

Application for Healthier Dining Programme – Free Flow Concept F&B

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

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

Application Form (Free Flow Concept F&B)

Section A	Applicant Details and Business Information
Section B	i) Listing of Healthier Bento Box ii) Listing of Healthier Buffet Menu
Section C	Publicity Plan
Section D	Declaration
Others	Glossary

SECTION A : APPLICANT DETAILS

Contact Details of Applicant Company			
Company Name Registered with ACRA	<i>ABC Food Company Pte Ltd</i>		
Business Registration / UEN Number :	<i>123456789A</i> <i>(Please submit latest company ACRA)</i>		
Name of Brand (s)	<i>Healthy Roll</i>		
Type of Food/ Beverage setting (please tick one ONLY)	<input type="checkbox"/> Event Caterer <input type="checkbox"/> Dining Hall/Canteen (free flow concept) <input type="checkbox"/> Others, please specify <u> </u>		
Dining Concept (please tick accordingly)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Halal</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Halal	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Halal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Ordering platforms</td> <td> <input type="checkbox"/> Company website <input type="checkbox"/> Mobile App <input type="checkbox"/> Phone/Fax <input type="checkbox"/> Gebiz (DSTA tender) <input type="checkbox"/> PA/CSC tender <input type="checkbox"/> Onsite purchase <input type="checkbox"/> Others: <u> </u> </td> </tr> </table>	Ordering platforms	<input type="checkbox"/> Company website <input type="checkbox"/> Mobile App <input type="checkbox"/> Phone/Fax <input type="checkbox"/> Gebiz (DSTA tender) <input type="checkbox"/> PA/CSC tender <input type="checkbox"/> Onsite purchase <input type="checkbox"/> Others: <u> </u>
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Product offering	<input type="checkbox"/> Buffet Menus (Mix and match) <input type="checkbox"/> Buffet Menu (Standard menus) <input type="checkbox"/> Bento boxes <input type="checkbox"/> Others <u> </u>		

Contact Details of Person-in-charge								
Name of Contact Person		<i>Tan Ah Ming</i>						
Designation		<i>Business Development Manager</i>						
Office Address		<i>123 Admiralty Road Singapore 123456</i>						
Company / Brand website		<i>www.Brand.com.sg</i>						
Contact number		<i>12345678</i>						
Email Address		<i>abc@gmail.com</i>						
Business Information : List of outlets/ordering platform (if applicable)								
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.	<i>Brand X Hougang branch</i>	<i>123</i>	<i>Ang Mo Kio</i>	<i>AMK Hub</i>	<i>#01-123</i>	<i>123456</i>	<i>2,000</i>	<i>2,000</i>
2.	[]	[]	[]	[]	[]	[]	[]	[]
3.	[]	[]	[]	[]	[]	[]	[]	[]
Total	[]							
S/N	Ordering platform	Average Sales Volume per month (by units)						
		Buffet (no of pax)	Bento boxes					
1.	<i>Company Website</i>	<i>2,000</i>	<i>2,000</i>					
2.	<i>Gebiz (DSTA)</i>	[]	[]					
3.	[]	[]	[]					
Total		[]	[]					

SECTION B : PART 1 - LISTING OF HEALTHIER BENTO BOX

I would like to obtain endorsement for:

Healthier Bento Box Go to Part (1)	Healthier Buffet Menu Go to Part (2)
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Part (1) : Applicable to Healthier BENTO BOX endorsement

Important Notes :

- i) Qualifying criteria
 - Please refer to programme criteria for respective setting.
 - MUST use Healthier Oil
- 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:

- | | |
|--|---|
| <input type="checkbox"/> Dayspring Corporate Wellness Pte Ltd | <input type="checkbox"/> Rainbow Hues Pte Ltd |
| <input type="checkbox"/> Eat Right Pte Ltd | <input type="checkbox"/> Nutrition Network Services |
| <input type="checkbox"/> Food & Nutrition Specialists Pte Ltd | <input type="checkbox"/> Health Can Be Fun |
| <input type="checkbox"/> Red Element Health International Pte Ltd | |
| <input type="checkbox"/> Others/In-house (Not funded) | |

Food Category : LOWER in Calories (Please list details)

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Everyday	All day
2.	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3.	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
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	
			Type of whole grain	Content %	Set Meal	Main Meal	Others (Specify)	Lab test	Database Nutrition analysis	Everyday/ Seasonal/ Rotational	All day/ Half day
1.	XYZ rice set	500 kcal	Brown rice	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Everyday	All day
2.	[]	[]	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3.	[]	[]	[]	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
Total	[]										

Food Category: Healthier Ingredient – Healthier Oil with ≤35% saturated fats. (Please list details)

S/N	Name of Healthier Oil	Is Oil endorsed under Healthier Choice Symbol Program		% Saturated fats
		Yes	No	
1	<i>ABC healthier deep frying oil</i>	<input type="checkbox"/>	<input type="checkbox"/>	19
2	[]	<input type="checkbox"/>	<input type="checkbox"/>	[]
3	[]	<input type="checkbox"/>	<input type="checkbox"/>	[]
Total	[]			

Do you use any other type(s) of oil that has >35% saturated fats?

No Yes

Beverage Category (Optional): LOWER/NO-SUGAR BEVERAGES (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.	<i>Bottled water</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	[]								

OFFICIAL USE (SECTION B/ PART 1 – Healthier BENTO BOX)

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						
3 Use of Healthier Oil						
4 Healthier Beverage						

Overall Assessment :

- Yes, meet all food menu guidelines
- No, not all guidelines met. See Recommendation

Recommendation :

SECTION B : PART 2 - LISTING OF HEALTHIER BUFFET MENU

I would like to obtain endorsement for:

Healthier Bento Box Go to Part (1)	Healthier Buffet Menu Go to Part (2)
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Part (2) : Applicable to Healthier BUFFET MENU endorsement

Important Notes :

- i) Qualifying criteria :
 - MUST have at least ONE healthier buffet menu, AND
 - MUST use Healthier Oil
- ii) Supporting documents :
 - Submit healthier menu (s)
 - Nutrition information panel of all types of oil (s)
 - Product specifications or ingredient breakdown of wholegrain staples

FOOD & BEVERAGE Categories : Healthier BUFFET MENU

(Please tick appropriate check box wherever applicable)

Category	Description	Yes	No											
List of Healthier Buffet Menus	Please list down all healthier buffet menus	<input type="checkbox"/>	<input type="checkbox"/>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 20%;">Name(s) of Healthier Buffet Menu(s)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>[]</td> </tr> <tr> <td style="text-align: center;">2.</td> <td>[]</td> </tr> <tr> <td style="text-align: center;">3.</td> <td>[]</td> </tr> </tbody> </table>				Name(s) of Healthier Buffet Menu(s)	1.	[]	2.	[]	3.	[]			
				Name(s) of Healthier Buffet Menu(s)										
1.	[]													
2.	[]													
3.	[]													
Please attach all healthier menus as supporting documents:	<input type="checkbox"/> Y	<input type="checkbox"/> N												
Lower / No - Sugar Beverages (applicable to Event Caterer only)	Please confirm if complimentary plain water is provided in all healthier buffet menus.	<input type="checkbox"/> Y	<input type="checkbox"/> N											
	Please confirm if coffee and/or tea served contains no added sugar and any sugar / sugar syrup is served on the side in all healthier buffets.	<input type="checkbox"/> Y	<input type="checkbox"/> N											
Wholegrain staples	Please confirm if <u>all rice dishes</u> in all healthier buffet menus contain $\geq 20\%$ wholegrains.	<input type="checkbox"/> Y	<input type="checkbox"/> N											
	Please confirm if <u>all other staple dishes (e.g. bread, noodles, bee hoon, kuay teow)</u> in all healthier buffet menus contain $\geq 8\%$ wholegrains.	<input type="checkbox"/> Y	<input type="checkbox"/> N											
	Please provide supporting information for commercially available premixed wholegrain staple products:	<input type="checkbox"/> Y	<input type="checkbox"/> NA											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 20%;">Type of Staple Product</th> <th style="width: 30%;">Brand / Description</th> <th style="width: 25%;">Percentage of Wholegrains (based on packaging or product specifications)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;"><i>Brown rice</i></td> <td style="text-align: center;"><i>ABC Brand Mixed Rice 30% brown rice and 70% white rice</i></td> <td style="text-align: center;"><i>30%</i></td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> </tr> </tbody> </table>		Type of Staple Product	Brand / Description	Percentage of Wholegrains (based on packaging or product specifications)	1.	<i>Brown rice</i>	<i>ABC Brand Mixed Rice 30% brown rice and 70% white rice</i>	<i>30%</i>	2.	[]	[]	[]	
	Type of Staple Product	Brand / Description	Percentage of Wholegrains (based on packaging or product specifications)											
1.	<i>Brown rice</i>	<i>ABC Brand Mixed Rice 30% brown rice and 70% white rice</i>	<i>30%</i>											
2.	[]	[]	[]											

	3.	[]	[]	[]					
	Please provide ingredient breakdown for self-mixed or self-made wholegrain products:					<input type="checkbox"/> Y	<input type="checkbox"/> NA		
		Type of Staple Product	Wholegrain Ingredient	Weight of Wholegrains Used (g)	Total Weight of Product (g)	Percentage of Wholegrains			
	1.	Homemade wholemeal noodles	Brown rice flour	50g	100g	50%			
	2.	[]	[]	[]	[]	[]			
	3.	[]	[]	[]	[]	[]			
Use of Healthier Oil	Please confirm if healthier oil (HCS oils or oils with ≤35% saturated fats) is/are used in all cooking and food preparations.					<input type="checkbox"/> Y	<input type="checkbox"/> N		
	Please list brand(s) / type(s) of oil carrying HCS logo used:								
	1.	ABC sunflower oil							
	2.	[]							
	3.	[]							
	For oil that does not carry the HCS logo, please attach the Nutrition Information Panel and/or other supporting documents verifying the saturated fat contents of such healthier oils.					<input type="checkbox"/> Y	<input type="checkbox"/> NA		
Deep Fried Foods	Please confirm the number of deep-fried items per buffet line (food items only, inclusive of dessert, excluding beverage) should be no more than: <ul style="list-style-type: none"> • ≤1 deep-fried food item for buffet line with ≤8 food items • ≤2 deep-fried food items for buffet line with ≥9 food items • No deep-fried food item allowed for buffet line with ≤3 food items 					<input type="checkbox"/> Y	<input type="checkbox"/> N		
Fruit platter (applicable to Event Caterer only)	Please confirm if fresh fruit platters are provided as an option for dessert in all healthier buffet menus.					<input type="checkbox"/> Y	<input type="checkbox"/> N		
Remark (s)	Please comment if answer to any of the above is no:								
Beverage Category (Optional for Event Caterers only): LOWER/NO-SUGAR BEVERAGES (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.	Bottled water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	[]								

OFFICIAL USE (SECTION B / PART 2 – Healthier BUFFET MENU)

Officer Assessment :

Overall Assessment :

- Yes, meet all corresponding healthier buffet menu criteria
- No, not all guidelines met. See recommendation

Recommendation :

SECTION C : PROPOSED PUBLICITY PLAN

Please provide details of how the Healthier Food / Beverages will be promoted to consumers.
Important Note: Items 1-5 are mandatory for Event Caterers and Items 6-9 are mandatory for Dining Hall/Canteen.

S/N	Description of Point of sales material	Please tick		Implementation Date	Remarks
		Yes	No		
Event Caterer					
1	"Healthier options available here" identifier to be displayed at all ordering platforms (e.g. Website, App, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
2	Feature healthier offerings with pictorial representation on company website, tagged with appropriate HDP identifiers	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
3	Feature healthier offerings with pictorial representation on menus and/or marketing collaterals	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
4	Feature HDP identifiers on online menus, bento boxes and/or marketing collaterals (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
5	To display HPB certificate at healthier buffet lines	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
Dining Hall/Canteen					
6	Display of "Healthier options available here" decal/sticker at all outlet entrances	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
7	All endorsed dishes to be tagged by appropriate HDP identifiers using in-store marketing materials	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
8	If there are any conditional endorsement, it has to be clearly communicated on menu books / menu boards and in marketing materials (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
9	Include "Ask for lower-sugar options" identifier on beverage section of menu books / menu boards (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
10	<i>Additional plans please elaborate</i>				
11	[]	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]
12	[]	<input type="checkbox"/>	<input type="checkbox"/>	[]	[]

OFFICIAL USE (SECTION C – PROPOSED PUBLICITY PLAN)

HPB's Assessment :

Overall Assessment :

- Yes, meet all corresponding publicity criteria
- No, not all publicity guidelines met. See recommendation

Recommendation :

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] as attached at the website 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:
 - a) require the submission of further information or material to assess this Application Form;
 - b) accept, reject or require amendments to this Application Form;
 - c) conduct checks to verify any information submitted in this Application Form;
 - d) take action against any inaccurate, untrue, false or misleading information that may be supplied in this Application Form or in any submission to HPB;
 - e) change or vary any part of this Application Form (including any supporting documents required hereunder); and
 - f) 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: []

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:

Conflict of interest:

Yes/No*

Yes/No*

Approval :

SM/AD/DD

DD/D

DD/D

Name/ Date

Name/ Date

Name/ Date

Conflict of interest:

Conflict of interest:

Conflict of interest:

Yes/No*

Yes/No*

Yes/No*