Dairy MAX’s Nutrition NOW program combines resources, guidance, and grant funding to support meal and menu expansion along with student access to and acceptance of nutrient rich dairy foods. Nutrition NOW funding is generously provided by the dairy farm families in Colorado, southwest Kansas, Louisiana, Montana, New Mexico, western Oklahoma, Texas and Wyoming. To be eligible to receive grant funding, your school must participate in the National School Lunch program.

* To be eligible to receive grant funding, schools listed on the application must participate in the National School Lunch program.
* Districts/Schools will be evaluated to receive grant funding based on a variety of factors including the strength of the program, enrollment, and potential for impact.
* District/Schools with low enrollment, low free/reduced enrollment, and/or high budgets may not receive their full funding request if approved.
* Only proposals that promote dairy sales in school meals will be considered.
* When a grant is approved, it is essential that the grantee also accept terms in conditions set forth in the Dairy MAX “[letter of agreement](https://dairymax.box.com/s/b4wfravcxm3fcpaw8i2qx9c0r1yxve5w).”

From mobile carts and coolers to transport meals to the classroom, to insulated bags with cup holders to serve delicious yogurt smoothies, Nutrition NOW funding can help your district ensure that all students have access to the nutrition they need.

Please submit your application by **Tuesday, October 21, 2025**. All completed applications will be evaluated, scored and funding approvals or denials made on or before **November 6, 2025**.

NOTE: In order to access certain **School Data-related questions**, you will need to choose the program for which you are applying at the top of the page in the online application. This sample application shows all Programs and all related questions, though you will not see them on the online version.

## PAGE 1: DISTRICT QUESTIONS

## District Information

**District Name:**

**Child Nutrition Director Name:**

**Child Nutrition Director Phone:**

**Child Nutrition Director Email:**

Fax:

**District 9-Digit Federal Employer Identification Number** (XX-XXXXXXX):

## Check Information

**Funding Recipient:** (Paid to the order of)

**Mailing Address** (Where should the check be sent?)

**Building Name:**

**Attention:**

**Address Line 1:**

Address Line 2 (optional):

**City:**

**State:**

**ZIP Code:**

## Current Milk Information

**Current Milk Processor:**

**What type of milk do you provide at breakfast?** (Select all that apply.)

* Fat-Free White
* Fat-Free Chocolate
* 1% White
* 1% Chocolate
* Other (shelf-stable, lactose-free, etc.) (Please specify.)

**What type of milk do you provide at lunch?** (Select all that apply.)

* Fat-Free White
* Fat-Free Chocolate
* 1% White
* 1% Chocolate
* Other (shelf-stable, lactose-free, etc.) (Please specify.)

## 

## PAGE 2: PROGRAM QUESTIONS

## Program Information

**Please select the program for which you are applying: [this will be at the top of the page]**

* After School Snacks
* Breakfast in the Classroom
* Coffee Bars
* Grab & Go Breakfast
* Smoothies/Yogurt Parfaits
* Supper Program

**Program start date** *(program should be implemented within 6 months of receiving funds)***:**

**Total number of service days in the school year:**

**How many schools will participate in the program?**

**Percentage of students eligible to receive free/reduced priced meals** (average from all schools included in application):

**Provide a detailed description of how you will implement the changes at each school, including an implementation timeline.**

**Identify what equipment will be purchased for program implementation.**

* Please describe how funds will be used for equipment, promotion, student engagement, staff training, tracking, etc.
* Please complete the funding chart, below, with as much detail as possible, including anticipated item, item descriptions, cost, etc.

**Do you have buy-in from your staff for the program you wish to implement? Please explain.**

**Do you have buy-in from your school administrators for the program you wish to implement? Please explain.**

**If grant funds are not able to cover the full cost of your program, do you have plans to cover the remaining expenditures?** FNS funds, other grant funds, etc. If Yes, please explain how. If No, please explain why.

**If there were to be changes to your operations during the current school year, please explain your contingency plan for utilizing the equipment funded by this grant & program opportunity?**

**Please explain how you will continue the program and/or expand on the program once the provided funding has been exhausted.**

**Please provide details regarding the promotion & marketing of this program.** Signage, Social Media Outreach, Robo Calls, Community Partners, etc.

**Who will be involved with this initiative or program?** Students, Staff, Parents, Partners, Community, etc.

**Please explain your plan and process for tracking your results.** Example: How will you track increases in breakfast & lunch ADP, milk, yogurt, and cheese sales, etc.?

## Anticipated Program Impact on Dairy Sales

*Note: Questions in this section will automatically adjust on the online application depending on the selected program. Not all questions are required for every program, but all questions that will appear for each program are shown below.*

**Breakfast in the Classroom/Grab & Go Breakfast**

* **How many breakfast meals do you anticipate serving *per day* as a result of program implementation?** Whole numbers only please.

**Supper Program**

* **How many supper meals do you anticipate serving as a result of program implementation?** Whole numbers only please.

**After School Snacks**

* **Please enter the total anticipated number of ½ pints served *per day* (before, during and after school) after the initiative is implemented.**
* Please upload a milk velocity report (1/2 pints) for September 2024, if available.  
  (Allowable file types include XLS, PDF, CSV and DOC. File size limit is 10MB.)
* How many half gallons of milk do you anticipate serving per week?

**Smoothies/Yogurt Parfaits** – note that yogurt questions are also optional with all other programs.

* **Please enter the total anticipated number of smoothies, yogurt parfaits or individual yogurts served per day at all schools involved.** Smoothie programs typically result in a 20-50% increase in overall bulk yogurt.
* **How many ounces of yogurt are in each smoothie, yogurt parfait or individual yogurt offered?**
* **How many days per week will smoothies/yogurt parfaits be on the menu?**
* Please upload a yogurt velocity report for September 2024, if available.
* **How many gallons of milk do you anticipate serving per week?**
* Please upload a milk velocity report (gallons) for September 2024, if available.

**Coffee Bar**

* **Please enter the total anticipated number of milk-based coffee beverages served *per day this program is offered* at all schools involved.**
* **How many ounces of milk are in each coffee beverage?**
* **How many days per week will milk-based coffee beverages be offered?**
* How many breakfast meals do you anticipate serving per day as a result of program implementation?Whole numbers only please.

**Cheese** – note that cheese questions are shown and optional with all programs except Smoothies/Yogurt Parfaits and Coffee Bar (not shown on screen).

* Please enter the total anticipated number of additional 1 oz cheese servings per day.
* How many days per week will the new menu item with cheese be served?

## PAGE 3: BUDGET

Funding & Equipment Detail

Please select the foodservice equipment needed for your school to implement the selected program, including quantities. Available Budget Categories:

* **Cafeteria equipment for preparation of food** (e.g., food prep equipment, yogurt pumps, smoothie blenders, etc.)
* **Equipment for cold storage** of milk or other perishable items (e.g., coolers, insulated bags, refrigerators or freezers, etc.)
* **Equipment for transporting or serving** food or beverages (e.g., breakfast cart, kiosk, wagon, food bar, etc.)
* **Point-of-sale equipment or systems**

|  |  |  |
| --- | --- | --- |
| **Funding Category** | **Description of Items**  **Including model number if available, cost per item, and quantity** | **Amount Requested** |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL: | |  |

## PAGE 4: SCHOOL DATA

**2024 “Pre” Data**

*Note: Data points in this section will automatically adjust on the online application depending on the program selected, as applicable. Not all questions are required for every program.*

Please enter pre-implementation data for participating schools for the **month of September 2024.**  
If you are not planning to serve an item, please leave those blank. If you plan to add an item as part of your program, but did not serve it this year, please enter a zero.

* Current Enrollment
* Total Students Eligible F/R
* ADP Breakfast
* ADP Lunch
* ADP Supper
* Milk (8oz units)
* Bulk Milk (Gallons)
* Bulk Yogurt Total Units and Unit Size
* SS Yogurt (4oz)
* Cheese (1oz)