

2026 Dairy Plus Application Preview

DISCLAIMER: This document is intended to provide applicants with an idea of what to expect in the application. Actual questions within the online application platform (available at <https://applications.cdfa.ca.gov/grants/s/>) may be different.

CDFA highly recommends that you review and refer to the Request for Grant Applications prior to beginning an application.

General Information Details

Applicant Details

Are you submitting this application on someone else's behalf?

Applicant/Applicant Organization Name:

Applicant/Applicant Organization Email Address:

Applicant/Applicant Organization Telephone:

Applicant/Applicant Organization Mailing Address - Street:

Applicant/Applicant Organization Mailing Address - City:

Applicant/Applicant Organization Mailing Address - Zip Code:

Full Name of Primary Contact Person:

Primary Contact Person Email Address:

Primary Contact Person Telephone:

Has the Applicant or Applicant Organization previously been awarded grant funding through the Alternative Manure Management Program (AMMP) or Dairy Digester Research and Development Program (DDRDP), where the project is either completed or implementation is in progress?

Provide the AMMP or DDRDP Agreement Number(s) and corresponding project site location where the project(s) were implemented. For example: 17-000-0123-AM, Dairy ABC, 12345 N Street, Sacramento 95814:

Did you receive assistance with your application or project planning?

Please share the name(s) of the individual(s):

Acknowledgment Section:

By checking this box, I certify that I understand that, if awarded funding, I/our organization will be responsible for: (1) implementing the project in accordance with the Grant Agreement Scope of Work; (2) ensuring compliance of all project activities, including those conducted by contractors and consultants, with applicable federal, state, local, and tribal laws, regulations, ordinances, and grant terms; (3) obtaining and maintaining all necessary permits, licenses, agreements, and approvals; (4) submitting timely and accurate invoices; (5) maintaining clear and consistent communication regarding project progress; (6) notifying CDFA OARS immediately upon discovery of problems or delays affecting the project; and (7) providing documentation related to the project as requested by CDFA and CDRF.

I certify that I acknowledge and understand these responsibilities.

Additional Applicant Information

The following demographic and applicant information is not required but will help CDFA and USDA prioritize funding for Beginning, Veteran, Socially Disadvantaged, and/or Limited Resource farmers or ranchers. Not answering these questions will not negatively impact the application.

The California Department of Food and Agriculture (CDFA) is committed to equitable access for all Californians and investing in the long-term prosperity of our food farming systems, starting with our farmers. Additionally, the US Department of Agriculture (USDA) Advancing Markets to Producers (AMP) grant is committed to prioritizing at least 10% (\$7.5 million) of the producer's incentive funding to serve Beginning, Veteran, Socially Disadvantaged, and/or Limited Resource farmers or ranchers.

Demographic information is used by USDA for statistical purposes only and will not be used to determine an applicant's eligibility for programs or services for which they apply. Definitions for Beginning, Veteran, Socially Disadvantaged, and/or Limited Resource farmer or rancher can be found in the Dairy Plus Program Request for Grant Applications under "CDFA and USDA Priorities" or the NRCS Historically Underserved Farmers and Ranchers (<https://www.nrcs.usda.gov/our-agency/historically-underserved-farmers-and-ranchers>). Note: Gender alone is not a covered group for the purposes of USDA AMP/Dairy Plus programs.

Does the applicant qualify as a beginning, veteran, socially disadvantaged, and/or limited resource farmer or rancher as defined in the Dairy Plus Program Request for Grant Applications under "CDFA and USDA Priorities" or the NRCS Historically Underserved Farmers and Ranchers (<https://www.nrcs.usda.gov/our-agency/historically-underserved-farmers-and-ranchers>)? Select all applicable choices.

Has the applicant served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Please select the Gender the applicant identifies with

Please select a category that best represents the applicant

Does the applicant have a tribal affiliation?

Project Information Details

Project Information

Name of the Dairy Operation where the project will be implemented:

Project Latitude:

Project Longitude:

Project County:

Assembly Member:

Assembly District:

Senator:

Senator District:

Please identify your Dairy Plus Program application type:

Title for the Dairy Plus Program Project:

Description for the Dairy Plus Program Project:

Select the primary project type

Is there a secondary component to the project (these practices cannot be standalone)?

Farm, tract, and field information for areas included in the project boundary (as registered with the U.S. Department of Agriculture Farm Service Agency). Include all that are impacted by the project, and specify the farm, tract, and field where the Dairy Plus project technology will be implemented. Or enter "Not registered with FSA". For example: Farm 1234, tract 111, field 1; Farm 5678, tract 222, field 2, etc.

Enter the anticipated "Start Date" for the project (project cannot begin prior to March 1, 2027)

Enter the anticipated "End Date" for the project (project cannot end later than February 29, 2028)

Dairy Plus Program Grant Amount Requested (\$, USD). This must be less than or equal to USD \$1,250,000 (up to \$750/cow):

Matching Funds Provided (\$, USD)

Estimated GHG Emissions Reduction

Using the completed AMMP or DDRDP Benefits Calculator Tool as appropriate for the Dairy Plus Program proposal (refer to the Request for Grant Applications), provide the following information. The Benefits Calculator Tools can be downloaded from: (<https://www.caclimateinvestments.ca.gov/tools>). You will also be uploading the completed calculator tool as Attachment E.

Select Livestock Categories that are part of the Project Boundary. For any of the livestock categories selected as part of the project boundary, provide their average population (herd size) from the prior 12 months. Please enter '0' for livestock categories that are not part of your project boundary.

Provide average of Lactating Dairy Cows (freestall) from the prior 12 months:

Provide average of Lactating Dairy Cows (open lot) from the prior 12 months:

Provide average of Dry cows from the prior 12 months:

Provide average of Heifers from the prior 12 months:

Total project emission reductions over 5 (if AMMP or approved AMMP-like practice) or 10 years (if DDRDP or DDRDP-like approved practice) (MTCO_{2e}):

GHG reduction per unit of energy-corrected milk (ECM) produced by the dairy operation over 5 (if AMMP or approved AMMP-like practice) or 10 years (if DDRDP or DDRDP-like approved practice) (MTCO_{2e}/ECM):

GHG reduction per dollar grant money requested over 5 (if AMMP or approved AMMP practice) or 10 years (if DDRDP or DDRDP approved practice) (\$/MTCO_{2e}):

Budget Narrative Details

CATEGORY	PLANNED AMOUNT	REASON
Salaries and Wages	\$0.00	
Fringe	\$0.00	
Travel	\$0.00	
Equipment	\$0.00	
Supplies	\$0.00	
Contractual / Subawards / Subgrants	\$0.00	
Construction	\$0.00	
Other	\$0.00	
Indirect	\$0.00	
Program Income	\$0.00	
Cost Share	\$0.00	
Total Direct Costs:	\$0.00	
Total Fund Requested:	\$0.00	

Project Workplan and Objectives

Complete the “Project Workplan” section below using your completed Attachment B: Work Plan Template. For each task, enter: Task Number for “Sr No.” (for example, 1, 2, 3), Objective (if applicable), Description/Activity under “Activity” (for example, “Grading and earthwork of site where the project will be located”), “Performed By” (for example, John Smith, Dairy Owner), and the anticipated “Start Date” (cannot begin before March 1, 2027), and “End Date” (cannot end after February 29, 2028).

Project Workplan

Project Workplan + Add Row

Sr No.	Objective	Activity	Performed By ?	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachments Details

Opportunity Attachments (1)
Add Additional Attachments

Title	File Size	Document Type	Attached On	Download Link	Action
oefi-021_FSA_Release_of_Information_Request_Form.pdf - FSA Permission Form	112.92 KB	Other	6/10/2026	Download	Upload

Uploaded Attachments (0)
Add Additional Attachments

Title	File Size	Document Type	Attached On	Download Link	Action
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