Dairy Excellence Grant
Fall 2026 Application

CDE use only:
Lbs Components: _____
ECM lbs/d _____ Payment _____

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

Program support is made possible through Ag Excellence funding providedby the Commonwealth of Pennsylvania and through a grant provided by 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: October 1 — November 1, 2026 This is a **competitive grant**, so winning grant award recipients will be notified by November 20, 2026, with expenses/invoices due by **June 15, 2027**. 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 # _____

Name of 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)

Do you use TMR? Yes _____ No _____ Are you happy with your milk production numbers? Yes _____ No _____

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

Answer the following:

Our farm has a current Manure Management Plan or Nutrient Management Plan. Yes _____ No _____

Our farm has a current Conservation Plan or Ag Erosion and Sediment Control Plan. Yes _____ No _____

Our farm is compliant with National FARM Program or similar program. Yes _____ No _____

Our farm has a Risk Management Plan or uses risk management tools to protect profit margins. Yes _____ No _____

List the risk management tools you use _____

Our farm has a Biosecurity Plan. Yes _____ No _____

Our farm has a formal management or advisory team. Yes _____ No _____

List two consultants/advisors with phone number and email address that work with the farm (ex. Nutritionist, Accountant, Veterinarian)

Consultant/Advisor Name	Organization	Phone#	Email Address	Type of Consultant

Please Complete the Questions Below:

Three sentences or more required for questions 1, 2, and 3.

1. **What is your project?**

Complete all questions on back page.

Three sentences or more required for questions 1, 2, and 3.

2. How will this project benefit your farm?

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

4. Provide an estimate of your project cost below. How did you determine the estimation of these costs? Please circle how you determined your estimated project costs: Estimate, Bid, Cost Appraisal, Internet, Other _____

Project Cost	Dairy Excellence Grant Funding	Personal Investment	Investment by Outside Sources: Grants, Financing, etc.

5. Include a letter of recommendation, if possible from an unrelated person. (banker/lender, nutritionist, veterinarian, PSU Extension etc.)

In exchange for the allocation of funding and support, farms accepted as a Dairy Excellence Grant Team will be expected to do the following:

- Complete a brief survey at the end of the grant.
- Provide a copy of your most recent DHI-202 form.
- 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.

Your signature below certifies that you agree to the expectations listed above.

Signature _____ **Date** _____

- Send a copy of your W9 with your application.
- Send a copy of your most recent DHI-202 form with your application.
- You will be required to complete a brief survey once the grant has been completed. Your feedback, thoughts, and ideas help us to make the changes needed to keep our programs relevant to the needs of the dairy industry.

Are you interested in receiving an ACH payment for your invoice reimbursement? Yes ____ No ____