**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](mailto: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**

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

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| **SECTION A – APPLICANT DETAILS** | | | | |
| **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.   |  |  |  |  | | --- | --- | --- | --- | |  | Restaurant |  | Branch Chain | |  |  |  |  | |  | Quick Service Restaurant |  | Event Caterer | |  |  |  |  | |  | Cafe (Food Partner) |  | Digital F&B Operator | |  |  |  |  | |  | Cafe (Beverage Partner) |  | Food Court | |  |  |  |  | |  | Kiosk (Food Partner) |  | Institutional Caterer (Canteen) |  |  |  |  |  | | --- | --- | --- | --- | |  | Kiosk (Beverage Partner) |  | Institutional Caterer (Dining Hall) | |  |  |  |  | |  | Bakery |  |  | |  |  |  |  | | | |
| **Participating outlets** | | |  |  |  | | --- | --- | --- | | S/N | **Outlet Name** | **Outlet Address** | | 1. |  |  | | 2. |  |  | | 3. |  |  | | 4 |  |  | | **Total** |  |  |   (*NOTE: Please fill up the company update form for changes in the name and/or address of the participating outlets*) | | |
| **Qualifying Areas** | | Please select one (1) of the following Qualifying Areas. HDI awarded may be utilised to redeem expenditures in the selected Qualifying Area only.   |  |  | | --- | --- | |  | Research & Development | |  |  | |  | Purchase of Healthier Ingredients | |  |  | |  | Culinary Training | |  |  | |  | Recipe Reformulation | |  |  | | | |
| **SECTION B – HDI COMPONENTS** | | | | |
| **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** | 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.    *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.*   |  |  |  |  | | --- | --- | --- | --- | | **S/N** | **Description of Claim Item**  *(Please provide breakdowns where applicable)* | **Quantity** | **Projected Cost**  *(Based on lowest of 2 quotations submitted)* | | 1 | *e.g. purchase of wholegrain rice* | *e.g. 2* | *e.g. $500*  *(quotation No. X issued by A)*  *e.g. $200*  *(Quotation No. Y issued by B)* | | **2** | *e.g. lab test* |  |  | | **3** | *e.g. recipe reformulation* |  |  | | **Total** | | |  | | | | |
| **Category** | **Description** | | **Yes** | **No** |
| **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. | |  |  |

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| **OFFICIAL USE (SECTION B – HDI COMPONENTS)** |
| **HPB's Assessment:** |
| Overall Assessment:   |  |  | | --- | --- | |  | Yes, all HDI criteria are met | |  |  | |  | No, not all HDI criteria are met. | |

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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 Innovation & Capability Voucher Guidelines found at the website [www.hpb.gov.sg/hdi](http://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:   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 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: |

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| **OFFICIAL USE ( SECTION A-B)** | | |
| **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 |
| Conflict of interest:  Yes/No\* | Conflict of interest:  Yes/No\* | Conflict of interest:  Yes/No\* |