|  |  |  |
| --- | --- | --- |
| A logo for a health promotion board  Description automatically generated | Applicant Profile & Project Proposal(Individual) | *EP Ref No:* |
|  |
| For official use only |
| All sections are to be filled or marked with “NA” if not applicable. Information is furnished to HPB on the understanding that it shall be used or disclosed for evaluation, reference, and reporting purposes. All information provided are deemed to be accurate and truthful at the point of submission. Unsuccessful applications will be destroyed after a retention period deemed appropriate by HPB. |

|  |
| --- |
| Section A: Applicant/s |
| Project Title |  |
|  Main Applicant | Name |  |
| Contact | Mobile: |
| Email: |
| Occupation |  |
| Employment Status (whichever is applicable) | Self-employed/ Employee (Private)/ Employee (Public)/ Semi-Retired/ Retiree/ Bankruptcy  |
| Community Involvement/ Relevant ExperienceE.g. Company CSR, Grassroot Work etc | E.g. volunteer or management role with any beneficiary organisation(Project-based/ Ad-Hoc/ Routine) |
| Declaration (if applicable) | E.g. Conflict of interest, Bankruptcy, Criminal proceedings |
| Co-Applicant/ Team Member | Team Member(Name/ Role/ Credentials and/or Relevant Experience) | E.g. John Tan, Budget Controller,He works in the financial industry and is a certified accountant. John also volunteers at ABCRC as their treasurer managing public funds for the last 2 years. |
| Team Member(Name/ Role/ Credentials and/or Relevant Experience) | E.g. Mary Lim, Project Operation Lead, She volunteers at THK SACs with more than 10 years’ experience engaging seniors at community setting |
| Team Member(Name/ Role/ Credentials and/or Relevant Experience) |  |

|  |
| --- |
| Section B: Supporting Organisation/ Referee |
| The following organisation/referee supports the project mentioned in the application and endorse the credibility of the applicant/s listed above to dutifully carry out the project to the best of their ability.  |
| Referee 1 | Name |  | Signature |
| Designation/Organisation |  |
| Date |  |
| Referee 2 | Name |  | Signature |
| Designation/Organisation |  |
| Date |  |

|  |
| --- |
| Section C: Proposal Summary [To be filled in last] |
| Abstract* Provide a summary of the proposal, including project objective/s and project description
 | *(Keep to 300 words or less)* |
| Focus Area | Tick the appropriate answer:* Physical Activity
* Nutrition
* Mental Wellbeing
* Smoking Cessation and Prevention
 |
| Project Type* Kindly elaborate on whether the project is the first of its kind in Singapore. If it is an existing project, how does it differ from other similar projects?
 | ‘Tick’ the appropriate answer:* **New** initiative (have not been carried out in Singapore previously)
* **Build on or expand** your existing programme

*Specify details of the existing programme and which area do you want to expand or build on:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Similar** to other existing community programmes in Singapore:

*What is this programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Who are the provider/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *How is this proposal different from existing programme:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Project significanceHow does it address needs/gaps in the sector? How will it benefit the target audience and wider community? Is there any data/studies supporting the need for this project? | This project is significant because:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

|  |
| --- |
|  Section D: Proposal Details |
| Beneficiaries (Target Audience)* Who are your key beneficiaries?
* What is the profile of your audience segment?
 | Key beneficiaries: |
| ***Criteria for segmentation*** | ***Profile of segment (where relevant)*** |
| Age range |  |
| Gender |  |
| Race & Ethnicity |  |
| Socio-economic status (e.g. education, housing, occupation) |  |
| Geographical location |  |
| Health status (e.g. well, pre-diabetic, smoke, overweight, sedentary) |  |
| Settings (Schools. Community, Workplace etc) |  |
| Others: |  |
| Project Objectives* Kindly elaborate more on the project format and goal.
* What does the project aim to achieve?
* How will the project goal be achieved?
* How will it benefit your target audience?
 | Project Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Objectives:1.
2.
3.
 |
| Key Performance Indicators (KPIs)*Kindly provide SMART goals on progress and output indicators to achieve the objective/s.* * *Specify the desired behavioural change outcome:*

*(e.g. 80% of participants improved their diets within 2 months.)** *How will the effectiveness of the programme be measured.*

*(e.g. Conducting a pre-and post-survey of the activity to gauge respondents’ feedback, improved health literacy, health behaviours, etc.)* | My main KPI1 will be: |
| ***Category*** | ***What are my indicators?*** | ***How do I measure*** |
| Reach |  |  |
| Effectiveness |  |  |
| Others: |  |  |
| *1Main KPI should reflect success of project and will be pegged to disbursement, should project be approved*Other indicators that I will keep track are: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Programme Design* What are the essential components?
* What are your activities and frequency?
* How will these activities help you achieve your objectives?
 | ***Programme Objectives*** | ***Activity*** | ***Frequency*** | ***Target Audience & No. of pax*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 5. Implementation Plan* Who is doing what by when? What would be the deliverables for each activity? E.g. The number of workshops you intend to conduct, and the frequency of these workshops.
* How will the deliverables be useful to beneficiaries, and how will they help to achieve program objective?
 | **No.** | ***Activity*** | ***When?*** | ***Who to do it?*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| b) How will you publicise/promote the programme? * What kinds of marketing and outreach efforts will you engage in to promote the programme?
* What kind of intervention will be undertaken to encourage adoption of the programme?
 | To encourage participation in my programme, I will do the following:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| c) Who are your partners?* Kindly elaborate on the agency partners you are collaborating with for your project, and the type of support they provide.
 | ***Partner/s*** | ***How are they supporting your programme?*** |
|  |  |
|  |  |
|  |  |
|  |  |
| d) What are your assumptions and constraints? * Assumptions

Kindly elaborate on the anticipated events or circumstances that are expected during your project.* Constraints

Kindly elaborate on the limitations imposed on your project e.g. budget, timeline, resources, etc., and how you will address them.  | ***Assumption/constraint*** | ***How are you going to address this?*** |
|  |  |
|  |  |
|  |  |
|  |  |
| e) How do you intend to sustain the programme? Will the programme be self- sustaining, or will you seek additional/ alternative funding?* Kindly elaborate on your plans beyond the duration of your programme.
 |  |
| Other InformationWhat other information and/or references would be useful in understanding the context, intent or conduct of this programme? |  |
| Section F: Supporting Documents |
| List and attach supporting documents. | Use this checklist to ensure that you’ve attached all supporting documents:* Research references/documents (if any)

Others: * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Section G: Declaration |
| The following personnel confirms the accuracy and completeness of this application and will ensure that the execution of this project, if awarded, abides by all guidelines prescribed by OHSF secretariat as well as existing guidelines and policies of HPB & the affiliated organisation (if applicable). |
| Main Applicant | Name |  | Signature |
| Designation |  |
| Date |  |
| Co-Applicant(If applicable) | Name |  | Signature |
| Designation |  |
| Date |  |