

HEALTHIER DINING INNOVATION (HDI) PROGRESS/FINAL REPORT & GRANT CLAIM FORM

1 Description of progress made in the project

Please describe with details, current status of project and milestones achieved to date in accordance to the project plan. If the project had taken a longer period of time to complete, please give reasons for the delay. Highlight any technical or administrative problems encountered during the course of the project, and next-step actions that you have undertaken.

Please include supporting documents such as the products/processes/services/applications, photographs (and clearly label them) in your final project report.

2 How the project has benefitted your company

Please provide details of how the project has benefitted your company. This must be in terms of new healthier beverages & dishes adopted by company, improvement in sales, customer feedback etc.

For final report, please include a summary of the overall capability developed in the course of the project.

3 Incremental healthier dishes/drinks/desserts

Please provide details of new healthier dishes/drinks/desserts that your company has created that can mean the Healthier Dining Programme nutrition guidelines.

Healthier Dishes/Drinks/Desserts

S/N	Name of Dish/ Drink/ Dessert	Calories <i>(if known)</i>	Type of Dish/Drink <i>(Dish /Drink/ Dessert)</i>	Healthier Ingredient Used <i>(HCS oil/ Wholegrain/ Sugar Substitute / Dietary Fibre etc)</i>	Serving in Your F&B Outlet? <i>(Yes/No)</i>
1					
2					
3					
4					
5					

4 Future plans for project

Please describe any future plans (if applicable) you may have to develop on the results of the current project, e.g. further menu development of healthier beverages/dishes , future publicity and marketing plans for lower-sugar beverages/healthier dishes and any changes to be made to your current operation.

5 Declaration (please include the following declaration in your report)

I declare that the information of the project as described in the above report is true and to the best of my knowledge.

Signature of Authorised Signatory

Date

Name:

Designation:

**Please note that the completeness of the report submitted will help to ensure efficient processing of your company's claim.*

HEALTHIER DINING INNOVATION CLAIM FORM			
HPB's Application No (If applicable)			
Name of Company			
Actual Commencement Date	Project	Actual Project Completion Date	

Qualifying Area: Please Circle ONE (1) Area R&D / Purchase of Healthier Ingredients/ Culinary Training / Recipe Reformulation					
S/N *	Description of Items / Services	Projected Costing (Exclude GST)	Approved Grant Amount (Exclude GST)	Actual Cost Incurred (Exclude GST)	Recommend Grant Disbursement (For HPB's Use)
1					
2					
3					
4					
5					
Total Amount					

DECLARATION

We make the following declaration as required under our participation in the Healthier Dining Programme and the Grant that has been accepted by us:

- i. We had previously made a declaration which was submitted with our application and we confirm that matters stated therein continue to be true and accurate.

- ii. We continue to confirm that we have not obtained any other grants or funding for this Programme.

In the event that any part of our declaration as set out above are untrue or inaccurate, we unconditionally agree that the HPB may exercise their absolute rights to terminate the Agreement that we have executed. In such an event, HPB will also exercise their rights to reduce any part of the Grant or to claw back on all monies already paid over under the Grant.

Company Approving Authority <i>(only the sole proprietor, partner or company director of the applicant company, as registered with ACRA or professional bodies, may sign this declaration.)</i>		Company Finance Authority
Signature		
Name		
Designation	(CEO/MD/GM) # <i>#delete accordingly</i>	(Accountant/Auditor) # <i>#delete accordingly</i>
Date		

FOR OFFICIAL USE: RECOMMENDATION

Grant Disbursement Recommended

Yes

No

In view of the above assessment, it is recommended that Healthier Dining Grant disbursed to _____ and recommended grant amount to be disbursed is S\$_____.

Assessed By : James Lim, Senior Manager, Healthy Food & Dining

Name & Designation

Signature & Date

Approved By : Ann Low, Deputy Director, Healthy Food & Dining

Name & Designation

Signature & Date