POC Title:	
CIO/VP of IT:			
CIO Phone:		CIO Email:	
Institution's Address:			

IN THE CASE OF BEING AWARDED THIS GRANT:

1) Do we have your permission to email the grant award letter to the President/Chancellor listed above?

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2) If not, please indicate to whom this award should be made out to:

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3) Media/Communications Contact (for News Release):

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Name:		Email:	
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ENROLLMENT INFORMATION

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

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	Annual Cost to Institution	Target Date to Upgrade or Replace

1) Student Information System (SIS)			
2) Recruiting/CRM System			
3) Financial Aid:			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) How did you hear about this grant?

2) Do you currently have a Provisioning & Lifecycle Management solution? If Yes, provide details of the solution you have.

3) Does the ULM solution allow user self-service for access requests? List the Vendor Name?

4) Do you have a timeline for when you would need ULM live for your institution?

5) How are you currently provisioning directory, email and other application accounts for Students and Staff?

6) Please confirm that the SIS / ERP is the Source-of-Truth (Trusted Source of Valid Information).

7) What are the key applications to which you want to automatically provision user accounts?

8) Are you looking to synchronize accounts and access information between the Source-of-Truth and other target applications?

9) Are you providing ADSync or GoogleSync for email?

10) Are you looking to reconcile the validity of accounts and access information across the Source-of-Truth and other target applications?

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

12) If selected, what are your timeline for implementing this project?

SIGNATURES

I verify that the information provided on this form is accurate.

Signature of applicant:

Date:

Email Completed Application by June 10, 2019 to: grantapplication@campusconsortium.org