

# Dairy Innovation Program (DIP)

## Application Form

1. Please ensure that you have read and understood the Dairy Innovation Program (DIP) Description and Guidelines before completing the application.
2. A SEPARATE application form must be completed for EACH product submitted for consideration under the DIP.

All Applications must be sent to:

Dairy Innovation Fund

Toll free: 1-866-366-0676

Email: [cdc.innovation.ccl@cdc-ccl.gc.ca](mailto:cdc.innovation.ccl@cdc-ccl.gc.ca)

Please provide as much information as possible on your company's proposal. A detailed application will enable the Program Selection Committee to make a fair and speedy assessment of your application.

3. The Selection Committee will not make a final decision until the applicant provides samples of each product applied for.
4. Applications are reviewed every three months. Deadlines for application are March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup> and December 31<sup>st</sup>.

# Application Form

1. Name of project or product (supplied by Applicant)

\_\_\_\_\_

2. Contact Information

Company name:	
Address:	
Telephone:	
Email:	
Plant Registration #	

3. Name of company official authorized to act on behalf of the Applicant.

Name:	
Title	
Telephone:	
Email:	

4. Description of the product for which milk is requested under this Program:

a) Product description:

b) Unit weight of finished product at point of sale: \_\_\_\_\_ (grams)

c) Butterfat content, per unit of finished product:  
\_\_\_\_\_ (grams) \_\_\_\_\_ (%)

d) Milk solids non fat, per unit of finished product:  
\_\_\_\_\_ (grams) \_\_\_\_\_ (%)

e) Other significant ingredients, per unit of finished product:

i) Ingredient: \_\_\_\_\_ (grams) \_\_\_\_\_ (%)

ii) Ingredient: \_\_\_\_\_ (grams) \_\_\_\_\_ (%)

iii) Ingredient: \_\_\_\_\_ (grams) \_\_\_\_\_ (%)

iv) Ingredient: \_\_\_\_\_ (grams) \_\_\_\_\_ (%)

f) Level of moisture in the product in case you apply for cheese:  
\_\_\_\_\_ % of moisture

5. Detailed marketing plan indicating among other things the selected distribution channel, the targeted customers, and your sales forecast of the product (**to be attached as an annex**).

6. Describe the new or innovative factor(s) being introduced to the Canadian marketplace by the development of this product, i.e., why is it unique to Canada etc.

7. Indicate the DIP application type:

National DIP Application <sup>1</sup>

Provincial DIP Application <sup>2</sup>

8. Explain how the introduction of this product will result in net increase in milk consumption in Canada.<sup>3</sup>

What is the expected net increase in sales of milk – and how is this calculated? (i.e., if this new product replaces an existing one, is there additional use of milk?)

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<sup>1</sup> This applicant must demonstrate that the product will be distributed in two or more provinces or across Canada within 24 months of receiving milk under this program.

<sup>2</sup> This type of contract is best suited for dairy products usually sold locally not outside of the province where it is manufactured. A similar product will have the possibility of being accepted for a provincial DIP contract in another province.

<sup>3</sup> Unless the Selection Committee decides that a report is not necessary from the companies requesting only a small and limited amount of milk, the increase in milk demand will have to be confirmed in a report from an independent concept test firm.

What existing dairy products could lose market shares to the new product?

Product 1: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Product 2: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Product 3: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

According to your forecasts, to what extent will sales of these existing products be affected by the new product?

Product 1: \_\_\_\_\_

Product 2: \_\_\_\_\_

Product 3: \_\_\_\_\_

9. How many processing plants will utilize milk under this program project? Where are they located?

If the plants are in different provinces, will you be able to provide milk utilization data by province?

10. Please provide an estimate of the amount of milk required for the first 3 years.

Year 1 \_\_\_\_\_ litres

Year 2 \_\_\_\_\_ litres

Year 3 \_\_\_\_\_ litres

Total \_\_\_\_\_ litres

*Note: Any applicant applying for more than one million litres of milk per year must provide a report from an independent concept firm that supports the expected increase in milk demand.*

Based on your product's characteristics, in which milk subclass should it be declared?

Subclass \_\_\_\_\_

11. Are there any dairy by-products from the production of this product and, if yes, how will they be disposed of?

\_\_\_\_\_  
Signature of Applicant's Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

<b>To be completed by the Canadian Dairy Commission</b>	
Date received by the CDC:	
Received by:	
Assigned chronological number:	