

Discussion Group 2018-2019 Application

Send Completed application to Center for Dairy Excellence * Attn: Melissa Anderson *
2301 North Cameron Street * Harrisburg, PA 17110 * Phone: 717-346-0849 * Fax: 717-705-2342 *
Email: manderson@centerfordairyexcellence.org * www.centerfordairyexcellence.org

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

To encourage benchmarking and sharing BMPs among dairy producers, the Center is offering grants to cover costs associated with discussion and benchmarking groups functioning within Pennsylvania. The grants can cover the cost of food and meeting expenses, as well as facilitator costs, to discount any expenses incurred by the producers who participate. Eligible costs are reimbursed by the Center, up to \$2,000 per fiscal year. The grants are made available on a first-come, first-serve basis, with groups required to submit meeting summaries to validate expenses.

Facilitator:

Facilitator's Name _____ Business Name _____
Address _____ Town/City _____ State _____ Zip Code _____
County _____ Email _____ Phone # _____

Focus of Group: (Circle all that apply)

General Herd Management	Udder Health	Reproduction
Calves and Heifers	Transition Cows	Financial Management
Other _____		

Producers & Farms Participating:

1. Producer Name _____ Farm Name _____
Email _____ Phone # _____

2. Producer Name _____ Farm Name _____
Email _____ Phone # _____

3. Producer Name _____ Farm Name _____
Email _____ Phone # _____

4. Producer Name _____ Farm Name _____
Email _____ Phone # _____

5. Producer Name _____ Farm Name _____
Email _____ Phone # _____

6. Producer Name _____ Farm Name _____
Email _____ Phone # _____

7. Producer Name _____ Farm Name _____
Email _____ Phone # _____

*Additional lines on back.

- Facilitator to provide meeting notes and invoices and related expenses to the center for reimbursement within 30 days of meeting (reimbursement only to facilitator)
- Invoices for allocated funds due to the center by **May 31, 2019**

Signature _____ Date _____

CDE office use only: Received: _____ Reviewed: _____ Approved: _____

Producers & Farms Participating Continued:

8. Producer Name _____ Farm Name _____

Email _____ Phone # _____

9. Producer Name _____ Farm Name _____

Email _____ Phone # _____

10. Producer Name _____ Farm Name _____

Email _____ Phone # _____

11. Producer Name _____ Farm Name _____

Email _____ Phone # _____

12. Producer Name _____ Farm Name _____

Email _____ Phone # _____

13. Producer Name _____ Farm Name _____

Email _____ Phone # _____

14. Producer Name _____ Farm Name _____

Email _____ Phone # _____

15. Producer Name _____ Farm Name _____

Email _____ Phone # _____

16. Producer Name _____ Farm Name _____

Email _____ Phone # _____

17. Producer Name _____ Farm Name _____

Email _____ Phone # _____

18. Producer Name _____ Farm Name _____

Email _____ Phone # _____

19. Producer Name _____ Farm Name _____

Email _____ Phone # _____

20. Producer Name _____ Farm Name _____

Email _____ Phone # _____