

Health Promotion Grant Application Form For Health Ambassadors

Please post to:

Ms Farah Aslinda

Health Ambassador Network Management

Level 4, AHHA office

Health Promotion Board

3 Second Hospital Avenue

Singapore 168937

*Write 'HA Grant' on envelope

Or email to:

Attn: Farah Aslinda

farah_ASLINDA@hpb.gov.sg

Email subject: HA Grant

APPLICATION FORM

Project Reference No (HPB to fill up):

(A) HEALTH AMBASSADOR (MAIN APPLICANT) DETAILS		
Name		
IC No.		
Contact number	<i>(Home/ Office)</i>	<i>(Mobile)</i>
Email		
(B) HEALTH AMBASSADOR (CO-APPLICANT, IF ANY) DETAILS		
Name		
IC No.		
Contact number	<i>(Home/ Office)</i>	<i>(Mobile)</i>

This document serves to guide interested parties on the funding criteria and should not be circulated wilfully or reproduced in parts or whole without the prior permission of the Health Promotion Board.

Email	
(C) PROGRAMME DETAILS	
Interest Group Details	
Interest Group activity category	<input type="checkbox"/> Running/Cycling/Hiking <input type="checkbox"/> Dance Aerobics / Strength Activity <input type="checkbox"/> Team Sports Please elaborate on the activities the group does: <hr/> Is this group previously funded by HPB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you choosing (only applicable for groups previously funded by HPB): <input type="checkbox"/> Option 1 – Growth Criteria <input type="checkbox"/> Option 2 – Renewal Criteria
Starting Group Size	_____ pax (To fill in members data in Annex A accordingly)
Frequency, Timing & Duration of Activities (e.g. Every Wednesday, 8pm to 9pm)	
Venue	
Profile of Target Audience (tick more than 1 box if necessary)	<input type="checkbox"/> Adults (18-49 years old) <input type="checkbox"/> Families <input type="checkbox"/> Lower Income <input type="checkbox"/> Seniors (50 years old and above) <input type="checkbox"/> Youths (below 18 years old) <input type="checkbox"/> Inactive Individuals <input type="checkbox"/> Others (please specify):

(D) KEY OBJECTIVES/TARGETS	
<p>What are the objective(s) that the interest group aims to achieve?</p> <p>What are the specific targets set for the interest group?</p>	
(E) IMPLEMENTATION PLAN	
<p>How do you intend to meet the abovementioned target?</p>	
<p>How would you go about recruiting participants for your Interest group?</p>	
<p>How do you intend to evaluate and measure whether the target(s) are met?</p>	
<p>How do you intend to spend the funds?</p>	

(F) DECLARATION & ACKNOWLEDGEMENT

Other sources of Funding	Has your project received, applied or intend to apply for any other forms of funding other than this grant scheme? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more details on the funding sources (i.e. funding amount, duration etc):
Conflict of Interest	Is there any actual, perceived or potential conflict of interest between you (or any group member) and the service provider/vendor used for the project? (e.g. any part of the funding will become a payment to you or your group members in your capacity as a service provider/vendor to the project) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide more details:
<i>*Any false declaration would result in rejection of application and termination of funding</i>	
(i) I declare that all above information are true and accurate (ii) I have read through and understood the Funding Guidelines Signature (of main applicant) : _____ Name: _____ Date: _____	

For HPB's Official Use Only	
Date received	
Application status	Approved / Rejected Date:
Reason for rejection	
Funding Period	
Processed by	

Approved by:	Signature:	
	Name:	
	Date:	

Annex A - Attendance Sheet for Interest Group

(Add on the rows for more participants, and columns for more sessions)

S/N	Name as of NRIC	Gender	NRIC	DOB (DD/MM/YYYY)	Email	Contact number	Attendance (add on the columns for further sessions)			
							Session venue and date:	Session venue and date:	Session venue and date:	Session venue and date:
1										
2										
3										
4										
5										
6										
7										
8										
9										

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Restricted

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