

Bulk and Hot Chocolate Milk Grant Application

This application is for adding either Hot Chocolate Milk or Bulk Milk to your menu, if you would like to start or expand a child nutrition program, please see our School Meals Application on our [website](#).

This grant opportunity is available to school districts who are interested in providing new hot chocolate milk or bulk milk options with their school meals. Funding is competitive and will be awarded based on the strength of the plan and potential impact. Schools with low enrollment, low free/reduced enrollment, and/or high budgets if approved may not receive full funding request. 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: _____

Applicant Name: _____

Which milk processor do you use? _____

Applicant Phone: _____

Director Name: _____

Applicant Email: _____

Director Phone: _____

Social Media Handles: _____

Director Email: _____

Where should your check be sent? (Name & Address):

Check this box if your school district can accept electronically transferred funds.

Check box if you want the equipment sent to the address listed above.

Program Proposal (you may only apply for one program)

Which milk program do you plan on including in your meals?

Hot Chocolate Milk

Bulk Milk

Provide a detailed plan for how you plan to serve the above-mentioned menu option to your students. Explain how each item in your budget will be used to carry out this plan? (Limit 250 words)

Describe your marketing plan and explain how you will engage each of the following groups: students, school staff, and parents. Preference will be given to proposals that actively engage students. (Limit 150 words)

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

School Name: _____

Free & Reduced Percent: _____

Enrollment: _____

List milk flavors and fat levels offered: _____

Start Date (MM/DD/YY): _____

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: _____

How many ounces of milk will be included per serving in your new milk program (hot chocolate milk or bulk milk)?

Milk: _____

How many times a week do you plan to menu this item? _____

How many of this menu item do you anticipate serving each time it is on the menu? _____

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? _____

NOTE: Funds cannot be used to purchase food, except for taste testing of a new item and recipe contests. If you select one of the turn-key kits, no additional equipment funding will be provided.

EXPENSE CATEGORIES (Not all required)	Please list the total amount needed.	Please provide a detailed, itemized expense explanation
<p>Foodservice equipment (commercial grade equipment, including shipping)</p> <p><input type="checkbox"/> Turn-key Hot Chocolate Milk Kit (Value: \$530)</p> <p><input type="checkbox"/> Turn-key Bulk Milk Kit:</p> <p><input type="checkbox"/> 2 Spigot: (Value: \$2600)</p> <p><input type="checkbox"/> 3 Spigot: (Value: \$3300)</p>	<p>Leave blank if requesting equipment kit.</p>	<p>Number of Hot Chocolate Milk Kits:</p> <p>Number of Bulk Milk Kits:</p>
<p>Student engagement (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i></p>	<p>\$</p>	
<p>Promotion (signage, printing, etc.)</p> <p>NOTE: All schools granted for hot chocolate milk will receive a promotion kit from New England Dairy and will not be granted additional funds for promotion.</p>	<p>\$</p>	
<p>Total amount requested:</p>	<p>\$</p>	

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.

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

School Name: _____

Free & Reduced Percent: _____

Enrollment: _____

List milk flavors and fat levels offered: _____

Start Date (MM/DD/YY): _____

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: _____

How many ounces of milk will be included per serving in your new milk program (hot chocolate milk or bulk milk)?

Milk: _____

How many times a week do you plan to menu this item? _____

How many of this menu item do you anticipate serving each time it is on the menu? _____

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? _____

NOTE: Funds cannot be used to purchase food, except for taste testing of a new item and recipe contests. If you select one of the turn-key kits, no additional equipment funding will be provided.

EXPENSE CATEGORIES (Not all required)	Please list the total amount needed.	Please provide a detailed, itemized expense explanation
<p>Foodservice equipment (commercial grade equipment, including shipping)</p> <p><input type="checkbox"/> Turn-key Hot Chocolate Milk Kit (Value: \$530)</p> <p><input type="checkbox"/> Turn-key Bulk Milk Kit:</p> <p><input type="checkbox"/> 2 Spigot: (Value: \$2600)</p> <p><input type="checkbox"/> 3 Spigot: (Value: \$3300)</p>	<p>Leave blank if requesting equipment kit.</p>	<p>Number of Hot Chocolate Milk Kits:</p> <p>Number of Bulk Milk Kits:</p>
<p>Student engagement (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i></p>	<p>\$</p>	
<p>Promotion (signage, printing, etc.)</p> <p>NOTE: All schools granted for hot chocolate milk will receive a promotion kit from New England Dairy and will not be granted additional funds for promotion.</p>	<p>\$</p>	
<p>Total amount requested:</p>	<p>\$</p>	

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.

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

School Name: _____

Free & Reduced Percent: _____

Enrollment: _____

List milk flavors and fat levels offered: _____

Start Date (MM/DD/YY): _____

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: _____

How many ounces of milk will be included per serving in your new milk program (hot chocolate milk or bulk milk)?

Milk: _____

How many times a week do you plan to menu this item? _____

How many of this menu item do you anticipate serving each time it is on the menu? _____

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? _____

NOTE: Funds cannot be used to purchase food, except for taste testing of a new item and recipe contests. If you select one of the turn-key kits, no additional equipment funding will be provided.

EXPENSE CATEGORIES (Not all required)	Please list the total amount needed.	Please provide a detailed, itemized expense explanation
<p>Foodservice equipment (commercial grade equipment, including shipping)</p> <p><input type="checkbox"/> Turn-key Hot Chocolate Milk Kit (Value: \$530)</p> <p><input type="checkbox"/> Turn-key Bulk Milk Kit:</p> <p><input type="checkbox"/> 2 Spigot: (Value: \$2600)</p> <p><input type="checkbox"/> 3 Spigot: (Value: \$3300)</p>	<p>Leave blank if requesting equipment kit.</p>	<p>Number of Hot Chocolate Milk Kits:</p> <p>Number of Bulk Milk Kits:</p>
<p>Student engagement (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i></p>	<p>\$</p>	
<p>Promotion (signage, printing, etc.)</p> <p>NOTE: All schools granted for hot chocolate milk will receive a promotion kit from New England Dairy and will not be granted additional funds for promotion.</p>	<p>\$</p>	
<p>Total amount requested:</p>	<p>\$</p>	

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.

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

School Name: _____

Free & Reduced Percent: _____

Enrollment: _____

List milk flavors and fat levels offered: _____

Start Date (MM/DD/YY): _____

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: _____

How many ounces of milk will be included per serving in your new milk program (hot chocolate milk or bulk milk)?

Milk: _____

How many times a week do you plan to menu this item? _____

How many of this menu item do you anticipate serving each time it is on the menu? _____

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? _____

NOTE: Funds cannot be used to purchase food, except for taste testing of a new item and recipe contests. If you select one of the turn-key kits, no additional equipment funding will be provided.

EXPENSE CATEGORIES (Not all required)	Please list the total amount needed.	Please provide a detailed, itemized expense explanation
Foodservice equipment (commercial grade equipment, including shipping) <input type="checkbox"/> Turn-key Hot Chocolate Milk Kit (Value: \$530) <input type="checkbox"/> Turn-key Bulk Milk Kit: <input type="checkbox"/> 2 Spigot: (Value: \$2600) <input type="checkbox"/> 3 Spigot: (Value: \$3300)	Leave blank if requesting equipment kit.	Number of Hot Chocolate Milk Kits: Number of Bulk Milk Kits:
Student engagement (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
Promotion (signage, printing, etc.) NOTE: All schools granted for hot chocolate milk will receive a promotion kit from New England Dairy and will not be granted additional funds for promotion.	\$	
Total amount requested:	\$	

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.

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