



**District Level Program Information & Budget:** (If you are applying for a program that will be served outside of a specific school, such as district level curb-side pickup, please use this page to capture that information. If you are applying for school-based program, only use pages 3-5.)

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

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

List milk flavors and fat levels offered: \_\_\_\_\_

How many ounces of milk, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

How many times a week do you plan to menu this item? \_\_\_\_\_

How many of this menu item do you anticipate serving each time it's on the menu? \_\_\_\_\_

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

--

**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:	\$	

**School Level Program Information & Budget:** (Each school must have a separate budget. Use this section for any program that only serves students at a specific school.)

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

List milk flavors and fat levels offered:

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

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

Is this school 100% in-person, hybrid, or virtual at the time you are completing this application?

How many ounces of milk, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

How many times a week do you plan to menu this item? \_\_\_\_\_

How many of this menu item do you anticipate serving each time it's on the menu? \_\_\_\_\_

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

**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:	\$	

**School Information & Budget:** (Each school must have a separate budget. Use this section for any program that only serves students at a specific school.)

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

List milk flavors and fat levels offered:

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

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

Is this school 100% in-person, hybrid, or virtual at the time you are completing this application?

How many ounces of milk, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

How many times a week do you plan to menu this item? \_\_\_\_\_

How many of this menu item do you anticipate serving each time it's on the menu? \_\_\_\_\_

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

**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:	\$	

**School Information & Budget:** (Each school must have a separate budget. Use this section for any program that only serves students at a specific school.)

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

List milk flavors and fat levels offered:

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

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

Is this school 100% in-person, hybrid, or virtual at the time you are completing this application?

How many ounces of milk, cheese, and/or yogurt will be included per serving in your new dairy program (parfaits, smoothies, hot chocolate milk)?

Milk: \_\_\_\_\_ Cheese: \_\_\_\_\_ Yogurt: \_\_\_\_\_

How many times a week do you plan to menu this item? \_\_\_\_\_

How many of this menu item do you anticipate serving each time it's on the menu? \_\_\_\_\_

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

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

EXPENSE CATEGORIES (Not all required)	Please list total amount needed for Expense Category	Please provide detailed, itemized expense explanation
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:	\$	

If you are applying for more than three schools please email [dairygrants@newenglanddairy.com](mailto:dairygrants@newenglanddairy.com) to request a custom application.