



# Campus Consortium

## Self-Service Password Manager Grant

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Last Date to Apply: October 25, 2019

Email Completed Application to:  
[grantapplication@campusconsortium.org](mailto: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. 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: October 25, 2019
- Phone Interview with Grant Application Review Committee by: November 1, 2019
- Grant Applicant Interview and Technical Assessment Session by: November 8, 2019
- Grant Award Letter Issued to Grant Recipients by: November 15, 2019
- Grant Award Walkthrough by: November 22, 2019
- Execution of Grant Award Agreement by: November 25, 2019
- Project Kick-Off by: December 6, 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](mailto: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:	
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?

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

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3) Do you have an Active Directory or LDAP?

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

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5) Does your current Password Manager support MFA?

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

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7) If selected, what are your timelines for implementing this project?			
<b>SIGNATURES</b>			
I verify that the information provided on this form is accurate.			
Signature of applicant:		Date:	

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