School Breakfast Grant Application

This grant opportunity is available to school districts who are interested in expanding school breakfast with grab & go meals. Funding is competitive and will be awarded based on strength of plan and potential impact. If approved, the proposal described in this Funding Application is subject to modification by New England Dairy & Food Council. Modifications will be communicated electronically to the school district. This funding Application, including any modifications communicated by New England Dairy & Food Council, will be incorporated into a Letter of Agreement to be signed by New England Dairy & Food Council, the school nutrition director and school district official, and will govern the terms of the funding.

These grants are made possible by the dairy farm families of New England. Proposals should increase access to school meals and promote dairy sales. Incomplete applications and those with vague answers will not be considered for funding.

If approved, you must provide baseline data before funding is distributed. Schools that receive funding must submit pictures and complete all follow-up reporting for their new program. Delinquent schools will not be considered for future funding.

istrict Information		
istrict Name:	Which mill	k processor do you use?
pplicant Name:	Director N	ame:
pplicant Email:	Director Pl	hone:
pplicant Phone:	Director E	mail:
ontract Manageme	nt Company: Current Co	ontract Expiration Date:
	Check this box if your school district can accept electronic	cally transferred funds.
ogram Proposal		
d, and how you will	I use the selected marketing strategies below to promote y	our program.
Check off each mar	keting strategy you plan to use to promote your new progr	am (Check all that apply):
Share menu	keting strategy you plan to use to promote your new progr us with students and parents through district email or porta	* * * * * * * * * * * * * * * * * * * *
Share menu Hold lucky t	us with students and parents through district email or porta tray or bag contests It your breakfast program through PA announcements and	al.
Share menu Hold lucky t Share abou	us with students and parents through district email or porta tray or bag contests It your breakfast program through PA announcements and	al.

School Information: (Eac	ch school must have a separa	ite budget.)
School Name: List milk flavors and fat levels offered:		Free & Reduced Percent:
		Enrollment:
Current Meal Participati	ion:	
Current average daily m	eals served during each occa	asion?
Breakfast:	Lunch:	After-school Meals/Snacks:
Current total average nu	umber of milks served each d	lay for all meal occasions:
Proposed Meal Participa	ation:	
Start Date:	(Must be at le	ast 2 months after application deadline.)
How many additional me	eals do you plan to serve per	day once the changes go into effect?
Breakfast:	Lunch:	After-school Meals/Snacks:
How many additional mi	lks do you plan to serve per	day for all occasions once the changes go into effect?
Equipment Needs:		
This grant includes one o	f two grab & go cart options	; please choose the option you prefer.
Grab & C	Go Cart (\$3,000 value)	Grab & Go Shelf Cart (\$700 value)
Describe how you will l	keep milk cold and monitor t	emperatures for meals served outside of the cafeteria. (Limit 100 words)
Please rate your admini	strator's lavel of support for	r this program. (Check 1,2 or 3)
	n to trying the program.	tills program. (check 1,2 or 3)
2—They are sup	portive of the program.	
3—They are sup	portive and will do everythir	ng to make it successful.

Continue to next page for next school.

School Name:		Free & Reduced Percent:	
List milk flavors and fat levels offered:		Enrollment:	
Current Meal Participat	ion:		
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Breakfast:	Lunch:	After-school Meals/Snacks:	
Current total average n	umber of milks served each da	y for all meal occasions:	
Proposed Meal Participa	ation:		
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Equipment Needs:			
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Grab & 0	Go Cart (\$3,000 value)	Grab & Go Shelf Cart (\$700 value)	
Describe how you will	keep milk cold and monitor te	mperatures for meals served outside of the cafeteria. (Limit 100 words)	
	strator's level of support for t en to trying the program.	this program. (Check 1,2 or 3)	
	portive of the program.		
	portive and will do everything	to make it successful.	

Continue to next page for next school.

<u>School Information:</u> (Each school must have a separate budget.)

School Name:		Free & Reduced Percent:
List milk flavors and fat levels offered:		Enrollment:
Current Meal Participation	on:	
Current average daily me	eals served during each occas	sion?
Breakfast:	Lunch:	After-school Meals/Snacks:
Current total average nui	mber of milks served each da	ay for all meal occasions:
Proposed Meal Participat	tion:	
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Continue to next page for next school.

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If you are applying for more than four schools, email dairygrants@newenglanddairy.com for a custom application.