

Milk Donation Reimbursement Program Applicant Donation and Distribution Plan

Under this program, eligible dairy organizations that incur qualified expenses related to certain fluid milk product donations may apply for and receive limited reimbursements to cover those expenses. This program is intended to reduce food waste and provide nutrition assistance to individuals in low-income groups.

For More Information:

Website: www.ams.usda.gov/mdrp

Contact: Emily DeBord; MDRP@usda.gov

Fiscal Year 2019 and 2020 plans are due by **December 6, 2019**. You must submit a separate plan for each fiscal year.

Eligibility and Definitions:

1. To qualify as an **eligible dairy organization**, you must be regulated under a Federal Milk Marketing Order (FMMO); account to an FMMO pool; and incur applicable qualified expenses.
2. **Qualified expenses** are costs incurred by accounting to a FMMO pool for processing fluid milk products, limited to the difference between the Class I milk price (at the plant) and the lowest classified price for the month the milk was donated (Class III or Class IV).
3. The **reimbursement rate** is a percentage of the qualified expenses incurred—not to exceed 100%.
4. To qualify as an **eligible distributor**, you must be a public or private nonprofit organization that distributes donated eligible milk.
5. **Eligible milk** must be a Class I fluid milk product produced and processed in the United States that meets the applicable commodity specifications.

Instructions:

On the following pages, use the text boxes or drop-downs provided to enter the applicable information to detail your planned donations and a description of your donation process. Estimate total amount of fluid milk products you intend to donate during the fiscal year. Provide a detailed description of your planned donation process, such as the types of products you plan to donate, approximate frequency of donations, and how you will coordinate with the eligible distributor to make fluid milk donations. Provide your requested reimbursement rate, not to exceed 100%.

For the Eligible Distributor, please provide all requested information, including a Tax ID number and description of how you provide assistance to low-income groups.



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On the accompanying *Plant and Distributor Location Information* spreadsheet, include all the plant location(s) and distributor location(s) participating in this partnership Plan. Also, include the Plant Class I Differential and the Federal Milk Marketing Order where the plant is regulated.

If your dairy organization intends to partner with more than one eligible distributor, **you must submit a separate Donation and Distribution Plan for each eligible partnership.** Requiring both parties to apply as a partnership ensures that all aspects of the program requirements will be met, and an agreed-upon structure will be in place when eligible milk is available for donation and distribution. [Note that if your distributor has multiple locations under one organization, only one plan is necessary.]

Please review the *Commodity Specifications for Fluid Milk and Milk Products Eligible for the Milk Donation Reimbursement Program* at www.ams.usda.gov/mdrp to ensure your planned donations will meet the appropriate standards.

Eligible Dairy Organization Information

Dairy Organization Name:

Dairy Contact Person & Title:

Dairy Primary Mailing Address:

Dairy City/State/Zip:

Dairy Phone:

Dairy Email:

Total Estimated Amount of Milk Donated for
fiscal year (pounds or gallons):



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Describe your planned donation process:

Requested reimbursement rate:
(limited to no more than 100 percent)

Eligible Distributor Information

Distributor Name:

Distributor Contact Person & Title:

Distributor Primary Mailing Address:

Distributor City/State/Zip:



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Distributor Phone:

Distributor Email:

Distributor Tax ID Number:

Describe how the distributor provides
assistance to low-income groups:



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New Donation and Distribution Plan Certification

We are a new partnership requesting plan approval.

USDA will approve reimbursement amounts based on available funds and an assessment of plan feasibility. Please address the following to ensure your plan's feasibility:

- ✓ **Please right click to electronically sign** below to certify that your fluid milk products meet the requirements laid out in the *Commodity Specifications for Fluid Milk and Milk Products Eligible for the Milk Donation Reimbursement Program*.

X

Eligible Dairy Organization Contact

X

Eligible Distributor Contact



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For AMS Office Use Only

Plan Code:

Vendor Code:

Date:

X

Program Manager

Approved for Feasibility

Estimated Approved Quantity (cwt):

Approved Reimbursement rate (%):

Estimated Approved Total (\$):