

## APPLICATION FOR WORKPRO (PART 1)

Note:

1. All fields are mandatory unless stated otherwise.
2. Please furnish a print-out of ACRA business profile dated within 6 months from the date of application.
3. We seek your understanding that application process may take up to eight weeks.

COMPANY INFORMATION				
Application Type:	<input type="checkbox"/> Age Management Grant <input type="checkbox"/> Job Redesign (Rider)		<input type="checkbox"/> Job Redesign Grant <input type="checkbox"/> Work-Life Grant	
UEN Number:				
Registered Name of Business Entity:				
Registered Address of Business Entity:				
Mailing Address (if different from above):				
Industry:				
Total number of employees (including foreigners):	Number of Singapore Citizens (SCs) employees:	Number of Singapore Permanent Residents (SPRs) employees:	Number of older employees (SCs/SPRs) 50 - 59 years old:	Number of older employees (SCs/SPRs) above 60 years old:
Small Medium Enterprise (SME) <sup>1</sup> : <input type="checkbox"/> Yes <input type="checkbox"/> No	Unionised Company: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please indicate the name of the union: _____		Has other related companies (including parent company, wholly-owned/majority-owned/partially-owned subsidiary, associated/ affiliated companies, branch, or any other business entity)  <input type="checkbox"/> Yes (Pls specify) _____	
	SNEF Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No	
APPLICANT'S PARTICULARS				
Name of Contact Person:			Designation:	
Contact Number:			Email Address:	

<sup>1</sup> Defined as an enterprise registered or incorporated in Singapore, with annual sales turnover of not more than \$100 million or employing not more than 200 employees, with at least 30% local shareholding held by Singapore Citizen or Singapore Permanent Resident

## AGE MANAGEMENT GRANT (PART 2)

Note:

1. Please complete this form if you are applying for the Age Management Grant.
2. Applicant-company must not have applied for Age Management Grant under WorkPro previously.
3. You must have at least 5 older workers (SC or SPR ) aged 50 years and above at the point of application and claims submission. Please provide their profile under Section B.
4. Please furnish letters of appointment/employment contracts that are at least 12 months in duration and CPF-Form 90 for the past 3 months for the older workers listed in Section B.

<b>SECTION A: PROPOSAL TO ADOPT AGE MANAGEMENT PRACTICES</b>	
<p>a. Please tick 4 or more age management practices that your company plans to implement.</p>	<input type="checkbox"/> Performance Management <input type="checkbox"/> Fair Employment <input type="checkbox"/> Managing a Multi-Generational Workforce <input type="checkbox"/> Worker Well-Being Programmes <input type="checkbox"/> Training / Re-training <input type="checkbox"/> Re-employment <input type="checkbox"/> Workplace Safety
<p>b. Please describe what is the current situation of your company and why you had chosen the respective age management practices above.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>c. Please describe how the implementation of the respective age management practices can benefit your company and older workers.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>

*Employees who will benefit from the age management practices above must include at least five older workers who are SC or SPR.*

SECTION B: PROFILE OF OLDER WORKERS AGED 50 AND ABOVE (PLS PROVIDE AT LEAST 5 PROFILES)								
S/N	Name (As in NRIC)	NRIC No	Gender	Date of Birth	Age*	SC/ SPR	Highest Qualification Attained a) Below PSLE b) PSLE c) "O" Level d) "A" Level e) Diploma f) Degree g) Post Grad h) Doctorate	Gross monthly salary – please choose one of the following: a) \$0 - \$1500 b) \$1501 - \$1900 c) \$1901 - \$3000 d) \$3001 - \$4500 e) \$4500 and above
1.								
2.								
3.								
4.								
5.								

\* Based on birth year at the point of application

## JOB REDESIGN GRANT (PART 3a)

Note:

1. Please complete this form if you are applying for the Job Redesign Grant.
2. Applicant-company must not have exceeded \$300,000 grant for Job Redesign Grant and Job Redesign (Rider) under the enhanced WorkPro.
3. Applicant-company must not have tapped on other government grants for the same project.
4. Applicant-company is strongly encouraged to leverage on the Job Redesign Toolkit.
5. Please furnish the quotation and functional specifications of the listed item(s) with detailed breakdown of each item, cost component and supporting documents, where applicable.

SECTION A: COST BREAKDOWN OF JOB REDESIGN PROJECT (EXCLUDE GST)				
S/N	Item(s)	Quantity	Unit Cost	Total
1.				
2.				
3.				
<b>Total</b>				

SECTION B: PROPOSAL FOR JOB REDESIGN	
a. No. of workers (SCs and SPRs) aged 50 to 59 to benefit from the job redesign project:	
b. No. of workers (SCs and SPRs) aged 60 and above to benefit from the job redesign project:	
c. Please describe the current situation, problem and/or issue. You may like to use the <a href="#">Risk Assessment Form</a> .	<hr/> <hr/> <hr/>
d. Please describe the proposed job redesign project and how you plan to implement it.	<hr/> <hr/> <hr/>
e. Please describe how the project will benefit your company and how it will lead to a positive impact <sup>2</sup> to your older workers.	<hr/> <hr/> <hr/>
f. SNEF, NTUC and MOM have jointly developed a Job Redesign Toolkit to guide companies through a systematic approach towards job redesign. You may like to download a copy <a href="#">here</a> .	<p>Did your company reference the <a href="#">Job Redesign Toolkit</a> when developing the job redesign plan?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Do you find the <a href="#">Job Redesign Toolkit</a> useful in helping your company develop the job redesign plan?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<p>Comment (if any): _____</p>

<sup>2</sup> Creating a positive impact includes, but not limited to, making jobs physically easier, safer and smarter through improvements to the workplace environment / work processes, placement and retention of older workers, improved productivity, enhanced job scope, wage increment etc.

## JOB REDESIGN (RIDER) (PART 3b)

Note:

1. Please complete this form if you are applying for the Job Redesign (Rider).
2. Applicant-company must not have exceeded \$300,000 grant for Job Redesign Grant and Job Redesign (Rider) under the enhanced WorkPro.
3. Applicant-company must not have tapped on other government grants for the same project, except Inclusive Growth Programme (IGP) or Capability Development Grant (CDG) for the purpose of Job Redesign (Rider).
4. Please furnish a copy of the following:
  - a. Job redesign proposal submitted to grant agency
  - b. Proof of grant application approval<sup>3</sup> by grant agency
  - c. Proof of project completion and quantum of grant received from grant agency
  - d. Impact evaluation report using the template provided
  - e. List of older worker(s) who is/are benefitting from the job redesign project
5. Please furnish letters of appointment/employment contracts that are at least 12 months in duration and CPF-Form 90 for the past 3 months for the older worker(s) who is/are benefitting from the job redesign project.

SECTION A: DETAILS OF OTHER GOVERNMENT GRANTS OBTAINED (EXCLUDE GST)					
Name of Grant	Actual Fundable Qualifying Cost	Disbursed Amount	% of Funding	Audit Fees	Actual Fundable Qualifying Cost net Audit Fees <sup>4</sup>

SECTION B: CONTACT DETAILS OF SPRING/E2I OFFICER		
Name	Email Address	Office Number

<sup>3</sup> Applicable for new projects approved under IGP or CDG on/after 1 July 2016 and completed within WorkPro programme period (1 July 2016 to 30 June 2019). Applications must be submitted no later than 6 months after project completion.

<sup>4</sup> For CDG projects, please note the Job Redesign (Rider) would not be able to fund audit fees.

## WORK-LIFE GRANT (PART 4)

Please indicate the components you are applying for:

- Part I** - Developmental Grant for employers  
 **Part II** - Developmental Grant for office building owner, Management Corporate, developer  
 **Part III** - FWA Incentive

Appoint a work-life ambassador from senior management who will be responsible for championing a work-life friendly workplace. The work-life ambassador will also serve as a point of contact for the company's Work-Life Grant application.

<b>Name</b>		<b>Designation</b>	
<b>Contact number</b>		<b>Email</b>	

### PART I: Developmental Grant (for employers)

Please provide – i) the letter of appointment / employment contract / written key employment terms for at least one staff with a contract of at least 12 months and ii) CPF-Form 90 for the past three months for at least five employees.

#### (A) Proposed Flexible Work Arrangement (FWA) Pilot

Please indicate the FWA(s) you plan to pilot. You can refer to the [Work-Life Grant Booklet](#), Annex A, for the various FWAs recognised under the grant.

<input type="checkbox"/> <b>Flexi-time (e.g staggered hours, compressed work week, time banking)</b>
<input type="checkbox"/> <b>Flexi-place (e.g telecommuting, home-based work)</b>
<input type="checkbox"/> <b>Part-time</b>
<input type="checkbox"/> <b>Other FWAs</b>
I understand that to be eligible for the grant, at least 10% of the total workforce, or a minimum of five employees (whichever is higher) should use FWAs over at least three months.

#### (B) Implementation

Please provide a short description of how you plan to implement the FWAs proposed in section (A). You may wish to consider the following, or refer to the [Work-Life Grant Booklet](#) and the [Tripartite Advisory on FWAs](#) on how to implement FWAs.

- How you plan to gain support from management
- Whether a committee will be formed to oversee the implementation
- Whether guidelines or protocols will be made available to supervisors and employees

Please indicate how you plan to communicate the FWAs to all employees. You may select more than one option.

- Company intranet       Employee handbook

- HR policy                       Briefings  
 Emails                               Others. Please specify: \_\_\_\_\_

**(C) Planned Expenditure for Reimbursement (GST is not funded under WorkPro)**

Please indicate the proposed expenditure for which you wish to seek reimbursement (e.g. IT infrastructure, lactation facilities, family care room, work-life training and consultancy. You can refer to the [list of approved Work-Life Grant consultants and trainers](#) whose fees are eligible for funding).

Item(s)	Quantity	Unit Cost w/o GST (S\$)	Total Cost w/o GST (S\$)
<b>Total</b>			

**PART II: Developmental Grant (for officer building owners, Management Corporation and developers)**

Item(s)	Quantity	Unit Cost w/o GST (S\$)	Total Cost w/o GST (S\$)
<b>Total</b>			

**PART III: FWA Incentive**

Please provide – i) ) the letter of appointment / employment contract / written key employment terms for at least one staff with a contract of at least 12 months and ii) CPF-Form 90 for the past three months for at least five Singapore citizen employees.

Qn	Self-assessment Checklist	Yes/No (please tick accordingly)
1	My company has formalised two or more FWAs <sup>5</sup> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	At least 20% of my workforce uses FWAs over six months	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	At least half of the employees using FWAs are Singaporeans.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	No more than six in 10 employees are using the same FWA.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>5</sup> The three broad FWA categories recognised under the Work-Life Grant are flexi-time, flexi-place and part-time. You can refer to the [Work-Life Grant Booklet](#), Annex A, for information on the various FWAs.

**ACKNOWLEDGMENT BY APPLICANT**

1. The applicant-company has not withheld/distorted any material facts and that the facts stated in this application and the accompanying information are true, complete and correct. Otherwise, the application may be rejected.
2. The applicant-company understands that the cost incurred for the various grant components under WorkPro prior to the issuance of the Letter of Offer by WorkPro Programme Partners will not be funded. The only exception is made for the training fees incurred by applicant-companies that successfully applied for the grant within six months from the date of completion of the training, and have fulfilled all the deliverables for the Work-Life Grant Developmental Grant. The applicant-company can only claim for reimbursement for training conducted by approved Work-Life Grant trainers.
3. The applicant-company understands that its WorkPro application will be considered void if it fails to submit the necessary documents (e.g. ACRA, CPF-Form 90) as requested by WorkPro Programme Partners within one month from the date of request of documents for verification.
4. The applicant-company shall obtain all of its employees' clear and unambiguous consent to disclose their personal data to MOM, WSG and WorkPro Programme Partners and to allow MOM, WSG and WorkPro Programme Partners to use the personal data for the purposes of processing, evaluating, verifying, auditing, investigating or research matters relating to WorkPro.
5. The applicant-company agrees to be profiled by the media as a beneficiary of the WorkPro.
6. Only applications submitted by the applicant-company to WorkPro Programme Partner will be considered for funding under WorkPro. Applications made by private consultants or external parties acting on the applicant-company's behalf will be voided.
7. WorkPro Programme Partners will reserve the right to, approve or reject the applicant-company's WorkPro application, without stating reason(s) for rejection.
8. The grant(s) received under WorkPro should only be used by the applicant-company to implement measures to benefit the targeted employees.
9. MOM/WSG reserves the right to recover from the applicant-company funds provided or disbursed under WorkPro in circumstances deemed appropriate by MOM/WSG. This would include purchasing services and good from related companies without prior declaration to WorkPro Programme Partners.
10. The applicant-company and its directors, shareholders, partners, employees or any other person related to the aforesaid persons is not given any monies, loans, rebates, discounts, refunds, liquidated damages or any other payment, whether in cash or in kind, by consultants or vendors or their directors, shareholders, partners, employees or any other person related to the aforesaid persons, in connection to the project; and there is no intention to give such monies, loans, rebates, discounts, refunds, liquidated damages or any other payment. The applicant-company understand that exchange of such monies, loans, rebates, discounts, refunds, liquidated damages or any other payment without seeking the approval of MOM / WSG constitutes an offence under the Penal Code.
11. Applicant-company acknowledge and agree to abide by the above statements by submitting this application form. Failure to do so may render the application void.

**COMPANY STAMP AND SIGNATURE**

	Salutation & Name:
	Designation:
	Company Name:
	Date:

*Note: Only the sole proprietor, partner or company director of the applicant-company, as registered with ACRA, professional bodies or registry of societies, may sign this declaration*