

## Summer Meals Grant Application

This application is for summer meals only, if you would like to start or expand another child nutrition program or add a dairy item to your menu such as smoothies, please see our School Meals or Dairy on the Menu Applications on our [website](#). 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: \_\_\_\_\_

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

### Last Year's Summer Program

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: \_\_\_\_\_

Number of meal sites: \_\_\_\_\_

Number of serving days: \_\_\_\_\_

Serving area school enrollment: \_\_\_\_\_

### This Summer's Proposed Program Goals

Start Date: \_\_\_\_\_

How many **additional** meals & milks do you plan to serve per day once your new program starts?

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

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

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

Number of meal sites: \_\_\_\_\_

Number of serving days: \_\_\_\_\_

Serving area school enrollment: \_\_\_\_\_

Provide a detailed plan for how you plan to implement your summer program. Explain how each item in your budget will carry out this plan. (Limit 250 words)

New England Dairy will provide you with some giveaway items to promote your program. Describe your marketing plan and how you will use the giveaway items, explaining 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)

Please describe how you will maintain the cold temperature of milk and monitor temperatures at remote feeding sites. (Limit 100 words)

**Budget:**

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

<b>EXPENSE CATEGORIES (Not all required)</b>	<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>Promotion</b> (signage, printing, etc.): <i>Max: \$2000 per vehicle wrap</i>	\$	
<b>Total amount requested:</b>	\$	

**Please rate your administration'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