

# Breakfast & After School Meals Grant Application

This application is for expanding child nutrition programs, if you would like to add a dairy item milk smoothies or hot chocolate milk to your menu, please see our Dairy on the Menu Application or turn-key smoothie program on our [website](#).

This grant opportunity is available to school districts who are interested in starting new breakfast programs (e.g. Breakfast in the Classroom, Grab n’ Go, Breakfast After the Bell) or after school meals programs. 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 program do you plan to implement?

- Breakfast In the Classroom     Grab & Go     Breakfast After the Bell     After School Meals
- Other (please specify): \_\_\_\_\_

Provide a detailed plan for how you will implement the above-mentioned program. 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: \_\_\_\_\_  
 Anticipated Start Date: \_\_\_\_\_

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

**Current Meal & Milk Distribution**

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: \_\_\_\_\_

**Anticipated Meal & Milk Distribution** (once changes are in place)

How many **additional** meals & milks do you plan to serve per day once the changes go into effect?

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

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

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

<b>EXPENSE CATEGORIES</b> (Not all required)	<b>Please list total amount needed for Expense Category</b>	<b>Please provide detailed, itemized expense explanation</b>
<b>Foodservice equipment</b> (commercial grade equipment, include shipping)	\$	
<b>Student engagement</b> (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
<b>Promotion</b> (signage, printing, etc.)	\$	
Total amount requested:	\$	

Describe how you will keep milk cold and monitor temperatures for meals served outside of the cafeteria. (Limit 100 words)

**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.

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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.