

# NED 100<sup>TH</sup> ANNIVERSARY FUNDING APPLICATION

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.

**Funding provided by the dairy farm families of New England. Only proposals that promote dairy sales in school meals will be considered. Incomplete applications 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.**

## District Information:

School District Name: \_\_\_\_\_

School Nutrition Director: \_\_\_\_\_

Where should the check be sent? (Name & Address):

SND Phone: \_\_\_\_\_

\_\_\_\_\_

SND Email: \_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

\_\_\_\_\_

Applicant Phone: \_\_\_\_\_

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

Applicant Email: \_\_\_\_\_

## Program Proposal:

**1. How were you previously serving breakfast?** (Check all that apply)

- Breakfast in the Classroom       Cafeteria – Before the Bell  
 Grab and Go       Cafeteria – After the Bell  
 Other (Please Specify) \_\_\_\_\_

**2. How did you serve your milk, and will that change for fall 2020?** (Carton, plastic bottle, pouch, bulk, other, combination)

**3. What other dairy foods will you offer with meals besides milk?** (Single serve yogurt, cheese, yogurt parfaits, smoothies, hot chocolate milk, etc.)

**4. Provide a detailed plan for how you plan to serve students meals during the 2020-21 school year. Explain how each item in your budget will be used to carry out this plan?** (Applications with vague answers will not receive funding.)

**5. Describe your marketing plan and explain how will you engage each of the following groups: students, school staff, and parents?** (Preference will be given to proposals that actively engage students.)

**School Information & Budget:** (Each school must have a separate budget)

School Name: \_\_\_\_\_

Enrollment: \_\_\_\_\_

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

F/R (# and %): \_\_\_\_\_ CEP School:

Breakfast ADP Before COVID-19 (# and %): \_\_\_\_\_

Lunch ADP Before COVID-19 (# and %): \_\_\_\_\_

Universal Breakfast:  Yes  No

After School Meals ADP Before COVID-19 (# and %): \_\_\_\_\_

Universal Lunch:  Yes  No

List Milk Choices at this School:

**What are your specific goals for this program?**

Serve \_\_\_\_\_ breakfasts per day.

Serve \_\_\_\_\_ lunches per day.

Serve \_\_\_\_\_ after school meals/snacks per day.

**How will you use the equipment requested once COVID-19 restrictions are lifted?**

**How will you promote dairy with your meals?**

**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 detailed, itemized expense explanation</b>
Foodservice equipment – must support improved access to and consumption of low-fat/ fat-free dairy (commercial grade equipment, include shipping):	\$	
Student engagement (taste tests, recipe contests, participation incentives, etc.): <i>Max \$.20 per student</i>	\$	
Promotion (signage, printing, etc.):	\$	
Total amount requested:	\$	

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