

**HEALTHIER DINING INNOVATION (HDI)
APPLICATION FORM**

Before filling in this HDI Application Form, please make sure that you have read through the HDI Guidelines at <https://www.hpb.gov.sg/hdi>.

Please complete Sections A to C and submit the following documents to us at HPB_Healthy_Eating@hpb.gov.sg:-

- Completed HDI Application Form;
- 2 competitive quotes for each claim item from different service providers
- Company update form (applicable to existing HDI Participants only, if there are any changes to their company particulars)

HDI Application Form

Section A	Applicant Details
Section B	HDI Components
Section C	Declaration

Company Name Registered with ACRA																				
Name of Brand (s) applying for HDI																				
Name/Designation of the Company's Authorised Representative	Name:																			
	Designation:																			
Contact Details	Telephone:																			
	Fax (if any):																			
	Email Address:																			
	Postal Address:																			
Type of F&B Establishment	Please select all relevant categories.																			
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Branch Chain																		
	<input type="checkbox"/> Quick Service Restaurant	<input type="checkbox"/> Event Caterer																		
	<input type="checkbox"/> Cafe (Food Partner)	<input type="checkbox"/> Digital F&B Operator																		
	<input type="checkbox"/> Cafe (Beverage Partner)	<input type="checkbox"/> Food Court																		
	<input type="checkbox"/> Kiosk (Food Partner)	<input type="checkbox"/> Institutional Caterer (Canteen)																		
	<input type="checkbox"/> Kiosk (Beverage Partner)	<input type="checkbox"/> Institutional Caterer (Dining Hall)																		
	<input type="checkbox"/> Bakery																			
Participating outlets	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S/N</th> <th style="width: 50%;">Outlet Name</th> <th style="width: 40%;">Outlet Address</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		S/N	Outlet Name	Outlet Address	1.			2.			3.			4			Total		
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Total																				
	<p><i>(NOTE: Please fill up the company update form for changes in the name and/or address of the participating outlets)</i></p>																			

Qualifying Areas	<p>Please select one (1) of the following Qualifying Areas. HDI awarded may be utilised to redeem expenditures in the selected Qualifying Area only.</p> <p><input type="checkbox"/> Research & Development</p> <p><input type="checkbox"/> Purchase of Healthier Ingredients</p> <p><input type="checkbox"/> Culinary Training</p> <p><input type="checkbox"/> Recipe Reformulation</p>
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Category	Description																				
Project Summary	Please provide a short description of the project for the HDI (e.g. to produce a lower-sugar dessert that meet HPB's dessert guidelines).																				
Supportable Claim Items under the Selected Qualifying Area	<p>Please indicate the item(s) under the Qualifying Area selected in Section A of this Application Form. HDI awarded may be utilised to redeem expenditures incurred in connection with or in relation to the specified claim item(s) only.</p> <p><i>Please attach two (2) quotations for every claim item verifying the projected cost of claimable items. You may submit past purchase price and alternate quote from at least one (1) supplier.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S/N</th> <th style="width: 40%;">Description of Claim Item <i>(Please provide breakdowns where applicable)</i></th> <th style="width: 15%;">Quantity</th> <th style="width: 35%;">Projected Cost <i>(Based on lowest of 2 quotations submitted)</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td><i>e.g. purchase of wholegrain rice</i></td> <td style="text-align: center;"><i>e.g. 2</i></td> <td><i>e.g. \$500 (quotation No. X issued by A) e.g. \$200 (Quotation No. Y issued by B)</i></td> </tr> <tr> <td style="text-align: center;">2</td> <td><i>e.g. lab test</i></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td><i>e.g. recipe reformulation</i></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Total</td> <td></td> </tr> </tbody> </table>	S/N	Description of Claim Item <i>(Please provide breakdowns where applicable)</i>	Quantity	Projected Cost <i>(Based on lowest of 2 quotations submitted)</i>	1	<i>e.g. purchase of wholegrain rice</i>	<i>e.g. 2</i>	<i>e.g. \$500 (quotation No. X issued by A) e.g. \$200 (Quotation No. Y issued by B)</i>	2	<i>e.g. lab test</i>			3	<i>e.g. recipe reformulation</i>			Total			
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Total																					

Category	Description	Yes	No
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Required Confirmations	Please confirm that none of the qualifying ingredients/products and/or services for which the HDI will be used has been purchased prior to the approval of this HDI Application Form.		
	Please confirm that you have not and will not receive other sources of government or non-government funding for the purchase of such qualifying ingredients/products and/or services.		
	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 purchase of such qualifying ingredients/products and/or services.		

HPB's Assessment:

Overall Assessment:

Yes, all HDI criteria are met

No, not all HDI criteria are met.

*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 Innovation & Capability Voucher Guidelines found at the website www.hpb.gov.sg/hdi 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 Innovation Scheme and/or amend or vary any of the Healthier Dining Innovation Scheme Guidelines.

[● NAME OF COMPANY]

Name of Authorised Signatory: [●]

Designation (CEO/MD equivalent): [●]

Date:

Name of Finance Authorised Signatory: [●]

Designation (CFO equivalent): [●]

Date:

OFF		
HPB's Assessment :		
Name of HPB assessing officer: AM/M/SM		
Signature & Date:		
Conflict of interest: Yes/No*		
Clearance:		
M/SM	AD/DD	
Name	Name	
Signature & Date	Signature & Date	
Conflict of interest: Yes/No*	Conflict of interest: Yes/No*	
Approval :		
DD/SDD	SDD/D	D
Name/ Date	Name/ Date	Name/ Date
Signature & Date	Signature & Date	Signature & Date
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