# Touchstone Energy®
# 2016/2017 Classroom Empowerment Grant Application

Applicant's Name _____ Title _____

School Name _____

School Address _____

Daytime Phone Number (     ) _____ E-mail _____

Local Touchstone Energy Cooperative _____

Project Submitted _____

**Eligibility** is limited to schools located in Touchstone Energy cooperative service areas. Teachers and administrators of K-12 public and private schools may apply. For more information about Touchstone Energy, see the enclosed fact sheet or log on to www.touchstoneenergy.coop. Touchstone Energy reserves the right to photograph the grant winners and use the photos for publicity purposes. Projects must be completed by the time school is out for the summer. Incomplete entries will be deemed ineligible and will not be judged. **Recipients must provide written proof of completion detailing how the grant funds were used before the end of the 2016-2017 school year.**

**Deadline:** This application form and typewritten request must be received by your local electric cooperative by mail, e-mail or fax **on or before November 7, 2016**. Please include the following information in the written request: a description of the project and what it will accomplish; the estimated cost of the project; an explanation of why outside funds are necessary to complete the project; whether funding options have been pursued; when project will be completed; the number of people affected by the project; if/how the project's goals are measurable; and how the project ties in Touchstone Energy's four core values of **integrity, accountability, innovation and commitment to community**.
Awards will be announced on or before December 5, 2016.

**To submit any applications or for further information, contact:**

> **Carrie Trame**
> **Trame@cceci.com**
> **Clinton County Electric Cooperative, Inc.**
> **PO Box 40**
> **Breese, IL 62230**
> **618-526-7282**

**Judging Process:**
Applications will be reviewed by an impartial panel of judges. If necessary, applicants may be contacted for additional information.

**Signed:** _____ **Date:** _____
             (Teacher or Administrator)

*If I receive the grant, I pledge to follow all completion requirements and provide written proof of completion before the end of the 2016-2017 school year. If the proof of completion is not submitted by the end of the school year, the grant monies will be returned in full to CCECI.*