

Hot Chocolate Milk Grant Application

This grant opportunity is available to school districts who are interested in providing [hot chocolate milk](#) (HCM) with their school meals. 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 for how you plan to serve HCM to your students. Include your service locations, meals when HCM 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 new HCM program (Check all that apply):

- Host hot chocolate milk taste testing and introduce [new flavors](#), and build excitement around the program.
- Use the [frequent purchase punch cards](#) and reward students who come back for more.
- Share your hot chocolate milk program through PA announcements and 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 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: _____

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: _____

Hot Chocolate 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 hot chocolate milk program? _____

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

Breakfast Lunch After-school Meals/Snacks

How many times a week do you plan to menu hot chocolate milk? _____

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

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

- Thus grant will include our [hot chocolate milk equipment package](#), valued at \$250.
- Each package comes with one insulated beverage dispenser that holds 76, 8-ounce servings.
- How many equipment packages will you need? _____

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: _____

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: _____

Hot Chocolate 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 hot chocolate milk program? _____

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

Breakfast Lunch After-school Meals/Snacks

How many times a week do you plan to menu hot chocolate milk? _____

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

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

- Thus grant will include our [hot chocolate milk equipment package](#), valued at \$250.
- Each package comes with one insulated beverage dispenser that holds 76, 8-ounce servings.
- How many equipment packages will you need? _____

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: _____

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: _____

Hot Chocolate 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 hot chocolate milk program? _____

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

Breakfast Lunch After-school Meals/Snacks

How many times a week do you plan to menu hot chocolate milk? _____

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

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

- Thus grant will include our [hot chocolate milk equipment package](#), valued at \$250.
- Each package comes with one insulated beverage dispenser that holds 76, 8-ounce servings.
- How many equipment packages will you need? _____

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: _____

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: _____

Hot Chocolate 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 hot chocolate milk program? _____

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

Breakfast Lunch After-school Meals/Snacks

How many times a week do you plan to menu hot chocolate milk? _____

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

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

- Thus grant will include our [hot chocolate milk equipment package](#), valued at \$250.
- Each package comes with one insulated beverage dispenser that holds 76, 8-ounce servings.
- How many equipment packages will you need? _____

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.