**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:

* 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)**

|  |  |
| --- | --- |
| 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  |

|  |
| --- |
| **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**  | \_[ ]\_ |

|  |
| --- |
| **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 |  | [ ] | [ ] |

 |

|  |
| --- |
| **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)**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:  |

|  |
| --- |
| **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* |[x] [ ] [ ] [ ]  [ ] |[ ] [x] [ ]
| 2. | [ ] |[ ] [ ] [ ] [ ]  [ ] |[ ] [ ] [ ]
| 3. | [ ] |[ ] [ ] [ ] [ ]  [ ] |[ ] [ ] [ ]
| Total | [ ] |  |  |  |  |  |  |  |  |

 |

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

|  |
| --- |
| **OFFICIAL USE ( SECTION B – Healthier MENUS)** |
| **Officer Assessment :**  |
| Overall Assessment : 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.) |[ ] [ ]  [ ] | [ ] |
| 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* |[ ] [ ]  [ ] | [ ] |
|  |  |  |  |  |  |

 |

|  |
| --- |
| **OFFICIAL USE ( SECTION C – PROPOSED PUBLICITY PLAN )** |
| **HPB’s Assessment :**  |
| Overall Assessment : 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](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: [ ]  |

|  |
| --- |
| **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\* |