**HEALTHIER DINING GRANT**

**APPLICATION FORM**

Before filling in this Application Form, please make sure that you have read through the Grant guidelines at <https://www.hpb.gov.sg/healthy-living/food-beverage/healthier-dining-grant>

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

* Full application form
* 3 competitive quotes for each claim item
* Company update form (only if change to outlet size or addresses)
* Nutrition reports, ingredient breakdowns and/or NIP of oils (second-time grant applicants)

**Application Form**

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| Section A | Applicant Details |
| Section B | Grant Components |
| Section C | Declaration |

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| **SECTION A – APPLICANT DETAILS** | |
| **Company Name Registered with ACRA** |  |
| **Name of Brand (s) applying for HDG** |  |
| **Type of F&B Establishment** | |  |  |  |  | | --- | --- | --- | --- | |  | Restaurant |  | Chain (Food Partner) | |  |  |  |  | |  | Quick Service Restaurant |  | Chain (Beverage Partner) | |  |  |  |  | |  | Cafe (Food Partner) |  | Event Caterer | |  |  |  |  | |  | Cafe (Beverage Partner) |  | Digital F&B Operator | |  |  |  |  | |  | Kiosk (Food Partner) |  | Food Court |  |  |  |  |  | | --- | --- | --- | --- | |  | Kiosk (Beverage Partner) |  | Institutional Caterer (Canteen) | |  |  |  |  | |  | Bakery |  | Institutional Caterer (Dining Hall) | |  |  |  |  | |
| **Number of participating outlets** | |  |  | | --- | --- | | S/N | **Outlet Name** | | 1. |  | | 2. |  | | **Total** |  |   (Please fill up company update form for changes in outlet size and/or address) |
| **Digital Ordering Platform that promotes healthier offerings with HDP identifiers** | |  |  |  | | --- | --- | --- | | S/N | **Digital ordering platform featuring HDP** |  | | 1. | Company website | Website Add: www.xxx.com | | 2. | Mobile App | Name of App: | | 3. | Others: Please specify |  | |

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| **To be completed by second time applicants ONLY** | |
| **Category** | **Description** |
| **Endorsed Dishes** | Please list down all **new** endorsed items in your menu:   |  |  | | --- | --- | |  | **Name of Healthier Dish/ Set Meal/ Bakery Item/ Beverage/ Buffet Menu/ Bento** | | 1. |  | | 2. |  | | 3. |  |   (Please attach nutrition reports, ingredient breakdowns and/or healthier menus for every new endorsement) |
| Please list down number of **new** endorsement offered by every stall in all outlets: |
| **Use of Healthier Oil** | Please confirm if healthier oil (≤35% saturated fats) is used in **all** cooking and food preparations. |
| Please list brand(s) / type(s) of healthier oil used:  1.  2.  3.  Please attach Nutrition Information Panel on front/back of packaging verifying the % saturated fats and % trans fats of such oils. |

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| **SECTION B – GRANT COMPONENTS** | | | |
| **Category** | **Description** | | |
| **Supportable Grant components** | Please indicate the item(s) in respect of which you are applying for the Healthier Dining Grant by ticking (√) the appropriate column(s).    *Please attach 3 quotations for every claim item verifying the projected cost of claimable items.*   |  |  |  |  | | --- | --- | --- | --- | |  | **In-Store Publicity Materials**  *(Please provide breakdowns where applicable)* | **Quantity** | **Projected Cost**  *(Based on lowest of 3 quotations submitted)* | |  | Menu book | *e.g. 50* | *e.$500 (printing)*  *(Invoices No : A,B,C)*  *e.g $200 (photograph)*  *(Invoices No: X, Y, Z)*  *e.g. $300 (design)*  *(Invoices No: X, Y, Z)* | |  | Menu board sticker |  |  | |  | Light box sticker |  |  | |  | Poster |  |  | |  | Banner / Pull up banner |  |  | |  | Sauce Cling |  |  | |  | Tabletop sticker |  |  | |  | Tent card |  |  | |  | Wobblers |  |  | |  | Hanging Mobile |  |  | |  | Table standee insert |  |  | |  | Menu insert |  |  | |  | Placemat / Traymat |  |  | |  | Website/Mobile App adaptation |  |  | |  | Flyers |  |  | |  | Others within-store marketing collaterals please specify: |  |  | |  | **Total** |  |  | | | |
| **Description of Proposed Publicity Initiatives and Strategies** | |  |  |  |  | | --- | --- | --- | --- | | **S/N** | **Month** | **Channel/Platform** | **Description** | | e.g. | *Aug – Sep 2017* | *Social media (e.g., Facebook)* | *1-for-1 promotion on healthier dishes if customer ‘likes’ our Facebook page.* | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | | |
| **Category** | **Description** | **Yes** | **No** |
| **Required Confirmations** | Please confirm that none of the marketing and publicity initiatives for which the above marketing materials will be used has commenced prior to the approval of this Application Form. |  |  |
| Please confirm that you have not and will not receive other sources of government or non-government funding for the implementation of such marketing and publicity initiatives. |  |  |
| Please confirm that you will not obtain any goods or services from your parent company, subsidiary (ies) or associated company(ies), if any, in connection with the implementation of such marketing and publicity initiatives. |  |  |

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| **OFFICIAL USE (SECTION B – GRANT COMPONENTS)** |
| **HPB's Assessment:** |
| Overall Assessment:   |  |  | | --- | --- | |  | Yes, all grant criteria are met | |  |  | |  | No, not all criteria met. See recommendation. |   Recommendation:  Grant Cap eligible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **S/N** | **Claimable Item** | **Projected Cost** | **Qualifying Cost** | **Approved Amount** | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | **Total** |  |  |  |  |   Recommended Approved Grant : \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION C – 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 Grant Guidelines Guidelines found at the website [www.hpb.gov.sg/hdp](http://www.hpb.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 Grant and/or amend or vary any of the Healthier Dining Grant Guidelines. |
| [● NAME OF COMPANY]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Authorised Signatory: [●]  Designation (CEO/MD equivalent): [●]  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Finance Authorised Signatory: [●]  Designation (CFO equivalent): [●]  Date: |

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| **OFFICIAL USE ( SECTION A-B)** | | | | |
| **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\* | |