



Campus Consortium

Campus Portal Grant

Last Date to Apply: August 26, 2019

Email Completed Application to:
grantapplication@campusconsortium.org

CAMPUS PORTAL GRANT OVERVIEW

The Campus Portal 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 the web & mobile app 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. Applicants are required to fill in separate applications 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 the 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 26, 2019
- Phone Interview with Grant Application Review Committee by: September 2, 2019
- Grant Applicant Interview and Technical Assessment Session by: September 9, 2019
- Grant Award Letter Issued to Grant Recipients by: September 16, 2019
- Grant Award Walkthrough by: September 23, 2019
- Execution of Grant Award Agreement by: September 24, 2019
- Project Kick-Off by: October 7, 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:

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:	
<i>Undergraduate:</i>		Graduate:	

TECHNOLOGY RESOURCES

Please indicate all major software being utilized on campus

Enterprise Applications	Vendor & Version
Student Information System	
Learning Management System	
LDAP/Directory	
Single Sign-On	
Email System for Students	
Email System for Faculty/Staff	
Content Management System	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) How did you hear about this grant?

2) Which portal are you using for your campus? Who is the vendor? When is the contract ending for the current portal solution?

3) Do you want to migrate content from your existing portal? If yes, then how many pages and documents do you expect to be migrated as is?

4) What applications do you want to integrate with the portal?

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5) Do you have a native mobile app? If yes, who is the vendor?

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6) How are you currently managing the attendance at your campus? If it is manual, would you like to automate the attendance process?

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

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

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SIGNATURES

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

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Signature of applicant:		Date:	
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