

Dairy Decisions Consultant Producer Application 2023-2024 PASA - NFWF

| CDE use only: | |
|---------------|-----------|
| Approved: | ECM lbs/d |
| Check # | |
| | |

Send completed applications with a \$100 application fee to Center for Dairy Excellence ♦ Attn: Melissa Anderson ♦

1140 Mountain View Road ♦ Shermans Dale, PA 17090 ♦ 717-636-0779 ♦ Email: manderson@centerfordairyexcellence.org

♦ www.centerfordairyexcellence.org ♦

The Dairy Decisions Consultant program is designed to provide dairy producers the opportunity for one-on-one consulting in the areas of dairy farm viability, business strategy, transition, planning, marketing & labeling, value-added and animal welfare.

*Note: You will be notified of acceptance into the program upon receipt of this application and confirmation with the Consultant. Program support is made possible through Ag Excellence funding provided by the Commonwealth of Pennsylvania.

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|--|---|--|------------------------|--|
| | ncome from the farm? Yes rcial or retail milk sales? Yes | | | |
| Contact Information: | | | | |
| Producer's Name | | Farm Name | | |
| Address | City | State | e Zip Code | |
| County | Email | Ph | none # | |
| Who is your milk market or co | ooperative? | | | |
| Total cows lactating & dry | No. heifers 12mths or c | older No. | of heifers under 12m | ths |
| Total pounds of milk shipped | prior year | , Butterfat % | , Protein % | (See December's settlement check, received mid-January.) |
| Operational information (che | ck all that apply): Tie-stall I | Parlor Robotics | Organic | Grazing |
| Milking /day 3x, 2x | , Robotic (Average x /day) | DHIA # | RAC # | (Righthand corner of DHIA Report) |
| Are you happy with your milk | production numbers? Yes | No | | |
| Would you like assistance wit | th your milk production numbers? | ? Yes No | Do you use TMR? Ye | es No |
| Employee Manageme job. It consists of procedures a business. | and strategies that can help you m | e management is more easure, monitor, and in | nteract with the work | at your employees are doing their force that plays a huge role in your ate a roadmap for decision-making |
| in all aspects of the business. | | necessity to neip man | age voiatility and tre | ate a roadinap for decision-making |
| Product Marketing & | Labeling –Effective marketing an | nd labeling of your brai | nded dairy products o | can create a more positive impact |
| on your customers and their | | from your milk to cons | sumers can heln a far | m capture more revenues, but the |
| processing and branded busin | | mom your mink to cons | sumers can help a far | in capture more revenues, but the |
| | | rms establish animal w | velfare protocols rela | ted to the FARM Program as well |
| as help train employees in FA | • | ovide dairy farm famili | es with professional (| consulting resources to help make |
| decisions that will shape the | | ovide daily lattit fattill | es with professional t | some and the sources to help make |
| | - Business and financial feasibility | for transitioning the f | arm and/or family iss | sue projects to set the farm up for |
| a transition team. | | | | |

What is the primary reason you are requesting this consulting grant?

| What is the most important issue your farm will need in the next 2-5 years? (i.e., purchase a skid loader or tractor, transition, buy/se | ell |
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| farm, retire, value-added) | |
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| What are the three goals that you would like addressed with this consultation? | |
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| Preferred Dairy Decision Consultant: Choice 1:Choice 2: | |
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| See to the list of approved Consultants at <u>www.centerfordairyexcellence.org/ddc</u> or call 717-636-0779 | |
| If approved, a DDC will commit to providing a comprehensive consultation with your farm. If not approved, your application fe | e will |
| be reimbursed. The Center will provide grant funding up to the amount listed above. The grant is intended to cover the full cos | |
| the DDC process in reviewing your farm operation and providing meaningful input on moving forward. However, if the cost of y | |
| specific need is greater than what is provided through the DDC grant, your consultant will request your approval prior to doing additional work. | , that |
| idaltional work. | |
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| Signature: Date: | |
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