

| CDE use only: |
|---------------|
| Received: |
| Check # |

Completed application with **\$100 application fee** send to Center for Dairy Excellence * Attn: Melissa Anderson * 1140 Mountain View Road * Shermans Dale, PA 17090 * Phone: 717-636-0779 * Email: manderson@centerfordairyexcellence.org * www.centerfordairyexcellence.org — Applicants not awarded grants will have the application fee refunded to them.

Program support is made possible through Ag Excellence funding provided by the Commonwealth of Pennsylvania.

Dairy Excellence Grant: Qualifying projects would include anything related to improving dairy farm efficiency, cow comfort, milking facilities, housing facilities, or feeding system. The project should be focused on improving milk production per cow and/or enhancing overall farm profitability and/or efficiency. *Grant funding will be a 50 percent match, up to a maximum limit matching level of \$5,000.*

Application period runs: February 1 - February 28, 2023 *This is a competitive grant,* so winning grant award recipients will be notified by March 15, 2023, with expenses/invoices due by **June 30, 2023**. Application fees will be refunded to those who are not awarded grants.

| Producer's Name | | Farm Name | | |
|--------------------------------|---|----------------------|---------------------------|------------------------------------|
| Address | Town | [/] City | State | Zip Code |
| County | _Email | | Phone # | |
| Milk market or cooperative | · | | | |
| Total cows lactating & dry _ | No. heifers 12mths or c | lder | No. of heifers und | der 12mths |
| Operational information (cl | heck all that apply): Tie stall Pa | rlor Robot | tics Organic | Grazing |
| Answer the following: | | | | |
| Our farm has a current Mar | nure Management Plan or Nutrient Ma | inagement Plan. | Yes No | |
| Our farm has a current Con | servation Plan or Ag Erosion and Sedir | nent Control Plan. | Yes No | _ |
| Our farm is compliant with | National FARM Program or similar pro | gram. Yes | _ No | |
| Our farm has a Risk Manag | ement Plan or uses risk management t | ools to protect pro | ofit margins. Yes | No |
| Our farm has a Biosecurity | Plan. Yes No | | | |
| | agement or advisory team. Yes | | m (ov Nutritionist App | numbert Veteringrian) |
| | ors with phone# and email address that | | rm (ex. Nutritionist, Acc | countant, veterinarian) |
| | | | | |
| 2 | | | | |
| In exchange for the allocation | of funding and support, farms accepted a | s a Dairy Excellence | e Grant Teams will be exp | ected to do the following: |
| | nses to the Center for reimbursement. | | | |
| | unds are due to the Center by <u>June 30</u> d to the center before any expenses w S. | | Any funding received thr | ough this grant will be considered |
| Signature | | | Date | |
| | | | | |
| | Complete all questi | ons on back pag | re. | |
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1. What is your project?

2. How will this project benefit your farm?

3. What are your 2—5 year goals for your farm?

4. How does this project fit into your 2-5 year goals?

5. How much do you estimate your project will cost?