

## Grant Application for Other Dairy Programs

This application is for expanding child nutrition programs not covered by our other applications. If you would like to apply for smoothies, hot chocolate milk, bulk milk, or breakfast please find the corresponding application on our [website](#).

This grant opportunity is available to school districts that are interested in adding dairy-based menu items or after-school meals programs. 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Program Proposal (you may only apply for one program)

Which program do you plan to implement?

After School Meals       Other (please specify): \_\_\_\_\_

Provide a detailed plan for how you plan to implement the above-mentioned program. Explain how each item in your budget will be used to carry out this plan. How will this program increase dairy consumption? (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: \_\_\_\_\_  
 Enrollment: \_\_\_\_\_  
 Start Date (MM/DD/YY): \_\_\_\_\_

Free & Reduced Percent: \_\_\_\_\_  
 List milk flavors and fat levels offered: \_\_\_\_\_

**Current Meal & Milk Distribution**

Average daily meals served during each occasion?

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ After-school Meals/Snacks: \_\_\_\_\_

Total average number of milks served each day for all meal occasions: \_\_\_\_\_

**Anticipated Meal & Milk Distribution** (once changes are in place)

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

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ After-school Meals/Snacks: \_\_\_\_\_

Total additional number of milks served each day for all meal occasions: \_\_\_\_\_

**NOTE:** Funds cannot be used to purchase food, except for taste testing of a new item and recipe contests.

<b>EXPENSE CATEGORIES</b> (Not all required)	<b>Please list total amount needed for Expense Category</b>	<b>Please provide a detailed, itemized expense explanation</b>
<b>Foodservice equipment</b> (commercial grade equipment, including shipping)	\$	
<b>Student engagement</b> (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
<b>Promotion</b> (signage, printing, etc.)	\$	
Total amount requested:	\$	

Describe how you will keep milk cold and monitor temperatures for meals served outside of the cafeteria. (Limit 100 words)

**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.

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If you are applying for more than four schools, email [dairygrants@newenglanddairy.com](mailto:dairygrants@newenglanddairy.com) for a custom application.