

## Dairy on the Menu Grant Application

This application is for adding dairy items 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 dairy options with their school meals. Funding is competitive and will be awarded based on strength of 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 dairy program do you plan on including in your meals?

Yogurt Parfaits       Smoothies       Hot Chocolate Milk

Other (please specify): \_\_\_\_\_

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: \_\_\_\_\_  
 Enrollment: \_\_\_\_\_  
 Start Date (MM/DD/YY): \_\_\_\_\_

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

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, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

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: \_\_\_\_\_

If you are applying for a smoothie grant, please select **two** smoothie signs to help market the program.

Countertop:  Freestanding banner:  Wall/Ceiling mount:

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

EXPENSE CATEGORIES (Not all required)	Please list total amount needed for Expense Category	Please provide detailed, itemized expense explanation
<b>Foodservice equipment</b> (commercial grade equipment, include shipping)  <input type="checkbox"/> <u>Turn-key Smoothie Kit</u>	\$	
<b>Student engagement</b> (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
<b>Promotion</b> (signage, printing, etc.) <b>NOTE:</b> All schools granted for smoothies or 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.

**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 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, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

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: \_\_\_\_\_

If you are applying for a smoothie grant, please select **two** smoothie signs to help market the program.

[Countertop:](#)  [Freestanding banner:](#)  [Wall/Ceiling mount:](#)

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

EXPENSE CATEGORIES (Not all required)	Please list total amount needed for Expense Category	Please provide detailed, itemized expense explanation
<b>Foodservice equipment</b> (commercial grade equipment, include shipping)  <input type="checkbox"/> <a href="#">Turn-key Smoothie Kit</a>	\$	
<b>Student engagement</b> (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
<b>Promotion</b> (signage, printing, etc.) <b>NOTE:</b> All schools granted for smoothies or 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.

**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 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, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

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: \_\_\_\_\_

If you are applying for a smoothie grant, please select **two** smoothie signs to help market the program.

[Countertop:](#)  [Freestanding banner:](#)  [Wall/Ceiling mount:](#)

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

EXPENSE CATEGORIES (Not all required)	Please list total amount needed for Expense Category	Please provide detailed, itemized expense explanation
<b>Foodservice equipment</b> (commercial grade equipment, include shipping)  <input type="checkbox"/> <a href="#">Turn-key Smoothie Kit</a>	\$	
<b>Student engagement</b> (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
<b>Promotion</b> (signage, printing, etc.) <b>NOTE:</b> All schools granted for smoothies or 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.

**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, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

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: \_\_\_\_\_

If you are applying for a smoothie grant, please select **two** smoothie signs to help market the program.

Countertop:

Freestanding banner:

Wall/Ceiling mount:

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

EXPENSE CATEGORIES (Not all required)	Please list total amount needed for Expense Category	Please provide detailed, itemized expense explanation
<b>Foodservice equipment</b> (commercial grade equipment, include shipping)  <input type="checkbox"/> <u>Turn-key Smoothie Kit</u>	\$	
<b>Student engagement</b> (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
<b>Promotion</b> (signage, printing, etc.) <b>NOTE:</b> All schools granted for smoothies or 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](mailto:dairygrants@newenglanddairy.com) for a custom application.