**Application for Healthier Dining Programme (HDP)**

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 only Section A 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**

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| Section A | Applicant Details and Business Information |
| Section B | 1. Listing of Healthier Food
2. Listing of Healthier Beverage
 |
| 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 Applicant: | Drink Applicant: |
| **Dining Concept**(please tick accordingly) *(not applicable to bakery)* | **Target segment** |  |
| **Type of cuisine**  |  |
| **Price Range**  |  |

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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** |
| **I would like to obtain endorsement for:** |
| **Healthier Food****Go to Part (1)** | Healthier Beverage Go to Part (2) |
| **Part (1): Applicable to Healthier FOOD endorsement** **Important Notes:** i) Qualifying criteria* + Please refer to programme criteria for respective setting.

ii) Supporting documents:* + Laboratory OR nutrient analysis by database for every dish & recipe, AND
	+ Ingredient breakdown by name and weight
 |
| **Name of Nutrition Service Provider Engaged (only applicable for restaurant, cafe (food), kiosk (food), stall chain (food), QSR, online delivery):**  [ ]  |
| **Name of lab service provider engaged (only applicable to bakery).** |
| **Food Category : LOWER in Calories ( Please list details )** *(may not be applicable to bakery)* |
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| --- | --- | --- | --- | --- | --- |
| S/N | Name of Dish | Calories/dish or serving | Type of Dish(Please tick) | Calories analysis report (Please tick) | Offer Frequency |
|  |  |  | **Set Meal** | **Main Meal** | **Others (Specify)** | **Lab test** | **Database Nutrition analysis**  | **Everyday/ Seasonal/ Rotational** | **All day/ Half day** |
| 1. | *ABC Noodles* | *450kcal* |[ ] [x] [ ] [ ]  [x]  | *Everyday* | *All day* |
| 2. | [ ] | [ ] |[ ] [ ] [ ] [ ]  [ ]  | [ ] | [ ] |
| 3. | [ ] | [ ] |[ ] [ ] [ ] [ ]  [ ]  | [ ] | [ ] |
| Total | [ ] |  |  |  |  |  |  |  |  |

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| **Food Category : HIGHER in Wholegrains ( Please list details )** |
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| S/N | Name of Dish | Calorie/ dish | Wholegrain ingredient | Type of Dish | Calories analysis report (Please tick) | Offer Frequency | Low GI |
|  |  |  | **Type of wholegrain** | **Content %** | **Set Meal** | **Main Meal** | **Others****(Specify)** | **Lab test** | **Database Nutrition analysis**  | **Everyday/ Seasonal/ Rotational** | **All day/ Half day** | **GI Lab test/****Nutrient analyses**  | **GI less than <55** |
| 1. | *XYZ rice set* | *500 kcal* | *Brown rice* | *10* |[x] [ ] [ ] [ ] [x]  *Everyday* | *All day* |[x] [x]
| 2. | [ ] | [ ] | [ ] | [ ] |[ ] [ ] [ ] [ ] [ ]  [ ] | [ ] |[ ] [ ]
| 3. | [ ] | [ ] | [ ] | [ ] |[ ] [ ] [ ] [ ] [ ]  [ ] | [ ] |[ ] [ ]
| Total | [ ] |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Food Category : Lower in Sugar ( Please list details ) - Dessert** |
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| S/N | Name of Dessert | Calorie/ dessert | Type of Dessert | Calories analysis report (Please tick) | Offer Frequency | Source of Dietary Fibre |
|  |  |  | **Local soup / Ice shaving dessert** | **Local / seasonal cake** | **Ice cream / Frozen yogurt** | **Jelly** | **Pudding** | **Lab test** | **Database Nutrition analysis**  | **Everyday/ Seasonal/ Rotational** | **All day/ Half day** | **Lab test/****Nutrient analyses**  | **Fibre more than >3g** |
| 1. | *Red bean soup* | *200 kcal* |[x] [ ] [ ] [ ] [ ] [ ] [x]  *Everyday* | *All day* |[x] [x]
| 2. | [ ] | [ ] |[ ] [ ] [ ] [ ] [ ] [ ] [ ]  [ ] | [ ] |[ ] [ ]
| 3. | [ ] | [ ] |[ ] [ ] [ ] [ ] [ ] [ ] [ ]  [ ] | [ ] |[ ] [ ]
| Total | [ ] |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Food Category: Healthier Ingredient – Healthier Oil with ≤35% saturated fats and ≤0.5% Trans-Fat. ( Please list details )** *(not applicable to bakery)* |
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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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| Do you use any other type(s) of oil that has >35% saturated fats and/or >0.5% Trans-fat?  |

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| **Beverage Category : LOWER in SUGAR ( Please list details )**  |
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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.  | *XX Chinese Tea* |[ ] [x] [ ]  [] | [ ] |[ ] [x] [ ]
| 2. | [ ] |[ ] [ ] [ ] [ ]  [ ] |[ ] [ ] [ ]
| 3. | [ ] |[ ] [ ] [ ] [ ]  [ ] |[ ] [ ] [ ]
| Total | [ ] |  |  |  |  |  |  |  |  |

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| **OFFICIAL USE ( SECTION B/ PART 1 – Healthier Food )**  |
| **HPB’s Assessment :**  |
| Categories  | No of dishes qualified | Lab / nutritional analysis report submitted?  | Met all endorsement criteria? | Remarks |
| Yes | No | Yes | No |
| 1 | Lower in Calories |  |  |  |  |  |  |
| 2 | Higher in Wholegrains / Low GI |  |  |  |  |  |  |
| 3 | Lower in Sugar (Dessert) |  |  |  |  |  |  |
| 4 | Use of Healthier Oil  |  |  |  |  |  |  |
| 5 | Healthier Beverage |  |  |  |  |  |  |
| Overall Assessment:  Recommendation:  |

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| **SECTION B : PART 2 - LISTING OF HEALTHIER BEVERAGE** |
| **I would like to obtain endorsement for:** |
| Healthier FoodGo to Part (1) | **Healthier Beverage** **Go to Part (2)** |
| **Part (2): Applicable to Healthier BEVERAGE endorsement** **Important Notes:** i) Qualifying criteria: * Please refer to programme criteria for respective setting.

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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| S/N | Name of Beverage | Type of packaged drink (Please tick) |
|  |  | HCS endorsed | Zero Calorie |
| 1. | *Coke zero* |[ ] [x]
| 2. | *[ ]* |[ ] [ ]
| 3. | *[ ]* |[ ] [ ]
| Total Healthier Packaged: | [ ] |
| 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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| --- | --- | --- | --- | --- |
| S/N | Name of Beverage | Type of beverage(Please tick) | Lab Analyses submitted | Intrinsic*( applicable to beverage endorsement only )*  |
|  |  | Freshly Prepared | Specialty  | Yes | No | Yes | No |
| 1. | *Kopi* |[x] [ ] [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 Beverage )** |
| **HPB’s Assessment :**  |
| Categories  | No of beverages qualified | Lab analysis report submitted?  | Met all endorsement criteria? | Remarks |
| Yes | No | Yes | No |
| 1 | Lower/No Sugar – Packaged Drinks |  |  |  |  |  |  |
| 2 | Lower/No sugar – Freshly-Prepared / Specialty Drinks |  |  |  |  |  |  |
| 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 1-4 are mandatory for ALL partners. Items 5-6 are mandatory for FOOD partners while Item 8 is mandatory for BEVERAGE partners.** |
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| S/N | Description of point of sales materials  | Please tick | Implementation Date | Remarks |
|  |  | Yes | No |  |  |
| 1 | Display of "Healthier options available here" decal/sticker at all outlet entrances/every stall/home page of digital platforms (where applicable) |[ ] [ ]  [ ] | [ ] |
| 2 | All endorsed food items/drinks to be tagged by appropriate HDP identifiers in menu books/menu boards/digital ordering platforms and marketing materials (where applicable for bakery) |[ ] [ ]  [ ] | [ ] |
| 3 | Outlets to feature ≥1 fast-moving popular healthier food items/drinks with pictorial representation on menu/menu boards/digital ordering platforms tagged with the appropriate HDP identifier (where applicable) |[ ] [ ]  [ ] | [ ] |
| 4 | Include "Ask for lower-sugar beverages" identifier on beverage menu/digital ordering platforms (where applicable) |[ ] [ ]  [ ] | [ ] |
| 5 | (FOOD PARTNER) All endorsed items have to be clearly communicated on menu books/menu boards/digital ordering platforms and in marketing materials |[ ] [ ]  [ ] | [ ] |
| 6 | (FOOD PARTNER) Intrinsic lower/no-sugar beverages need to be identified in menus of food partners |[ ] [ ]  [ ] | [ ] |
| 7 | Endorsed item(s) to be permanently featured at cashier counter with ≥ 1 point of sale marketing collateral(s) (e.g. wobbler, tent card, counter sticker etc) (applicable for bakery)  |[ ] [ ]  [ ] | [ ] |
| 8 | (BEVERAGE PARTNER)Nutritional Information Panel of endorsed drinks to be made available to consumers  |  |  |  |  |
| 9 | *[Additional plans please elaborate ]* |[ ] [ ]  [ ] | [ ] |
| 10 | *[ ]* |[ ] [ ]  [ ] | [ ] |

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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\* |