**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](mailto: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 )** | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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)* | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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* |  |  |  |  |  | *Everyday* | *All day* | | 2. | [ ] | [ ] |  |  |  |  |  | [ ] | [ ] | | 3. | [ ] | [ ] |  |  |  |  |  | [ ] | [ ] | | Total | [ ] |  |  |  |  |  |  |  |  | | |
| **Food Category : HIGHER in Wholegrains ( Please list details )** | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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* |  |  |  |  |  | *Everyday* | *All day* |  |  | | 2. | [ ] | [ ] | [ ] | [ ] |  |  |  |  |  | [ ] | [ ] |  |  | | 3. | [ ] | [ ] | [ ] | [ ] |  |  |  |  |  | [ ] | [ ] |  |  | | Total | [ ] |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Food Category : Lower in Sugar ( Please list details ) - Dessert** | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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* |  |  |  |  |  |  |  | *Everyday* | *All day* |  |  | | 2. | [ ] | [ ] |  |  |  |  |  |  |  | [ ] | [ ] |  |  | | 3. | [ ] | [ ] |  |  |  |  |  |  |  | [ ] | [ ] |  |  | | Total | [ ] |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Food Category: Healthier Ingredient – Healthier Oil with ≤35% saturated fats and ≤0.5% Trans-Fat. ( Please list details )** *(not applicable to bakery)* | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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 | [ ] |  |  |  |  | | |
| 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 )** |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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* |  |  |  | [] | [ ] |  |  |  | | 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 Food  Go 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. ) | |
| **Beverage Category : LOWER/NO SUGAR – Packaged drink ( Please list details )** | |
| |  |  |  |  | | --- | --- | --- | --- | | S/N | Name of Beverage | Type of packaged drink  (Please tick) | | |  |  | HCS endorsed | Zero Calorie | | 1. | *Coke zero* |  |  | | 2. | *[ ]* |  |  | | 3. | *[ ]* |  |  | | Total Healthier Packaged: | | [ ] | | | Total Packaged Drinks: | | [ ] | | | % Healthier (Packaged) | | [ ] | | | |
| **Beverage Category : LOWER/NO SUGAR – Freshly-prepared/ Specialty drink ( Please list details )** | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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* |  |  |  |  |  |  | | | 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.** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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]. |
| [● 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/SM  Date:  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\* | |