

## **Dairy Excellence Grant** Fall 2023 Application

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

Send completed application with \$100 application fee 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 and the PA Dairymen's Association.

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: September 1—October 16, 2023 This is a competitive grant, so winning grant award recipients will be noti-fied by October 25, 2023, with expenses/invoices due by February 29, 2024. Application fees will be refunded to those who are not awarded

roducer's Name		Farm Name		
Address	Tow	n/City	State	Zip Code
County Em	nail		Phone #	
Milk market or cooperative				
	No. heifers 12mths o			
otal pounds of milk shipped pr	ior year	, Butterfat % _	, Protein %	(See December's settlement check
	Il that apply): Tie stall Parlor			
Лilking / day 3x, 2x	_, Robotic (Average x / day)	Do you use TMR?	Yes No	
are you happy with your milk p	roduction numbers? Yes I	No		
Vould you like assistance with y	your milk production numbers?	Yes No		
Answer the following:				
Our farm has a current Manure	Management Plan or Nutrient N	Management Plan.	. Yes No	
Our farm has a current Conserva	ation Plan or Ag Erosion and Sec	liment Control Pla	n. Yes No	
Our farm is compliant with Natio	onal FARM Program or similar p	rogram. Yes	No	
Our farm has a Risk Managemer	nt Plan or uses risk managemen	t tools to protect p	orofit margins. Yes	_ No
Our farm has a Biosecurity Plan.	Yes No			
Our farm has a formal managen	nent or advisory team. Yes	No		
ist two consultants/advisors w	vith phone# and email address	that work with th	e farm (ex. Nutritionist, A	ccountant, Veterinarian)
Consultant/Advisor Name	Organization	Phone#	Email Address	Type of Consulta

- A W9 must be provided to the center before any expenses will be reimbursed. Any funding received through this grant will be considered taxable income by the IRS.

Signature	Date	

## Please Complete the Questions Below:

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?
	Include a letter of recommendation, if possible from an unrelated person. (banker/lender, nutritionist, veterinarian, PS Lension etc.)