

## Customization Station Grant Application

This grant opportunity is available to school districts that are interested in implementing our [Customization Station](#) food bar. **If funded schools are required to serve dairy based options dairy as part of this food bar.** 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: \_\_\_\_\_

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Director Email: \_\_\_\_\_

Contract Management Company: \_\_\_\_\_

Current Contract Expiration Date: \_\_\_\_\_

School Nutrition Office Address: \_\_\_\_\_

### Program Proposal

Provide a detailed plan for how you intend to incorporate the customization station into your programs. Include the meals when it will be offered and how you will use the selected marketing strategies below to promote your program.

Check off each marketing strategy you plan to use to promote your Customization Station. (can check more than one):

- Ask students to vote on their favorite toppings to include on your Customization Station.
- Ask students to submit ideas for a new food bar concept and vote for the winner
- Ask staff to take pictures of students' bar creations and share them in your school newsletter or website.
- Spread the word about your new Customization Station using our [social media sample posts \(page 7\)](#)

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

TikTok: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

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

**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 (Date at least two months after application submission) \_\_\_\_\_

**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: \_\_\_\_\_

**Proposed Meal Participation:**

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

How many **additional** meals do you plan to serve per day once the new program has started?

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

How many additional milks do you plan to serve each day for all meal occasions: \_\_\_\_\_

Please enter the following information:

Food Bar Offering	Days Offered/per month	Est. Students Served	Est. yogurt oz. and/or cheese oz. used per portion
Yogurt Parfait Bar			
Mac and Cheese Bar			
Nachos Bar			
Tachos Bar			

**Equipment Needs:**

- Your grant will come with our [Customization Station equipment package](#). (\$1,300 value)
- Please select **two** Customization Station signs to help market the program.

[Countertop](#)

[Station Sign](#)

[Wall/Ceiling](#)

**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 the next page for next school.**

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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.