



**Centre for IMT-GT Subregional Cooperation**

C/-International Cooperation Section  
Economic Planning Unit  
Prime Minister's Department  
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**PROJECT PROFILE**

|   |
|---|
| <b>1. Strategic Thrust (per IMT-GT Roadmap):</b><br>Promote Growth in Agriculture, Agro-industry and Tourism  |
| <b>2. Project Name:</b><br>Certified Halal Restaurants and Hotels   |
| <b>3. Roadmap Project Reference Number:</b><br>2.2  |
| <b>4. Flagship Status</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| <b>5. Project Location (Country, Province, Town)</b><br>Indonesia, Malaysia, and Thailand   |
| <b>6. Participating Country(ies), Province(s), Town(s)</b><br>Indonesia, Malaysia, and Thailand   |
| <b>7. Sector/Subsector:</b>   |
| <b>8. Working Group:</b><br>Halal Food Products and Services  |
| <b>9. Background and Rationale (cite the development context of the project or the development gap being addressed by the project):</b>                         |
| <b>10. Objectives (Long-Term and Immediate):</b>  |
| <b>11. Scope (describe activities and geographical scope, if applicable)</b><br>The project will provide capacity building to restaurants and hotels in IMT-GT. |

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|--|---|---------------------------------------|
| <b>12. Estimated Cost and Financing Plan</b>   |   |                                       |
| <b>12a. Estimated Cost (US\$)</b>  | <b>12b. Financing Plan (Public/Private)</b> | <b>12c. Financing Status (Source)</b> |
|  |   |                                       |
| <b>13. Implementation Period/Schedule:</b>   |   |                                       |
| 2007   |   |                                       |
| <b>14. Executing/Implementation Agency/Entity and Contact Persons (designation, address, telephone, fax and e-mail)</b>  |   |                                       |
| <b>Coordination:</b> HASCI, UPM, IPB, Faculty of Allied Health Sciences (CU), IMT-GT Tourism Authorities, IMT-GT Ministries of Commerce, Governors of related provinces/states |   |                                       |
| <b>15. Project Status (Proposed/Ongoing/Completed/Withdrawn):</b>  |   |                                       |
|  |   |                                       |
| <b>16. If proposed, status of project preparation as of (date):</b>  |   |                                       |
|  |   |                                       |
| <b>17. Follow-up Actions Required:</b>   |   |                                       |
|  |   |                                       |
| <b>18. Issues/Constraints:</b>   |   |                                       |
|  |   |                                       |

|               |  |
|---------------|--|
| Prepared by:  |  |
| Name          |  |
| Designation:  |  |
| Address:      |  |
| Tel No.       |  |
| Fax No.       |  |
| E-mail        |  |
| Date prepared |  |