

Bulk Milk Grant Application

This grant opportunity is available to school districts that are interested in providing [bulk milk](#) with their school meals. Please review our [program success guide](#) before submitting your application. 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.

District Information

District Name: _____ Which milk processor do you use? _____
Applicant Name: _____ Director Name: _____
Applicant Email: _____ Director Phone: _____
Applicant Phone: _____ Director Email: _____
Contract Management Company: _____ Current Contract Expiration Date: _____
School Nutrition Office Address: _____

Program Proposal

Provide a detailed plan outlining how you will serve bulk milk to your students. Include your service locations, the meals during which bulk milk will be offered, and how you will use the selected marketing strategies below to promote your program.

Bulk milk provider: _____

Bulk milk varieties offered that meet school requirements: _____

Check off each marketing strategy you plan to use to promote your new program (Check all that apply):

- Hang the [custom farm fresh milk poster](#) and place the [milk identifier magnets](#) provided by New England Dairy.
- Print and display the instructions on [how to pour a cup of milk](#) near the dispenser.
- Train the students how to use the dispenser with this [video](#), in-person demonstration, or by practicing with water.
- Share your bulk milk program on social media using the sample messages in our [marketing guide](#).

List your social media handles below.

Facebook: _____

Instagram: _____

TikTok: _____

LinkedIn: _____

This grant will come with some giveaway items for your students. How will you use these items to promote your program?

School Information & Budget: (Each school must have a separate budget.)

School Name: _____

Free & Reduced Percent: _____

List milk flavors and fat levels offered: _____ Enrollment: _____

Current Meal Participation:

Current average daily meals served during each occasion?

Breakfast: _____ Lunch: _____ After-school Meals/Snacks: _____

Current total average number of milks served each day for all meal occasions: _____

Bulk Milk Plan

Start Date: _____ (Must be at least 2 months after application deadline.)

How many ounces of milk will be included per serving in your new bulk milk program? _____

When do you plan to serve bulk milk? (check all that apply)

Breakfast Lunch After-school Meals/Snacks

Proposed Meal Participation

How many **additional** meals do you plan to serve per day once the changes go into effect?

Breakfast: _____ Lunch: _____ After-school Meals/Snacks: _____

How many additional milks do you plan to serve per day for all occasions once the changes go into effect? _____

Equipment Needs

This grant includes our [bulk milk equipment package](#) with either a 2 or 3 spigot dispenser. Which dispenser would you like?

2 Spigot (\$2,600 value) 3 Spigot (\$3,400 value)

How many of each [milk identifiers](#) would you like for your bulk milk coolers?

_____ 1% White _____ Fat Free White _____ 1% Chocolate _____ Fat Free Chocolate

Please rate your administrator's level of support for this program. (Check 1,2 or 3)

- 1—They are open to trying the program.
- 2—They are supportive of the program.
- 3—They are supportive and will do everything to make it successful.

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.

