

**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)

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**Application Form**

Section A	Applicant Details
Section B	Grant Components
Section C	Declaration

<b>Company Name Registered with ACRA</b>													
<b>Name of Brand (s) applying for HDG</b>													
<b>Type of F&amp;B Establishment</b>	<input type="checkbox"/> Restaurant <span style="margin-left: 200px;"><input type="checkbox"/> Chain (Food Partner)</span> <input type="checkbox"/> Quick Service Restaurant <span style="margin-left: 150px;"><input type="checkbox"/> Chain (Beverage Partner)</span> <input type="checkbox"/> Cafe (Food Partner) <span style="margin-left: 200px;"><input type="checkbox"/> Event Caterer</span> <input type="checkbox"/> Cafe (Beverage Partner) <span style="margin-left: 150px;"><input type="checkbox"/> Digital F&amp;B Operator</span> <input type="checkbox"/> Kiosk (Food Partner) <span style="margin-left: 200px;"><input type="checkbox"/> Food Court</span> <input type="checkbox"/> Kiosk (Beverage Partner) <span style="margin-left: 150px;"><input type="checkbox"/> Institutional Caterer (Canteen)</span> <input type="checkbox"/> Bakery <span style="margin-left: 200px;"><input type="checkbox"/> Institutional Caterer (Dining Hall)</span>												
<b>Number of participating outlets</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S/N</th> <th style="width: 90%;">Outlet Name</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> </tr> </tbody> </table> <p>(Please fill up company update form for changes in outlet size and/or address)</p>	S/N	Outlet Name	1.		2.		<b>Total</b>					
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2.													
<b>Total</b>													
<b>Digital Ordering Platform that promotes healthier offerings with HDP identifiers</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S/N</th> <th style="width: 50%;">Digital ordering platform featuring HDP</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Company website</td> <td>Website Add: www.xxx.com</td> </tr> <tr> <td>2.</td> <td>Mobile App</td> <td>Name of App:</td> </tr> <tr> <td>3.</td> <td>Others: Please specify</td> <td></td> </tr> </tbody> </table>	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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3.	Others: Please specify												

**To be completed by second time applicants ONLY**

Category	Description								
<p><b>Endorsed Dishes</b></p>	<p>Please list down all <b>new</b> endorsed items in your menu:</p> <table border="1" data-bbox="451 320 1426 539"> <thead> <tr> <th data-bbox="451 320 515 349"></th> <th data-bbox="515 320 1426 349">Name of Healthier Dish/ Set Meal/ Bakery Item/ Beverage/ Buffet Menu/ Bento</th> </tr> </thead> <tbody> <tr> <td data-bbox="451 349 515 416">1.</td> <td data-bbox="515 349 1426 416"></td> </tr> <tr> <td data-bbox="451 416 515 483">2.</td> <td data-bbox="515 416 1426 483"></td> </tr> <tr> <td data-bbox="451 483 515 539">3.</td> <td data-bbox="515 483 1426 539"></td> </tr> </tbody> </table> <p>(Please attach nutrition reports, ingredient breakdowns and/or healthier menus for every new endorsement)</p> <p>Please list down number of <b>new</b> endorsement offered by every stall in all outlets:</p> <p><input type="checkbox"/> 1 dish/stall</p> <p><input type="checkbox"/> 2 dishes/ stall</p> <p><input type="checkbox"/> 3 or more dishes/stall</p>		Name of Healthier Dish/ Set Meal/ Bakery Item/ Beverage/ Buffet Menu/ Bento	1.		2.		3.	
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1.									
2.									
3.									
<p><b>Use of Healthier Oil</b></p>	<p>Please confirm if healthier oil (<math>\leq 35\%</math> saturated fats) is used in <b>all</b> cooking and food preparations.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please list brand(s) / type(s) of healthier oil used:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Please attach Nutrition Information Panel on front/back of packaging verifying the % saturated fats and % trans fats of such oils.</p>								

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<b>Supportable Grant components</b>	<p data-bbox="432 309 1474 376">Please indicate the item(s) in respect of which you are applying for the Healthier Dining Grant by ticking (✓) the appropriate column(s).</p> <p data-bbox="432 409 1474 477"><i>Please attach 3 quotations for every claim item verifying the projected cost of claimable items.</i></p> <table border="1" data-bbox="440 477 1465 1742"> <thead> <tr> <th data-bbox="440 477 496 658"></th> <th data-bbox="496 477 815 658"> <b>In-Store Publicity Materials</b>  <i>(Please provide breakdowns where applicable)</i> </th> <th data-bbox="815 477 1007 658"> <b>Quantity</b> </th> <th data-bbox="1007 477 1465 658"> <b>Projected Cost</b>  <i>(Based on lowest of 3 quotations submitted)</i> </th> </tr> </thead> <tbody> <tr> <td data-bbox="440 658 496 882"></td> <td data-bbox="496 658 815 882">Menu book</td> <td data-bbox="815 658 1007 882">e.g. 50</td> <td data-bbox="1007 658 1465 882">           e.\$500 (printing)  <i>(Invoices No : A,B,C)</i>            e.g \$200 (photograph)  <i>(Invoices No: X, Y, Z)</i>            e.g. \$300 (design)  <i>(Invoices No: X, Y, Z)</i> </td> </tr> <tr> <td data-bbox="440 882 496 927"></td> <td data-bbox="496 882 815 927">Menu board sticker</td> <td data-bbox="815 882 1007 927"></td> <td data-bbox="1007 882 1465 927"></td> </tr> <tr> <td data-bbox="440 927 496 972"></td> <td data-bbox="496 927 815 972">Light box sticker</td> <td data-bbox="815 927 1007 972"></td> <td data-bbox="1007 927 1465 972"></td> </tr> <tr> <td data-bbox="440 972 496 1016"></td> <td data-bbox="496 972 815 1016">Poster</td> <td data-bbox="815 972 1007 1016"></td> <td data-bbox="1007 972 1465 1016"></td> </tr> <tr> <td data-bbox="440 1016 496 1061"></td> <td data-bbox="496 1016 815 1061">Banner / Pull up banner</td> <td data-bbox="815 1016 1007 1061"></td> <td data-bbox="1007 1016 1465 1061"></td> </tr> <tr> <td data-bbox="440 1061 496 1106"></td> <td data-bbox="496 1061 815 1106">Sauce Cling</td> <td data-bbox="815 1061 1007 1106"></td> <td data-bbox="1007 1061 1465 1106"></td> </tr> <tr> <td data-bbox="440 1106 496 1151"></td> <td data-bbox="496 1106 815 1151">Tabletop sticker</td> <td data-bbox="815 1106 1007 1151"></td> <td data-bbox="1007 1106 1465 1151"></td> </tr> <tr> <td data-bbox="440 1151 496 1196"></td> <td data-bbox="496 1151 815 1196">Tent card</td> <td data-bbox="815 1151 1007 1196"></td> <td data-bbox="1007 1151 1465 1196"></td> </tr> <tr> <td data-bbox="440 1196 496 1240"></td> <td data-bbox="496 1196 815 1240">Wobblers</td> <td data-bbox="815 1196 1007 1240"></td> <td data-bbox="1007 1196 1465 1240"></td> </tr> <tr> <td data-bbox="440 1240 496 1285"></td> <td data-bbox="496 1240 815 1285">Hanging Mobile</td> <td data-bbox="815 1240 1007 1285"></td> <td data-bbox="1007 1240 1465 1285"></td> </tr> <tr> <td data-bbox="440 1285 496 1330"></td> <td data-bbox="496 1285 815 1330">Table standee insert</td> <td data-bbox="815 1285 1007 1330"></td> <td data-bbox="1007 1285 1465 1330"></td> </tr> <tr> <td data-bbox="440 1330 496 1375"></td> <td data-bbox="496 1330 815 1375">Menu insert</td> <td data-bbox="815 1330 1007 1375"></td> <td data-bbox="1007 1330 1465 1375"></td> </tr> <tr> <td data-bbox="440 1375 496 1420"></td> <td data-bbox="496 1375 815 1420">Placemat / Traymat</td> <td data-bbox="815 1375 1007 1420"></td> <td data-bbox="1007 1375 1465 1420"></td> </tr> <tr> <td data-bbox="440 1420 496 1464"></td> <td data-bbox="496 1420 815 1464">Website/Mobile App adaptation</td> <td data-bbox="815 1420 1007 1464"></td> <td data-bbox="1007 1420 1465 1464"></td> </tr> <tr> <td data-bbox="440 1464 496 1509"></td> <td data-bbox="496 1464 815 1509">Flyers</td> <td data-bbox="815 1464 1007 1509"></td> <td data-bbox="1007 1464 1465 1509"></td> </tr> <tr> <td data-bbox="440 1509 496 1554"></td> <td data-bbox="496 1509 815 1554">Others within-store marketing collaterals please specify:</td> <td data-bbox="815 1509 1007 1554"></td> <td data-bbox="1007 1509 1465 1554"></td> </tr> <tr> <td data-bbox="440 1554 496 1599"></td> <td data-bbox="496 1554 815 1599"><b>Total</b></td> <td data-bbox="815 1554 1007 1599"></td> <td data-bbox="1007 1554 1465 1599"></td> </tr> </tbody> </table>		<b>In-Store Publicity Materials</b> <i>(Please provide breakdowns where applicable)</i>	<b>Quantity</b>	<b>Projected Cost</b> <i>(Based on lowest of 3 quotations submitted)</i>		Menu book	e.g. 50	e.\$500 (printing) <i>(Invoices No : A,B,C)</i> e.g \$200 (photograph) <i>(Invoices No: X, Y, Z)</i> e.g. \$300 (design) <i>(Invoices No: X, Y, Z)</i>		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:				<b>Total</b>		
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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.				

**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				
<b>Total</b>				

Recommended Approved Grant : \_\_\_\_\_

\*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:
  - (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 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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OFF		
<b>HPB's Assessment :</b>		
Name of HPB assessing officer: AM/M/SM		
Date:		
Conflict of interest: Yes/No*		
<b>Clearance:</b>		
SM/AD	AD/DD	
Name/ Date	Name/ Date	
Conflict of interest: Yes/No*	Conflict of interest: Yes/No*	
<b>Approval :</b>		
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*