**Application for Healthier Dining Programme – Food Court / Institutional Caterer (Stall Concept)**

Before filling in this Application Form, please make sure that you have read through the HDP guidelines at [www.hpb.gov.sg/hdp](http://www.hpb.gov.sg/hdp)

Please complete Section A only and submit the section to us at HPB\_Healthy\_Eating@hpb.gov.sg. We will respond within 2 weeks for the next step of your application.

**Application Form (Food Court / Institutional Caterer - stall concept)**

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| Section A | Applicant Details and Business Information |
| Section B | 1. Listing of Healthier Food and Drinks
2. Listing of Healthier Drink only
 |
| Section C | Publicity Plan |
| Section D | Declaration |
| Others | Glossary  |

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| **SECTION A : APPLICANT DETAILS** |
| **Contact Details of Applicant Company** |
| **Company Name Registered with ACRA** | *ABC Food Company Pte Ltd* |
| **Business Registration / UEN Number :** |  *123456789A**(Please submit latest company ACRA)* |
| **Name of Brand (s)** | *Healthy Roll*  |
| **Type of Food/ Beverage setting****(please tick one ONLY )** | Food and Drink Applicant:\_[ ]\_ | Drink Stall only applicant:\_[ ]\_ |
| **Dining Concept**(please tick accordingly) | **Halal** |  |

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| **Contact Details of Person-in-charge** |
| **Name of contact person** | *Tan Ah Ming* |
| **Designation** | *Business Development Manager* |
| **Office Address**  | *123 Admiralty Road**Singapore 123456* |
| **Company / Brand website**  | *www.Brand.com.sg* |
| **Contact number** | *12345678* |
| **Email Address** | *abc@gmail.com* |
| **Business Information : List of outlets , Address ( please complete attached sheet )**  |
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| S/N | Name of outlet | Address | Average Sales Volume per month ( by units)  |
|  |  | Block | Street Name | Building Name | Unit number | Postal Code | Food | Beverage  |
| 1. | *Brand X Hougang branch* | *123* | *Ang Mo Kio* | *AMK Hub* | *#01-123* | *123456* | *2,000* | *2,000* |
| 2. | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 3. | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| Total | [ ] |  |  |  |  |  |  |  |

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| **SECTION B : PART 1 - LISTING OF HEALTHIER FOOD AND DRINKS** |
| **I would like to obtain endorsement for:** |
| **Healthier Food and Drinks****Go to Part (1)** | Healthier Drinks onlyGo to Part (2) |
| **Part (1) : Applicable to Healthier Food & Drinks endorsement** **Important Notes :** 1. i) Qualifying criteria
* Please refer to programme criteria for respective setting.
1. ii) Supporting documents :
* Laboratory OR nutrient analysis by database for every dish & recipe , AND
* Ingredient breakdown by name and weight
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| **Name of Nutrition Service Provider Engaged:**  |
| **Food Category : Lower-calorie main/set meal AND/OR Wholegrain staple**  |
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| **Category** | **Description** | **Yes**  | **No**  |
| Lower-calorie meal/ Wholegrain dish | All operating food stalls will carry ≥1 endorsed food item per stall at any point of timePlease state no of endorsed dish(es)/stall: |  |  |

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| **Food Category : LOWER in Calories ( Please list details )** |
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| S/N | Name of Outlet | Name of Stall | Name of Dish  | Calorie/ dish or serving | Calories analysis report (Please tick) | Offer Frequency |
|  |  |  |  |  | **Lab test** | **Lab test** | **Everyday/ Seasonal/ Rotational** | **All day/ Half day** |
| 1. | *ABC foodcourt@XYZ mall* | *Mixed Rice stall* | *XYZ rice set* | *500 kcal* |[ ] [ ]  *Everyday* | *All day* |
| 2. | [ ] | [ ] | [ ] | [ ] |[ ] [ ]  [ ] | [ ] |
| 3. | [ ] | [ ] | [ ] | [ ] |[ ] [ ]  [ ] | [ ] |
| Total |  |  | [ ] |  |  |  |  |  |

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| **Food Category : HIGHER in Wholegrains ( Please list details and provide front and back package labelling or product specifications as supporting evidence )** |
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| S/N | Name of Outlet | Name of Stall | Name of Dish or wholegrain staple offered | Calorie/ dish (if applicable) | Wholegrain ingredient | Low GI |
|  |  |  |  |  | **Type of wholegrain** | **Content %** | **GI Lab test/****Nutrient analyses**  | **GI less than <55** |
| 1. | *ABC foodcourt@XYZ mall* | *Yong Tau foo stall* | *XYZ rice set* | *500 kcal* | *Brown rice* | *10* |[ ] [ ]
| 2. | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |[ ] [ ]
| 3. | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |[ ] [ ]
| Total |  |  | [ ] |  |  |  |  |  |

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| **Food Category: Healthier Ingredient – Healthier Oil with ≤35% saturated fats and ≤0.5% Trans-Fat. (Not Applicable for Food Courts)** **(Attach nutrition information panels as supporting evidence )** |
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| S/N | Name of Healthier Oil  | Is Oil endorsed under Healthier Choice Symbol Program  | % Saturated fats | % Trans Fats |
|  |  | **Yes** | **No**  |  |  |
| 1 | *ABC healthier deep frying oil* |  |  | *19* | *0.5* |
| 2 | [ ] |  |  | [ ] | [ ] |
| 3 | [ ] |  |  | [ ] | [ ] |
| Total | [ ] |  |  |  |  |

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| Any other type(s) of oil used with >35% saturated fats and/or >0.5% Trans-fat?  |

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| **Beverage Category: LOWER/NO -SUGAR BEVERAGES ( Please list details )**  |
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| **Category** | **Description** | **Yes**  | **No**  |
| Lower/no-sugar packaged drink | Drink stall to offer and promote ≥1 lower/no-sugar packaged drink at any point of time |  |  |
| Lower/no-sugar freshly prepared drink | Drink stall to offer and promote ≥1 no-sugar & no-milk freshly-prepared drink option at any point of time |  |  |

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| S/N | Name of Beverage | Type of beverage(Please tick) | Number of calories per beverage | Qualification methodology |
|  |  | Packaged | Freshly-Prepared | Specialty  |  Others |  | HCS | Intrinsic  | Lab test |
| 1.  | *Bottled water* |[x] [ ] [ ] [ ]  [ ] |[ ] [x] [ ]
| 2. | [ ] |[ ] [ ] [ ] [ ]  [ ] |[ ] [ ] [ ]
| 3. | [ ] |[ ] [ ] [ ] [ ]  [ ] |[ ] [ ] [ ]
| Total | [ ] |  |  |  |  |  |  |  |  |

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| **OFFICIAL USE ( SECTION B/ PART 1 – Healthier FOOD and DRINKS)**  |
| **HPB’s Assessment :**  |
| Overall Assessment :  Recommendation :  |

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| **SECTION B : PART 2 - LISTING OF HEALTHIER DRINKS ONLY** |
| **I would like to obtain endorsement for:** |
| Healthier Food and DrinksGo to Part (1) | **Healthier Drinks only****Go to Part (2)** |
| **Part (2 ) : Applicable to Healthier BEVERAGE endorsement** **Important Notes :** i) Qualifying criteria : * Please refer to programme criteria for respective setting.
* MUST be served as default option ( applicable to only companies without FOOD endorsement)

ii) Supporting documents :* Laboratory analysis of nutritional information (e.g. sugar, saturated fat, calories, etc.)
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| **Beverage Category : LOWER/NO SUGAR Packaged Drink ( Please list details )**  |
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| **Category** | **Description** | **Yes**  | **No**  |
| Lower/no-sugar packaged drink | Drink stall to offer and promote ≥5 OR ≥30% of the range of packaged drinks on offer (whichever is lower) |  |  |

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| S/N | Name of Beverage | Type of packaged drink (Please tick) |
|  |  | HCS-endorsed | Zero Calorie |
| 1. | *Coke zero* |[ ] [x]
| 2. | *[ ]* |[ ] [ ]
| 3. | *[ ]* |[ ] [ ]
| Total Healthier Packaged Drinks: | [ ] |
| Total Packaged Drinks: | [ ] |
| % Healthier (Packaged) | [ ] |

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| **Beverage Category : LOWER/NO SUGAR Freshly prepared/Specialty drink ( Please list details )**  |
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| **Category** | **Description** | **Yes**  | **No**  |
| Lower/no-sugar Freshly-prepared drink | Participating Drink stall (s) to offer and promote Coffee (Kopi) and Tea (Teh) as default healthier beverages meeting all nutrition requirements |  |  |
| Participating Drink stall (s) to offer and promote ≥2 OR ≥30% of the range of freshly-prepared drinks on offer (whichever is lower) |  |  |

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| S/N | Name of Beverage | Type of beverage(Please tick) | Lab Analyses submitted | Default *( applicable to beverage endorsement only )*  |
|  |  | Freshly Prepared | Specialty  | Yes | No | Yes | No |
| 1. | *Plain water* |[x] [ ] [ ] [x] [ ] [ ]
| 2. | *[ ]* |[ ] [ ] [ ] [ ] [ ] [ ]
| 3. | *[ ]* |[ ] [ ] [ ] [ ] [ ] [ ]
| Total Healthier Freshly-prepared/Specialty) Drinks | [ ] |
| Total Freshly-prepared/Specialty Drinks | [ ] |
| % Healthier (Freshly prepared/Specialty) | [ ] |

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| **OFFICIAL USE ( SECTION B / PART 2 – Healthier Drinks)** |
| **HPB’s Assessment :**  |
| Overall Assessment : Recommendation :  |

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| **SECTION C : PROPOSED PUBLICITY PLAN**  |
| **Please provide details of how the Healthier Food / Beverages will be promoted to consumers.** **Important Note: Items 1-7 are mandatory for all Food Courts, Items 5, 6, 8 and 9 are mandatory for all Canteens, and Items 10-13 are mandatory for drink partners.** |
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| S/N | Description of point of sales materials  | Please tick | Implementation Date | Remarks |
|  |  | Yes | No |  |  |
| ***Food Partners*** |
| 1 | **Food Court only:**All lower-calorie endorsed dishes to display corresponding HDP caloric labels on menu boards |[ ] [ ]  [ ] | [ ] |
| 2 | **Food Court only:**Wholegrain staple dishes to be featured on menu boards and to be tagged with "Higher in wholegrain" or "Wholegrain options available here" HDP identifiers |[ ] [ ]  [ ] | [ ] |
| 3 | **Food Court only:**Stalls to feature ≥1 fast-moving popular healthier dish with pictorial representation on menu boards  |[ ] [ ]  [ ] | [ ] |
| 4 | **Food Court only:**For mix-and-match concept stalls (e.g. mixed rice, Yong Tau Fu etc.), deep-fried food options cannot be featured in endorsed combinations on menu-boards and marketing collaterals |[ ] [ ]  [ ] | [ ] |
| 5 | Display of "Healthier options available here" decal/sticker at all outlet entrances |[ ] [ ]  [ ] | [ ] |
| 6 | Display of “Ask for lower-sugar beverages” identifier at drink stalls |[ ] [ ]  [ ] | [ ] |
| 7 | **Food Court only:**Mandatory caloric labelling for endorsed lower-calorie dishes |[ ] [ ]  [ ] | [ ] |
| 8 | **Canteen only:**All endorsed dishes to be tagged by appropriate HDP identifiers using in-store marketing materials |[ ] [ ]  [ ] | [ ] |
| 9 | **Canteen only:**Any conditional endorsement has to be clearly communicated |  |  |  |  |
| ***Drink Partners*** |
| 10 | Feature endorsed freshly-prepared drink(s) on menu boards and/or marketing collaterals, tagged with appropriate "Lower in sugar" or "sugar-free" identifier(s) |[ ] [ ]   |  |
| 11 | Display of "Healthier options available here" decal/sticker at participating drink stalls |[ ] [ ]   |  |
| 12 | Include "Ask for lower-sugar beverages" identifier on beverage menu boards |[ ] [ ]   |  |
| 13 | Nutritional Information Panel of endorsed drinks to be made available to consumers upon request |[ ] [ ]   |  |
| 10 | *Additional plans please elaborate* |[ ] [ ]  [ ] | [ ] |
| 11 | *[ ]* |  |  |  |  |

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| **OFFICIAL USE ( SECTION C – PROPOSED PUBLICITY PLAN )** |
| **HPB’s Assessment :**  |
| Overall Assessment : Recommendation :  |

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| **SECTION D : DECLARATION**  |
| \*I/We, the undersigned, hereby confirm that:1. All the information contained herein and submitted with this Application Form is true and accurate. \*I/We undertake to promptly inform and update the Health Promotion Board ("HPB") of any changes to the information contained herein and submitted with this Application Form.2. \*I/We have read and understood the requirements of the Healthier Dining Programme Guidelines for my/our [● setting category] found at the website [www.hdp.gov.sg/hdp](http://www.hdp.gov.sg/hdp) before submitting this Application Form, and hereby agree to comply with such guidelines. 3. \*I/We understand that HPB reserves the unconditional right to:1. require the submission of further information or material to assess this Application Form;
2. accept, reject or require amendments to this Application Form;
3. conduct checks to verify any information submitted in this Application Form;
4. take action against any inaccurate, untrue, false or misleading information that may be supplied in this Application Form or in any submission to HPB;
5. change or vary any part of this Application Form (including any supporting documents required hereunder); and
6. amend, vary, restrict, suspend or terminate any aspect of the Healthier Dining Programme and/or amend or vary any of the Healthier Dining Programme Guidelines for my/our [● setting category].
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| [● NAME OF COMPANY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Authorised Signatory: [ ]Designation (CEO/MD equivalent): [ ]Date: in the presence of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Witness: [ ] Designation of Witness: [ ]  |

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| **OFFICIAL USE ( SECTION A-C)**  |
| **HPB’s Assessment :**  |
| Name of HPB assessing officer: AM/M/SMDate:Conflict of interest: Yes/No\* |
| **Clearance:** |
| SM/AD | AD/DD |  |
| Name/ Date | Name/ Date |  |
| Conflict of interest: Yes/No\* | Conflict of interest: Yes/No\* |  |
| **Approval :**  |
| SM/AD/DD | DD/D | DD/D |
| Name/ Date | Name/ Date | Name/ Date |
| Conflict of interest: Yes/No\* | Conflict of interest: Yes/No\* | Conflict of interest: Yes/No\* |