

# Deadline for application: 17 December 2018



## Health Promotion Grant (Fitness Interest Group) – For Public Funding Application Form

Email to: [tan\\_weiqiang@hpb.gov.sg](mailto:tan_weiqiang@hpb.gov.sg) & [joanna\\_goh\\_from.TP@hpb.gov.sg](mailto:joanna_goh_from.TP@hpb.gov.sg)

Please indicate the Email Subject as: **FY18 FIG Grant Application [insert group name]**

Document name: FY18 FIG Grant Application [insert group name]

## APPLICATION FORM

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(A) APPLICANT DETAILS			
Name			
IC No.			
Contact number	<table border="1"><tr><td>(Home/ Office)</td><td>(Mobile)</td></tr></table>	(Home/ Office)	(Mobile)
(Home/ Office)	(Mobile)		
Email			
Applicant's Mailing Address			
(B) DETAILS OF GROUP			
Name of Group			
(C) GROUP/PROGRAMME INFORMATION			
HPB FIG Grant History	<p>Is this group previously funded by HPB?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are you choosing (only applicable for groups previously funded by HPB):</p> <p><input type="checkbox"/> Option 1 – Growth Criteria <input type="checkbox"/> Option 2 – Renewal Criteria</p>		
Interest Group Activity Category	<p><input type="checkbox"/> Individual-based Physical Activity : _____</p> <p><input type="checkbox"/> Dance Aerobics / Strength Activity : _____</p> <p><input type="checkbox"/> Team Sports : _____</p>		

	Please elaborate on the activities the group does:
<b>Starting Group Size</b>	_____ pax (To fill in members data in Annex A1 below accordingly)
<b>Frequency, Timing &amp; Duration of Activities (e.g. Every Wednesday, 8pm to 9pm)</b>	
<b>Venue</b>	
<b>Profile of Target Audience</b> <b>(tick more than 1 box if necessary)</b>	<input type="checkbox"/> Adults (18-49 years old) <input type="checkbox"/> Families <input type="checkbox"/> Lower Income <input type="checkbox"/> Seniors (50 years old and above) <input type="checkbox"/> Youths (below 18 years old) <input type="checkbox"/> Inactive Individuals <input type="checkbox"/> Others (please specify) :
<b>(D) KEY OBJECTIVES/TARGETS</b>	
<b>What are the objective(s) that the group aims to achieve?</b>  <b>What are some specific targets set for the group?</b>	
<b>(E) IMPLEMENTATION PLAN</b>	
<b>How do you intend to meet the target and objective?</b>	

<p><b>How would you go about recruiting more interest group members and growing your group?</b></p>	
<p><b>How do you intend to spend the funds?</b></p> <p><i>(Give some examples and breakdown of the costs)</i></p>	
<p><b>(F) DECLARATION &amp; ACKNOWLEDGMENT*</b></p>	
<p><b>Other sources of Funding</b></p>	<p>Has your project received, applied or intend to apply for any other forms of funding other than this grant scheme?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide more details on the funding sources (i.e. funding amount, duration etc):</p>
<p><b>Conflict of Interest</b></p>	<p>Is there any actual, perceived or potential conflict of interest between you (or any group member) and the service provider/vendor used for the project? (e.g. any part of the funding will become a payment to you or your group members in your capacity as a service provider/vendor to the project)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide more details:</p>
<p><i>*Any false declaration would result in rejection of application and termination of HPG funding</i></p>	

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(i) I declare that all above information are true and accurate  
 (ii) I have read through and understood the Funding Guidelines

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only**

<b>Date received</b>	
<b>Application status</b>	Approved / Rejected      Date: _____
<b>Reason for rejection</b>	

Type		No. of members	75% attendance (round off)
<input type="checkbox"/> New	Old: _____   New: _____  To grow by _____		
<input type="checkbox"/> Renewal			
<input type="checkbox"/> Growth			

- Individual
- Aerobics/ Strength
- Sports

Funding Period	no. of months	Min. no of session with 75% attendance	Amount
2018 - Mar 2019			\$ _____

	Processed by	Endorsed by	Approved by
Signature			
Name			
Date			
Conflict of interest between yourself and applicant	Yes / No	Yes / No	Yes / No

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## Annex A1

Detailed membership



FIG

Application\_Annex A

Kindly save the attached Excel as a separate file and submit it back together with the application form.

Please label the Excel file as 'FY18 FIG Members [*insert group name*]'

S/N	Name as of NRIC	Gender	NRIC	DOB (DD/MM/YYYY)	Email	Contact number
1						
2						
3						

