NEDFC BREAKFAST 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. All proposals must illustrate an increase in dairy sales.

If approved, you must provide baseline data before funding is distributed. Schools that receive funding must hold a kickoff event for their new program, submit pictures, and complete all follow up reporting.

District Information:

School District Name:_____   Phone:_____

School Nutrition Director: _____   Email:_____

Applicant's Name:_____   Where should the check be sent? (Name & Address):

_____

_____

_____

Program Proposal:

1. **How are you currently serving breakfast?** (Check all that apply)
    Breakfast in the Classroom
    Grab and Go
    Cafeteria
    　　　Before the Bell
    　　　After the Bell
    Other (Please specify) _____

2. **What type of container do you serve milk in?** (Carton, plastic bottle, pouch, bulk, other, combination)

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

4. **Provide a <u>detailed</u> plan for what you will change to increase breakfast participation. 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 kickoff event and 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 %):_____

Breakfast ADP (# and %):_____   Lunch ADP (# and %):_____

Universal Breakfast: Yes/No_____   Universal Lunch: Yes/No_____

Afterschool meals: Yes/No_____   List Milk Choices at this School:

What is the specific goal for this improvement?
Increase breakfast participation by _____ meals per day.

Increase milk sales by _____ milks per day.

How do you keep milk cold during service and what type of cooler do you use?

What percentage of students currently take milk with their meals? (Milks sold, divided by total meals sold.)

Please rate your school 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 they can to make it successful.

NOTE: Funds cannot be used to purchase food, except for taste testing of a new item & 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…): *Max $.20 per student*	$	
Promotion (signage, printing, etc.):	$	
Total amount requested:	$	

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