

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Section 1: General eligibility criteria

High Value Statewide Replacement Fund

The High Value Statewide Replacement Fund - Engineering Infrastructure focuses on replacing highest priority critical risk plant and engineering infrastructure assets, greater than \$300,000 (excluding GST), that are at the end of their effective lives and are used for acute services in Victorian public hospitals and that pose an unacceptable and immediate threat to patient/healthcare worker safety.

Pre-submission checklist

Is the proposal a single asset (not an aggregate or system) greater than \$300,000 (excluding GST)?

- Yes
- No - project ineligible

Is the replacement/refurbishment of an existing asset (i.e. not additional to the asset base)?

- Yes
- No - project ineligible

Does the asset support acute services in a Victorian public hospital?

- Yes
- No - project ineligible

Is the requested asset in-scope for funding under the program?

- Yes
- No - project ineligible

Refer to Appendix 1 of the guidelines www.health.vic.gov.au/med-equip -

Is the existing asset at end of life or overdue and time-critical to be replaced/renewed?

- Yes
- No - project ineligible

Is the asset critical to acute service delivery or direct life safety?

- Yes
- No - project ineligible

Is the asset owned by the health service (or if leased - at end of life and end of lease)?

- Yes
- No - project ineligible

Has the asset been committed to purchase (i.e. purchase committed or purchase order raised)?

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

- Yes - project ineligible
- No

Have alternative options been considered such as: service reconfiguration, lease, private provider?

- Yes
- No - project ineligible

Is the project ready for commencement, with health service's resources and governance to manage the process?

- Yes
- No - project ineligible

Section 2: Applicant details

Health Service

Health Service

Organisation Name

Confirm Health Service Name for data integrity purposes

Confirm Health Service Name for data integrity purposes.

Region

- Metropolitan
- Barwon South West
- Gippsland
- Grampians
- Hume
- Loddon Mallee

No more than 1 choice may be selected.

Project Management

This is the person who will be responsible for managing this project and will be liaising as required with the Department.

Project Contact

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position

Phone Number

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Must be an Australian phone number.
eg: 03 9596 4378

Mobile Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Relevant Stakeholders

Relevant key stakeholders consulted

- | | |
|--|---|
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Facilities Manager |
| <input type="checkbox"/> Director - Radiology | <input type="checkbox"/> Information Communication Technology Manager |
| <input type="checkbox"/> Director - Nuclear Medicine | <input type="checkbox"/> Infection Control Committee |
| <input type="checkbox"/> Director - Cardiology | <input type="checkbox"/> New Technology Committee |
| <input type="checkbox"/> Operational Director | <input type="checkbox"/> Occupational Health and Safety Officer |
| <input type="checkbox"/> Engineering Manager | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Biomedical Engineer Manager | |

Section 3: Requested asset

Requested asset

Health service CEO priority number

The CEO must determine the priority for each submission.

Requested asset

Hospital/campus

Building (location of requested asset)

Department (location of requested asset)

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Have you applied for funding for this project (or elements of this project) from another source?

Word count:

Must be no more than 100 words.

Please provide an outline of other funding sought

High level summary of the requested asset

Is this application part of a multi-staged project?

- Yes
 No

If yes, which stage of the project does this relate to? Provide details of all stages identifying enablers for each stage, status of previous stage(s) and planned completion date(s). Provide previous SmartyGrants submission number (if applicable).

Word count:

Note that funding for one stage does not guarantee funding for subsequent stages.

Outline the scope of works

Word count:

Must be no more than 100 words.

Rationale for the replacement of the asset:

Provide the rationale for replacement of the asset including: critical risk issues and impact on service, major functions of the asset and how they relate to the services it supports.

The justification for replacement, articulating and demonstrating alignment with agreed strategic, service and master plans, statement of priorities, whole of government policies and strategies, and how the requested asset meets the identified service need and model of care.

Outline your project rationale

Word count:

Must be no more than 500 words.

Summarise the expected benefits and outcomes

Word count:

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Must be no more than 100 words.

Indicate if the requested asset complies with the following:

- Australian Standards
- Electrical Safety Standards
- Radiation Safety Act
- Therapeutic Goods Administration
- Other:

If 'Other' - please outline what this relates to.

Section 4: Existing asset

Existing Asset requiring replacement

Asset Number(s)

Write "N/A" if not applicable.

Serial number & biomedical number

Write "N/A" if not applicable.

Hospital/campus

Building (existing location of asset)

Department (existing area)

Background for critical risk assessment

The response to questions and evidence provided in the section below provides background and context for the determination of the critical risk assessment.

What is the age of the existing asset?

Ownership Status

- Owned

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

- Leased
- Private Provider
- Purchased Service

If 'Other' - please outline what this relates to.

How many years has the existing asset been owned /utilised by the health service?

Must be a number.

What is the capacity of the existing asset?

Word count:

Must be no more than 200 words.

What was the estimated effective life of the existing asset when first installed?

Word count:

Must be no more than 200 words.

What year is technical support available until?

Please attach relevant technical support letter if limited or no further support available

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Indicate which applies regarding spare parts:

- Not available
- Parts difficult to source
- Other:

If 'Other' - please outline what this relates to.

Comment

Word count:

Must be no more than 100 words.

Indicate if the existing asset complies with the following:

- Australian Standards
- Electrical Safety Standards
- Radiation Safety Act

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Therapeutic Goods Administration

Other:

If 'Other' - please outline what this relates to.

Comment on compliance with regulation standards and other requirements

Word count:

Must be no more than 100 words.

Reliability - existing asset

What is the frequency of breakdown of asset / interruption of service in each year for the last two years?

Word count:

Must be no more than 200 words.

What is the duration of breakdown of the asset and impact on clinical service delivery?

Word count:

Must be no more than 200 words.

Outline the major upgrades than can be performed on the existing asset.

Word count:

Must be no more than 200 words.

Attach relevant reports such as service and/or maintenance reports or de-identified clinical incident reports. Photos may be attached.

Attach a file:

Please ensure information is de-identified for patient and staff details before uploading files. Also, please label all attachments clearly with health service name, project name and description of information

Decommissioning - existing asset

Identify the decommissioning, removal from service and disposal method for the existing asset(s).

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Word count:
Must be no more than 200 words.

Section 5: Replacement asset sub component

This section contains plant and equipment components only. Fees and other project costs are requested in the next section.

Indicate which of the following is to be replaced:

- Chiller replacement
- Boiler replacement
- Cooling tower replacement
- Pipe work replacement
- Generators
- Nurse call system upgrade works
- Body protection (electrical)
- Lift modernisation
- Electrical replacement
- Fire services replacement
- Other:

Please select one

Chiller Replacement

Items	\$ (excluding GST)	Comments
Chiller	\$	
Enclosure	\$	
Vibration isolation	\$	
Pipework	\$	
Valves	\$	
	\$	
	\$	
	\$	

Total Chiller replacements (excluding GST)

\$

This number/amount is calculated.

Additional Considerations

Additional considerations	Applicable Y/ N	Reviewed Y/ N
Air cooled versus water cooled units		
Chiller capacity (existing versus new)		
Future capacity (expansion)		

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

New equipment requirements, including spatial, structural, ventilation, electrical loads		
Existing pipe work reticulation and condition		
Existing pipework capacity and upgrades if needed		
Existing pump capacity staging and sequencing		

Boiler replacement

Items	\$ (excluding GST)	Comments
Boiler	\$	
Enclosure	\$	
Vibration isolation	\$	
Flue connection/ diverters	\$	
Pipework	\$	
Valves	\$	
	\$	
	\$	
	Must be a dollar amount.	

Total Boiler replacement (excluding GST)

\$

This number/amount is calculated.

Additional considerations

Additional considerations	Applicable Y/ N	Reviewed Y/ N
Gas, diesel or electric units		
Flue location and sizing		
Boiler capacity (existing versus new)		
Future capacity (expansion)		
New equipment requirements, including spatial, structural, ventilation, electrical loads		
Existing pipe work reticulation and condition		
Existing pipework capacity and upgrades if needed		
Existing pump capacity staging and sequencing		

Cooling Tower Replacement (Heat rejection plant)

Items	\$ (excluding GST)	Comments
Heat rejection plant	\$	

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Enclosure	\$	
Vibration isolation	\$	
Pipework	\$	
Valves	\$	
Water treatment	\$	
	\$	
	\$	
	Must be a dollar amount.	

Total Cooling Tower replacement (excluding GST)

\$

This number/amount is calculated.

Additional Considerations

Additional considerations	Applicable Y/ N	Reviewed Y/ N
Closed cell versus open type towers		
Heat rejection capacity (existing versus new)		
Future capacity (expansion)		
New equipment requirements, including spatial, structural, ventilation, electrical loads		
Existing pipe work reticulation and condition		
Existing pipework capacity and upgrades if needed		
Existing pump capacity staging and sequencing		
Existing chiller load capacity for proposed replacement		

Pipe Work Replacement Works

Items	\$ (excluding GST)	Comments
Pipes	\$	
Valves	\$	
	\$	
	\$	
	Must be a dollar amount.	

Total Pipe Works cost (excluding GST)

\$

This number/amount is calculated.

Additional considerations

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Additional considerations	Applicable Y/ N	Reviewed Y/ N
Existing pipe work reticulation routes		
Existing pipework capacity, size, flow rates and velocity		
Existing pump capacity staging and sequencing		
Bracketing and support expansion loops		
Consideration for staged works and impact to any clinical areas		

Generators

Items	\$ (excluding GST)	Comments
Generators	\$	
Enclosure	\$	
Vibration/Acoustic mounts	\$	
Controls	\$	
Electrical Connections	\$	
	\$	
	\$	
	Must be a dollar amount.	

Total Generators cost (excluding GST)

\$

This number/amount is calculated.

Additional considerations

Additional Considerations	Applicable Y/ N	Reviewed Y/ N
Size of generator capacity versus required load		
Future proof generator capacity		
Generator capacity based on ambient air temperature. Allow for geographical allowances		
Acoustic enclosure		
Air ventilation requirements		
Diesel fuel storage system		
Diesel pump system (if required)		
Day tank storage and bulk tank storage provisions		
Sizing of Sub main wiring to Main Switchboard or Generator board		
Changes to Main Switchboard (transfer switches, main breaker, isolator)		

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Generator control logic and proposal		
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Nurse Call System Upgrade Replacement works

Item	\$ (excluding GST)	Comments
Nurse Call System Wiring	\$	
Nurse Call System Equipment	\$	
	\$	
	\$	
	Must be a dollar amount.	

Total nurse call upgrade cost (excluding GST)

\$

This number/amount is calculated.

Additional considerations

Additional considerations	Applicable Y/ N	Reviewed Y/ N
Existing wiring infrastructure and cable specification		
Existing hardware and scalability options due to potential increased capacity		
Existing ICT networks and converging networks / capability		
Size and requirements for hardware, location, spatial, ventilation, electrical loads, etc.		
Interface to existing bed panels and annunciator panels		
Staging and sequence of works and impact to clinical staff and users		

Body Protection Electrical

Items	\$ (excluding GST)	Comments
Final sub circuit wiring	\$	
Switchboard works	\$	
	\$	
	\$	
	Must be a dollar amount.	

Total Body Protection cost (excluding GST)

\$

This number/amount is calculated.

Additional Considerations

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Additional Considerations	Applicable Y/ N	Reviewed Y/ N
Existing wiring infrastructure and cable circuitry		
Existing switchboard hardware and scalability options due to potential increased capacity breaker quantity and breaker sizing		
Size and requirements for switchboards, location, spatial, ventilation, electrical loadings, etc.		
Interface to existing bed panels and system test points		
Interface to existing fixed furnishings, e.g. grab rails, curtain tracks, window frames etc.		
Staging and sequence of works and impact to clinical staff and users		
Duration and program of works if undertaken ward by ward		

Lift Modernisation

Item	\$ (excluding GST)	Comment
Lift works	\$	
Builders works	\$	
	\$	
	\$	
	Must be a dollar amount.	

Total lift cost (excluding GST)

\$

This number/amount is calculated.

Additional Considerations

Additional considerations	Applicable Y/ N	Reviewed Y/ N
Proposed car size		
Additional structural requirements (lifting beam, ventilation)		
Structural check of existing lift shaft		
Electrical supply requirements		
Location of existing service connections (power, telephone, etc.)		

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Removal of existing lift equipment		
Removal/demolition of lift doors		
Builders work in connection with new lift installation		

Electrical replacement

Items	\$ (excluding GST)	Comments
New main switchboard	\$	
Consumer mains	\$	
Sub-main upgrade	\$	
Temporary generator	\$	
Building works	\$	
	\$	
	Must be a dollar amount.	

Total Electrical replacement cost (excluding GST)

\$

This number/amount is calculated.

Fire services replacement

Items	\$ (excluding GST)	Comments
Fire panels and devices	\$	
FIP network loop	\$	
Fire tanks	\$	
Fire pumps	\$	
Fire brigade booster and interfaces	\$	
	\$	
	Must be a dollar amount.	

Total Fire services replacement cost (excluding GST)

\$

This number/amount is calculated.

Other

Items	\$ (excluding GST)	Comments
	\$	
	\$	
	\$	
	\$	
	\$	
	Must be a dollar amount.	

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Total Other replacement cost (excluding GST)

\$

This number/amount is calculated.

Total cost of all subcomponents

Total cost of all subcomponents (excluding GST)

\$

This number/amount is calculated.

Section 6: Staging requirements

Staging

Indicate if single stage (1 financial year) or multi-year stages

- Single stage
 Multi stage

Single staged projects should be completed within the financial year

If the project is identified as not being able to be staged, outline the reasons why this cannot be done

Word count:

Must be no more than 200 words.

Replacement cost

Is the total project replacement cost over \$1 million?

- Yes
 No

Section 7: Single stage cost estimates

Single Stage Cost Estimates

Cost Estimate Single Stage	\$ GST exclusive
Plant/ equipment cost	\$
Installation works	\$
Hazardous materials	\$
Disposal cost	\$
Salvage value	\$

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Other - state	\$
Contingency	\$
Fees - design (external consultant)	\$
Fees - project management (external consultant)	\$
Fees - other	\$

Total Project Replacement Cost (GST exclusive)

\$

This number/amount is calculated.

This will be your total project so please include all potential cost estimates.

Section 8: Multi stage cost estimates

Multi Stage Budget

Cost Estimate	Stage 1 (GST exclusive)	Stage 2 (GST exclusive)	Stage 3 (GST exclusive)	Comment
Plant/ equipment cost	\$	\$	\$	
Installation works	\$	\$	\$	
Hazardous materials removal	\$	\$	\$	
Disposal costs	\$	\$	\$	
Salvage value	\$	\$	\$	
Other (state)	\$	\$	\$	
Contingency	\$	\$	\$	
Fees - Design (External Consultant)	\$	\$	\$	
Fees - Project Management (External Consultant)	\$	\$	\$	
Fees - Other	\$	\$	\$	
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	

Total Project Replacement Cost (ALL GST Exclusive)

Stage 1 Total

\$

This number/amount is calculated.

Stage 2 Total

\$

This number/amount is calculated.

Stage 3 Total

\$

This number/amount is calculated.

TOTAL PROJECT REPLACEMENT COST

\$

This number/amount is calculated.

Section 9: Life cycle costing

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Where the total replacement cost is over \$1 million, complete the Life cycle costing template. Download [the template](#) and attach a completed version.

Completed life cycle costing spreadsheet

Attach a file:

Section 10: Funding sources

Identify all funding sources for the total project cost. Note ALL are GST exclusive.

Funding requested from department - High Value Statewide Replacement Fund

\$

GST exclusive. What is the total financial support you are requesting in this application? (Minimum of \$300,000).

Comments

Word count:

Must be no more than 100 words.

Specific-purpose capital grant

\$

Must be a dollar amount. (GST exclusive).

Comments

Word count:

Must be no more than 100 words.

Health service contribution

\$

Must be a dollar amount. (GST exclusive). This is your own contribution

Comments

Word count:

Must be no more than 100 words.

Other Contribution

\$

Must be a dollar amount. (GST exclusive). Other Funding Contributions

Specify items and comment

Word count:

Must be no more than 100 words.

Total Funding Source

The total funding source should EQUAL the total project cost

Total Funding Source

\$

This number/amount is calculated. GST exclusive. This is auto calculated from responses above.

Total Project Replacement Cost

This number/amount is calculated. Excluding GST and no rounding

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Section 11: Procurement and project timelines

Project timeline and key milestones

It is understood that if successful, health services will undertake processes to procure assets consistent with Government and appropriate policies.

Indicative start date

Must be a date.

Use calendar icon to select indicative date.

Indicative date for finalised specifications (statement of requirements)

Must be a date.

Use calendar icon to select indicative date.

Indicative date for tender commencement

Must be a date.

Use calendar icon to select indicative date.

Comment

Word count:

Must be no more than 100 words.

Indicative date for tender evaluation completion

Must be a date.

Use calendar icon to select indicative date.

Comment

Word count:

Must be no more than 100 words.

Indicative date for purchase order/ contract execution

Must be a date.

Use calendar icon to select indicative date.

Comment

Word count:

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Must be no more than 100 words.

Indicative date project operational (project complete/installed, commissioned and fully operational)

Must be a date.

Use calendar icon to select indicative date.

Indicative date for final project report and financial acquittal

Must be a date.

Use calendar icon to select indicative date.

Any other relevant information

Word count:

Must be no more than 100 words.

Section 12: Project readiness and governance

Project readiness and implementation

Confirm whether the project has been scoped:

Preliminary scoping & documentation completed

- Yes
- No

Attach preliminary scoping documents/ schematic design/ sketch plan/ design reports

Attach a file:

Provide the location of existing and proposed asset replacement on a floorplan(s). Please label all attachments clearly with health service name, project name and description of information

Quotes & costings identified

- Yes
- No

Attach quotes and costings

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Transition planning identified

- Yes

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

No

Comments on project readiness and implementation, including the status of other current capital projects at your health service.

Word count:

Must be no more than 200 words.

Identify the enablers and dependencies for project implementation including any decanting of services required.

Word count:

Must be no more than 200 words.

Is this project dependent upon any other current or planned projects being completed? If so, please provide a brief description

Word count:

Must be no more than 200 words.

Identify if operational areas have confirmed that the required works can be undertaken in the timeframes indicated in the proposal.

Word count:

Must be no more than 200 words.

Governance

Outline the health service governance framework for this project implementation.

Word count:

Must be no more than 200 words.

Include processes and reporting mechanisms and accountabilities. Include how project progress is reported to executive and frequency of reporting.

Identify key project team members including project sponsor and project leader.

Word count:

Must be no more than 200 words.

Outline technical staff and project management staff - their capability, capacity and experience/track record in managing similar projects in complexity.

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Outline the implementation plan for this project, including key tasks and responsibilities.

Word count:

Must be no more than 200 words.

Identify project implementation risks such as time delays, cost overrun and operational disruption and discuss mitigation strategies.

Word count:

Must be no more than 200 words.

Please attach relevant governance documentation

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Section 13: Critical risk identification

Critical risk summary

Summarise the overall critical risk issues associated with the asset including the function it can no longer perform

Word count:

Must be no more than 200 words.

What are the impacts if the asset fails?

Word count:

Must be no more than 200 words.

Outline if the breakdowns or disruptions cause any impact on patient care, including: waiting lists, elective surgery, increased patient transfers or impact on other health services

Word count:

Must be no more than 200 words.

How are the risks outlined above currently being managed?

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Word count:
Must be no more than 200 words.

Section 14: Critical risk assessment

Scoring

Apply the following number scales to the risk questions below:

Consequence:

4 - Extreme **3** - Major **2** - Moderate **1** - Minor **0** - Insignificant

Likelihood:

4 - Almost certain **3** - Likely **2** - Possible **1** - Unlikely **0** - Rare

Risk

This following sections need to refer to the [Guidelines - Appendix 3: Risk Matrices](#).

14.1 Clinical Risk

Consequence

Please select risk score from drop down list.

What is the clinical and patient consequence when the asset fails / breaks down?

Word count:
Must be no more than 200 words.

Likelihood

Please select risk score from drop down list.

What is the likelihood of the consequence /risk issue identified above occurring?

Word count:
Must be no more than 200 words.

Total Clinical Risk Score

This number/amount is calculated.

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Weighted Clinical Risk Score

This number/amount is calculated.

If this is the highest score out of weighted clinical risk score, the OHS risk score and the service availability risk score, this number should be entered into Section 14.5 Highest Risk Score section below.

14.2 Occupational Health and Safety Risk

Consequence

Please select risk score from drop down list.

What is the occupational health and safety consequence to staff when the asset fails / breaks down?

Word count:

Must be no more than 200 words.

Likelihood

Please select risk score from drop down list.

What is the likelihood of the consequence /risk issue identified above occurring?

Word count:

Must be no more than 200 words.

Total Occupational Health and Safety Risk Score

This number/amount is calculated.

If this is the highest score out of weighted clinical risk score, the OHS risk score and the service availability risk score, this number should be entered into Section 14.5 Highest Risk Score section below.

14.3 Service Availability Risk

Consequence

Please select risk score from drop down list.

What is the clinical service availability consequence when the asset fails / breaks down?

Word count:

Must be no more than 200 words.

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Likelihood

Please select risk score from drop down list.

What is the likelihood of the consequence /risk issue identified above occurring?

Word count:

Must be no more than 200 words.

Total Service Availability Risk Score

This number/amount is calculated.

If this is the highest score out of weighted clinical risk score, the OHS risk score and the service availability risk score, this number should be entered into Section 14.5 Highest Risk Score section below.

14.4 Supporting documentation for risk

Attach risk, failure, de-identified incident reports or other supporting documentation. Photos may be attached.

Attach a file:

Please ensure information is de-identified for patient and staff details before uploading files. Please label all attachments clearly with health service name, project name and description of information.

14.5 Highest risk score

Nominate your highest risk score from either the clinical risk (weighted score), total OH&S risk score or total service availability risk score calculated above

Must be a number.

Note: Clinical risk score needs to use the weighted score, if highest of the three risk scores

14.6 Critical risk - service level weighting

Apply the following number scale to the critical risk question below:

1.6 - Designated Statewide (e.g. major trauma centre, Liver/heart transplants)" **1.4** - Multiple campuses of health service / service a number of other hospitals outside of health service/Region **1.2** - Critical clinical service area (e.g. Emergency Department, Operating Room, Intensive Care Unit, Neonatal Intensive Care Unit)" **1.2** - Whole of site / hospital **1.0** - Single area or department

Service Level Weighting

Comments on service level weighting

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Word count:

Must be no more than 200 words.

Service level weighting needs to relate to the requested asset

14.7 Overall Proposal Risk score

Overall proposal risk score

This number/amount is calculated.

Calculated using the highest risk score multiplied by the service level weighting.

Section 15: Other attachments

Any other supporting documentation. Photos may be attached.

Attach a file:

Please label all attachments clearly with health service name, project name and description of information

Section 16: Privacy & declaration

Privacy

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. Our [privacy statement](#) is available for viewing.

Collection notice

The Department of Health and Human Services (the department) is committed to protecting your privacy. The department will collect and handle personal asset information collected via this form for the purposes of assessment of applications and monitoring of projects.

If the department does not receive all relevant information we will not be able to assess and prioritise the lodged submission(s).

For more information on privacy management, please refer to the department's privacy policy by visiting our website: www.dhhs.vic.gov.au/privacy-statement

You may access your information that you provide to the department. The department can be contacted on assetmanagement@dhhs.vic.gov.au or you may contact the department's Privacy Unit by emailing privacy@dhhs.vic.gov.au.

Chief Financial Officer

2022-2023 Engineering Infrastructure Replacement Program Round

Form Preview

Title First Name Last Name

Email

Must be an email address.

Chief Executive Officer

Title First Name Last Name

Email

Must be an email address.

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that the Chief Executive Officer has endorsed this application and the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree:

Yes

I confirm the asset for replacement (or elements of this project) has not received funding from another source or part of capital works on site.

Yes

Endorsement

Authorised Officer

Title First Name Last Name

Position

Date

Must be a date.

2022-2023 Engineering Infrastructure Replacement Program Round Form Preview

Use calendar icon to select date.

Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process?

- Very easy
- Easy
- Neutral
- Difficult
- Very difficult

Any feedback/ comments