

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

***Note:** Program support is made possible through Ag Excellence funding provided by the Commonwealth of Pennsylvania. All funding is subject to release of the current fiscal year funds. You will be notified of acceptance in the program upon receipt of this application and application fee. Farms that have 35 or more lactating cows or dairy heifer raising operations with more than 100 dairy heifers are eligible to apply.

Select Your Team's Focus Area:

- Transition Team:** Focused on transition in the business. (ex. succession, change in business structure, partnership) **(\$3,500)**
- Transformation Team:** Focused on modernizing facilities and pursuing a business transformation or additional enterprise within the dairy operation **(\$3,500)**

Producer's Name _____ Farm Name _____

Address _____ City _____ State _____ Zip Code _____

County _____ Email _____ Phone # _____

Milk market or cooperative _____

Total cows lactating & dry _____ No. heifers 12mths or older _____ No. of heifers under 12mths _____

Total pounds of milk shipped prior year _____, Butterfat % _____, Protein % _____ (See December's settlement check, received mid-January.)

Operational information (check all that apply): Tie stall _____ Parlor _____ Robotics _____ Organic _____ Grazing _____

Milking /day 3x _____, 2x _____, Robotic (Average x / day) _____ DHIA # _____ RAC # _____ (Right hand corner of DHIA Report)

Are you happy with your milk production numbers? Yes No Would you like assistance with your milk production numbers? Yes No

Do you use TMR? Yes / No

Please select all that apply to your farm:

____ Our farm has a current Manure Management Plan or Nutrient Management Plan

____ Our farm has a current Conservation Plan or Ag Erosion and Sediment Control Plan

____ Our farm has a written Business Plan and budget that includes current financial information

____ Our farm participates in the National FARM or another welfare program

____ Our farm has a comprehensive written biosecurity plan

____ Our farm has a Risk Management Plan or uses risk management tools to protect profit margins

If yes, please list the tools used: _____

Team Facilitator _____ Business/Organization _____

Facilitator phone # _____ Facilitator email _____

What is the specific plan/project for this team?

What is the most important issue your farm will need to address in the next 2– 5 years? (i.e. modernize, transition, buy/sell farm, retire, diversify or realign labor)

In exchange for the allocation of funding and support, farms accepted as a Profit, Transition or Transformation Team will be expected to do the following:

- Work with a team of consultants and advisors to address the stated goals and provide feedback on teams impact on the operation
- Provide meeting notes, invoices of team members and related team expenses to the Center for reimbursement by **June 15, 2025**
- ***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: _____