Bulk and Hot Chocolate Milk Grant Application

This application is for adding either <u>Hot Chocolate Milk</u> or <u>Bulk Milk</u> to your menu, if you would like to start or expand a child nutrition program, please see our School Meals Application on our <u>website</u>.

This grant opportunity is available to school districts who are interested in providing new hot chocolate milk or bulk milk options with their school meals. 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. Check box if you want the equipment sent to the accept electronically transferred funds. Check box if you want the equipment sent to the accept electronically transferred funds.	ddress listed above.
Which milk program do you plan on including in your meals?	
Hot Chocolate Milk	
Provide a detailed plan for how you plan to serve the above item in your budget will be used to carry out this plan? (Lir	e-mentioned menu option to your students. Explain how each nit 250 words)
Describe your marketing plan and explain how you will eng parents. Preference will be given to proposals that actively	age each of the following groups: students, school staff, and engage students. (Limit 150 words)

School Name:		Fre	Free & Reduced Percent:	
Enrollment:			milk flavors and fat levels offered:	
Start Date (MM/DD/YY):				
Current average daily meals	served during each of	occasion?		
Breakfast: Lunch:		After-	After-school Meals/Snacks:	
Current total average numb	er of milks served ead	ch day for all meal occas	sions:	
How many ounces of milk w	ill be included per se	rving in your new milk p	rogram (hot chocolate milk or bulk milk)?	
How many times a week do	you plan to menu thi	s item?		
How many of this menu iter	n do you anticipate s	erving each time it is on	the menu?	
How many additional meals	do you plan to serve	e per day once the chan	ges go into effect?	
Breakfast:	Lunch:	After-	school Meals/Snacks:	
How many additional milks	do you plan to serve	per day for all occasions	s once the changes go into effect?	
urn-key kits, no additional of EXPENSE CATEGORIES (Not all required)		Please list the total amount needed.	Please provide a detailed, itemized expense explanation	
(Not all required)		amount needed.	explanation	
Foodservice equipment	•	Leave blank if	Number of Hot Chocolate Milk Kits:	
equipment, including sh		requesting	Number of Bulk Milk Kits:	
Turn-key Hot Che (Value: \$350)	ocolate wilk kit	equipment kit.	Number of Bulk Milk Kits.	
(value: 7550)				
Turn-key Bulk M	ilk Kit:			
2 Spigot:				
(Value: \$2600)				
3 Spigot:				
(Value: \$3300)				
Student engagement (t	aste tests, recipe	\$		
contests, participation	incentives, etc.):			
Max \$.20 per student				
Promotion (signage, pri	nting, etc.)	\$		
NOTE: All schools	-			
chocolate milk will rece	•			
from New England Da	•			
granted additional fund				
Total amount requested	l:	\$		
Please rate your administr	ator's level of suppo	rt for this program. (Ch	eck 1,2 or 3)	
	to trying the program		·	
2—They are suppo		rything to make it succe		

Continue to next page for next school.

School Name:		Free & Reduced Percent:	
Enrollment:		t 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 ea	ach day for all meal occas	sions:	
How many ounces of milk will be included per so	erving in your new milk p	program (hot chocolate milk or bulk milk)?	
How many times a week do you plan to menu th	is item?		
How many of this menu item do you anticipate	serving each time it is or	the menu?	
How many additional meals do you plan to serv	e per day once the chan	ges go into effect?	
Breakfast: Lunch:	After-	school Meals/Snacks:	
How many additional milks do you plan to serve	e per day for all occasion	s once the changes go into effect?	
urn-key kits, no additional equipment funding v EXPENSE CATEGORIES (Not all required)	Please list the total amount needed.	Please provide a detailed, itemized expense explanation	
(Not all required)	amount needed.	explanation	
Foodservice equipment (commercial grade		Number of Hot Chocolate Milk Kits:	
equipment, including shipping)	requesting	North an of Dalla Milla Wite	
Turn-key Hot Chocolate Milk Kit (Value: \$350)	equipment kit.	Number of Bulk Milk Kits:	
(value: \$550)			
Turn-key Bulk Milk Kit:			
2 Spigot:			
(Value: \$2600)			
3 Spigot:			
(Value: \$3300)			
Student engagement (taste tests, recipe	\$		
contests, participation incentives, etc.):			
Max \$.20 per student			
Promotion (signage, printing, etc.)	\$		
NOTE: All schools granted for hot			
chocolate milk will receive a promotion kit from New England Dairy and will not be			
granted additional funds for promotion.			
Total amount requested:	\$		
		1	
Please rate your administrator's level of supp		eck 1,2 or 3)	
1—They are open to trying the program 2—They are supportive of the program			
		coful	
3—They are supportive and will do eve	erything to make it succe	ssful.	

Continue to next page for next school.

School Name:		e & Reduced Percent:	
Enrollment:			
Start Date (MM/DD/YY):			
Current average daily meals served during each o			
Breakfast: Lunch:		school Meals/Snacks:	
Current total average number of milks served each	h day for all meal occas	ions:	
How many ounces of milk will be included per ser	ving in your new milk p	rogram (hot chocolate milk or bulk milk)?	
How many times a week do you plan to menu this	item?		
How many of this menu item do you anticipate se	rving each time it is on	the menu?	
How many additional meals do you plan to serve	per day once the chang	ges go into effect?	
Breakfast: Lunch:	After-s	school Meals/Snacks:	
How many additional milks do you plan to serve p	er day for all occasions	once the changes go into effect?	
curn-key kits, no additional equipment funding wi	Please list the total	Please provide a detailed, itemized expense	
(Not all required)	amount needed.	explanation	
Foodservice equipment (commercial grade equipment, including shipping) Turn-key Hot Chocolate Milk Kit (Value: \$350)	Leave blank if requesting equipment kit.	Number of Hot Chocolate Milk Kits: Number of Bulk Milk Kits:	
Turn-key Bulk Milk Kit: 2 Spigot: (Value: \$2600)			
3 Spigot: (Value: \$3300)			
Student engagement (taste tests, recipe contests, participation incentives, etc.): Max \$.20 per student	\$		
Promotion (signage, printing, etc.) NOTE: All schools granted for 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 supportion 1—They are open to trying the program. 2—They are supportive of the program. 3—They are supportive and will do every			

Continue to next page for next school.

School Name:		Fre	Free & Reduced Percent:	
Enrollment:			milk flavors and fat levels offered:	
Start Date (MM/DD/YY)	: <u></u>			
Current average daily m	eals served during each o	occasion?		
Breakfast: Lunch:		After-s	After-school Meals/Snacks:	
Current total average n	umber of milks served ead	ch day for all meal occas	sions:	
How many ounces of m	ilk will be included per se	rving in your new milk p	rogram (hot chocolate milk or bulk milk)?	
How many times a weel	k do you plan to menu thi	s item?	<u></u>	
How many of this menu	item do you anticipate s	erving each time it is on	the menu?	
How many additional m	neals do you plan to serve	e per day once the chang	ges go into effect?	
Breakfast:	Lunch:	After-s	school Meals/Snacks:	
NOTE: Funds cannot be		xcept for taste testing o	s once the changes go into effect? f a new item and recipe contests. If you select one c	
EXPENSE CATEGOR		Please list the total	Please provide a detailed, itemized expense	
(Not all required)	iES	amount needed.	explanation	
Foodservice equipr	nent (commercial grade	Leave blank if	Number of Hot Chocolate Milk Kits:	
equipment, includi	ng shipping)	requesting		
Turn-key Ho (Value: \$350	t Chocolate Milk Kit	equipment kit.	Number of Bulk Milk Kits:	
Turn-key Bu	k Milk Kit:			
2 Spigot: (Value: \$260	0)			
3 Spigot:				
(Value: \$330	0)			
	nt (taste tests, recipe	\$		
	ion incentives, etc.):			
Max \$.20 per stude	nt			
Promotion (signage		\$		
NOTE: All schools g	•			
	receive a promotion kit Dairy and will not be			
1	funds for promotion.			
		٠		
Total amount reque	sieu.	\$		
	nistrator's level of suppo		eck 1,2 or 3)	
1—They are or	oen to trying the program			
2—They are su	upportive of the program upportive and will do ever			