**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](http://www.hpb.gov.sg/hdp)

Please complete ALL Sections and submit the following to us at [HPB\_Healthy\_Eating@hpb.gov.sg](mailto:HPB_Healthy_Eating@hpb.gov.sg):

* Full application form
* Latest company ARCA
* All Healthier Menus (i.e. Buffet menus, bento menus)
* Supporting documents for healthier ingredients used (e.g. front and back of packaging of oil and wholegrain products used; product specifications etc.)

**Application Form (Free Flow Concept F&B)**

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| Section A | Applicant Details and Business Information |
| Section B | Listing of Healthier Menus (Buffet and/or Bentos) |
| 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)** | *ABC Food* | |
| **Type of Food/ Beverage setting**  **(please tick one ONLY )** | \_[ ]\_ | |
| **Dining Concept**  (please tick accordingly) | **Halal** |  |
| **Ordering platforms** | \_[ ]\_ |
| **Product offering** | \_[ ]\_ |

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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/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. | *Brand X Hougang branch* | *123* | *Ang Mo Kio* | *AMK Hub* | *#01-123* | *123456* | *2,000* | *2,000* | | 2. | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | | 3. | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | | Total | [ ] |  |  |  |  |  |  |  | | |
| |  |  |  |  | | --- | --- | --- | --- | | S/N | Ordering platform | Average Sales Volume per month ( by units) | | |  |  | Buffet (no of pax) | Bento boxes | | 1. | *Company Website* | *2,000* | *2,000* | | 2. | *Gebiz (DSTA)* | [ ] | [ ] | | 3. | [ ] | [ ] | [ ] | | Total |  | [ ] | [ ] | | |

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| **SECTION B : PART 2 - LISTING OF HEALTHIER MENUS** |
| **Applicable to Healthier MENU (BUFFET and/or BENTO) endorsement**  **Important Notes :**  i) Qualifying criteria :   * MUST have at least ONE healthier menu, AND * MUST use Healthier Oil   ii) Supporting documents :   * + Please attach all menus as supporting documents using the menu template provided   + Nutrition information panel of all types of oil (s)   + Product specifications or ingredient breakdown of wholegrain staples |
| **FOOD & BEVERAGE Categories : Healthier MENU (BUFFET/BENTO)**  **(Please tick appropriate check box wherever applicable)** |

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| **Category** | **Description** | **Yes** | **No** |
| **List of Healthier Menus** | Please list down all healthier menus   |  |  | | --- | --- | |  | **Name(s) of Healthier Menu(s)** | | 1. | [ ] | | 2. | [ ] | | 3. | [ ] | |  |  |
| Please attach all healthier menus as supporting documents: |  |  |
| **Lower / No -Sugar Beverages** | Please confirm if default plain water is provided in **all** healthier menus where beverage is included. |  |  |
| Please confirm if sugar/sugar syrup for coffee and/or tea is served on the side in all healthier menus. |  |  |
| **Wholegrain staples** | Please confirm if **all** staples listed within the "Rice and Noodle" category are made of whole-grains and meet the Healthier Dining Programme (HDP) nutritional guidelines. |  |  |
| Please confirm if there is no "Rice and Noodle" category available (e.g. refreshment menus), staples listed as "Snack and Pastry/Appetisers" must be made of whole-grains and the meet Healthier Dining Programme (HDP) nutritional guidelines. |  |  |
| Please provide supporting information for commercially available premixed wholegrain staple products:   |  |  |  |  | | --- | --- | --- | --- | |  | **Type of Staple Product** | **Brand / Description** | **Percentage of Wholegrains**  (based on packaging or product specifications) | | 1. | *E.g. Fresh noodles* | *E.g. Jia Jia Wang Brown Rice Laksa Bee Hoon* | *E.g. 30% Brown Rice Flour* | | 2. | [ ] | [ ] | [ ] |   **(Please provide front and back package labelling or product specifications as supporting evidence )** |  |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Type of Staple Product** | **Wholegrain Ingredient** | **Weight of Wholegrains Used (g)** | **Total Weight of Product (g)** | **Percentage of Wholegrains** | | 1. | E.g. Brown Rice Fried Rice | E.g. Brown rice | 500 g | 1000 g | 50% | | 2. | [ ] | [ ] | [ ] | [ ] | [ ] |   Please provide ingredient breakdown for self-mixed or self-made wholegrain products:  **(Please provide front and back package labelling or product specifications as supporting evidence )** |  |  |
| **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. |  |  |
| Please list brand(s) / type(s) of oil carrying HCS logo used (Attach nutrition information panels as supporting evidence ) :   |  |  | | --- | --- | | 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. |  |  |
| **Deep Fried Foods** | Please confirm if the number of deep fried items per healthier catering menu is:   * No deep-fried food item allowed with ≤3 food items\* * ≤1 deep-fried food item with 4-8 food items\* * ≤2 deep-fried food items with ≥9 food items\*   \*Food items include desserts but exclude beverages |  |  |
| **Fresh Fruits** | Please confirm if fresh fruits are provided as an option for all healthier menus.   * For menus which do not have the ‘Dessert and Fruits’ category, caterers are required to offer the option to substitute any of the item within the menu with fresh fruit. * For menus with ‘Dessert and Fruits’ category, fresh fruits must be an option offered. |  |  |
| **Remark (s)** | Please comment if answer to any of the above is no: | | |

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| **Beverage Category (For Dining Hall 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 no sugar beverages\* | Lab test | | 1. | *Bottled water* |  |  |  |  | [ ] |  |  |  | | 2. | [ ] |  |  |  |  | [ ] |  |  |  | | 3. | [ ] |  |  |  |  | [ ] |  |  |  | | Total | [ ] |  |  |  |  |  |  |  |  | |

\*Refers to beverages which are zero calorie products; coffee or tea with no sugar and no milk/evaporated milk

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| **OFFICIAL USE ( SECTION B – Healthier MENUS)** |
| **Officer 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 1-5 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.) |  |  | [ ] | [ ] | | 2 | Feature healthier offerings with pictorial representation on company website, tagged with appropriate HDP identifiers |  |  | [ ] | [ ] | | 3 | Feature healthier offerings with pictorial representation on menus and/or marketing collaterals |  |  | [ ] | [ ] | | 4 | Feature HDP identifiers on online menus, bento boxes and/or marketing collaterals (where applicable) |  |  | [ ] | [ ] | | 5 | Caterer should display the Health Promotion Board’s healthier ingredients visual identifier carrying HDP identifier prominently at the buffet line |  |  | [ ] | [ ] | | 6 | *Additional plans please elaborate* |  |  | [ ] | [ ] | | ***Free-flow Dining Hall*** | | | | | | | 6 | Display of "Healthier options available here" decal/sticker at all outlet entrances |  |  | [ ] | [ ] | | 7 | All endorsed dishes to be tagged by appropriate HDP identifiers using in-store marketing materials |  |  | [ ] | [ ] | | 8 | If there are any conditional endorsement, it has to be clearly communicated on menu books / menu boards and in marketing materials (where applicable) |  |  | [ ] | [ ] | | 9 | Include "Ask for lower-sugar options" identifier on beverage section of menu books / menu boards (if applicable) |  |  | [ ] | [ ] | | 10 | *Additional plans please elaborate* |  |  | [ ] | [ ] | |  |  |  |  |  |  | |

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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] as attached 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\* | |