



Campus Consortium
STUDENT SERVICES CALL CENTER GRANT

Last Date to Apply: August 9, 2019

Email Completed Application to:
grantapplication@campusconsortium.org

STUDENT SERVICES CALL CENTER GRANT OVERVIEW

The Student Services Call Center Grant provides selected institutions a grant award up to **\$100,000** 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 the platform.

Note: A limited number of partial and full Grants to be awarded. The in-kind Grants for software and services supported by select Campus Consortium Technology Partner Vendors are designed to provide a variety of solutions, products, and services, to help Institutions reduce costs while implementing the latest technologies on campus. 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: August 9, 2019
- Phone Interview with Grant Application Review Committee by: August 19, 2019
- Grant Applicant Interview and Technical Assessment Session by: August 23, 2019
- Grant Award Letter Issued to Grant Recipients by: August 30, 2019
- Grant Award Walkthrough by: September 6, 2019
- Execution of Grant Award Agreement by: September 9, 2019
- Project Kick-Off by: September 27, 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:			
President/Chancellor Email:			
Point of Contact (POC):			
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):			
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:	
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TECHNOLOGY RESOURCES *(Please indicate all major software being utilized on campus)*

Applications	Name
Student Information System / Enterprise Resource Planning	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you hear about this Grant?

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How is the current Call Center structured, do you manage in-house or is it outsourced?

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What are the hours of operations of the current Call Center?

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If the current Call Center is limited to Monday – Friday (normal business hours), is there a need to extend it to 24x7?

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What are your top call drivers?

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Is there a need of integrating/accessing any of your application(s) to resolve/answer issues/questions? If yes, please list those applications.

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What is the current Average Handling Time for these issues?

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What would be the anticipated number of interactions (Phone, Chat, Email/Ticket) that you would like to outsource?

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Are you currently creating a ticket against each interaction (Phone, Chat, Email/Ticket) into any ticketing system/ITSM tool?
If yes, please provide the name of the tool?

If you are open for options for ticketing system/ITSM tool, how many staff/technicians would need access to the 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:	
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