



Campus Consortium

STUDENT INFORMATION SYSTEM GRANT

Last Date to Apply: October 25, 2019

Email Completed Application to:
grantapplication@campusconsortium.org

STUDENT INFORMATION SYSTEM GRANT OVERVIEW

The Student Information System (SIS) Grant provides selected institutions a grant award up to **\$1,000,000** over a period of five years. The Grant is intended at covering cost towards licensing, hosting, professional services, and support costs associated with implementation of the SIS 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: 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

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?

2) If not, please indicate to whom this award should be made out to:

3) Media/Communications Contact (for News Release):

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	Annual Cost to Institution	Is your campus looking to replace this system in the near future?
1) Student Information System:			
2) Recruiting/CRM System:			
3) HR:			
4) Payroll:			
5) Finance System:			
6) Financial Aid:			
7) Learning Management System:			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1) How did you hear about this grant?

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2) What are your pain points with your current student information system?

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3) What is the maintenance cost of your current student information system?

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4) When is the contract expiring with your current student information system vendor?

5) What is your wish list for a new student information system?

6) Are you looking to modernize student recruiting CRM, financial aid, human resources & payroll and/or finance applications as part of this project?

7) What integration points need to be part of your new student information system?

8) Are there any modules you would like to roll out first to mitigate risk such as a student recruiting CRM?

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

10) If selected, what is your timeline for implementing this project?

SIGNATURES

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

Signature of applicant:

Date:

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