



Campus Consortium

Self-Service Password Manager Grant

Last Date to Apply: June 20, 2019

Email Completed Application to:
grantapplication@campusconsortium.org

SELF-SERVICE PASSWORD MANAGER OVERVIEW

The Self-Service Password Manager Grant provides selected institutions a grant award up to **\$50,000** 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 self-service password management solution.

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?			
2) If not, please indicate to whom this award should be made out to:			
3) Media/Communications Contact (for News Release):			
Name:		Email:	

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	Hosted/On-Site	URL – Enterprise Web App (if available)
1) Student Information System/ Enterprise Resource Planning			
2) Learning Management System			
3) Email System			
4) Directory System			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) How did you hear about this Grant?

2) What is the total number of users who would be leveraging the Password Manager solution?

3) Do you have an Active Directory or LDAP?

4) Do you currently have a Password Manager solution? If Yes, provide the name of the vendor

5) Does your current Password Manager support MFA?

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

7) If selected, what are your timelines 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