



CAMPUS CONSORTIUM'S **CAMPUS SAFETY APP GRANT**

Last Date to Apply

September 20, 2019

CAMPUS SAFETY APP GRANT OVERVIEW

The Campus Safety App Grant covers up to **\$30,000** over five years in licensing and implementation.

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

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

Directory System			
PLEASE ANSWER THE FOLLOWING QUESTIONS:			
How did you hear about this grant?			
Has your institution published any mobile apps? If yes, please list names of apps.			
Does your institution currently have any support policies for mobile devices?			
Do you know which operating system is most prevalent on campus? (iOS, Android, BlackBerry, Windows Mobile)			
Do you have a timeline for when you would need a campus safety app live for your institution?			
SIGNATURES			
I authorize the verification of the information provided on this form.			
Signature of applicant:		Date:	