

# 20-21 MHAODFRF Application Form

## Form Preview

### Application Form: MHAOD Facilities Renewal Fund - 2020-21

\* indicates a required field

Submissions close on Monday 19 July 2021 at 5:00 PM.

#### Health Service / Agency Details

**Applicant Organisation name \***

Select your Organisation name from the dropdown list

**Applicant Organisation ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Has your organisation been successful in obtaining a Mental Health and Alcohol & Other Drugs Facilities Renewal Fund (MHAODFRF) grant in the past two funding rounds? \***

- Yes  
 No

This question is being asked to establish the status of previous grants.

**In which year(s) did you receive this funding? (Tick all that apply) \***

- 2017-18 MHAODFRF  
 2018-19 MHAODFRF

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**For EACH prior grant, please provide (a) Project Name, (b) Year/Round, (c) funding allocation (\$), and (d) status (complete/in progress) \***

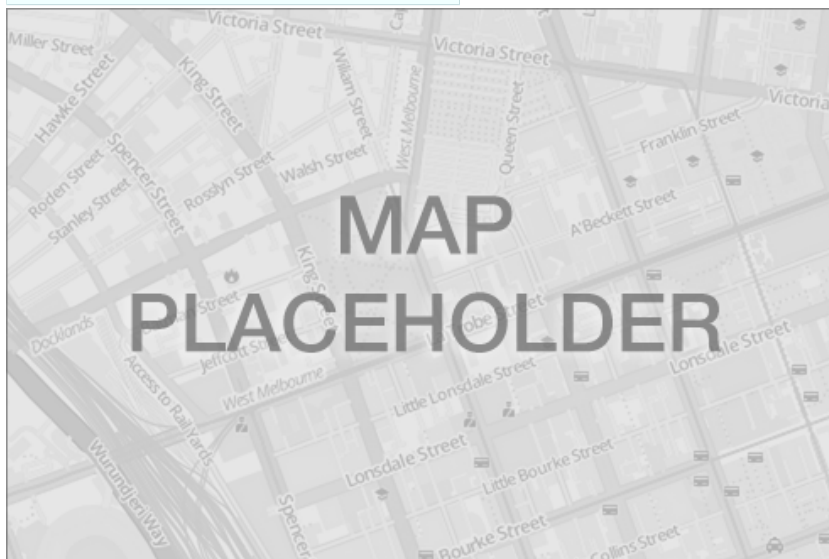
- (a)
- (b)
- (c)
- (d)


### Contact Details

\* indicates a required field

**Organisation's Primary Address (Head Office / Main Campus) \***

Address

Full Address of Head Office in organisation that operates from multiple offices

**Name of Department / Campus / Facility to which this submission relates \***

--

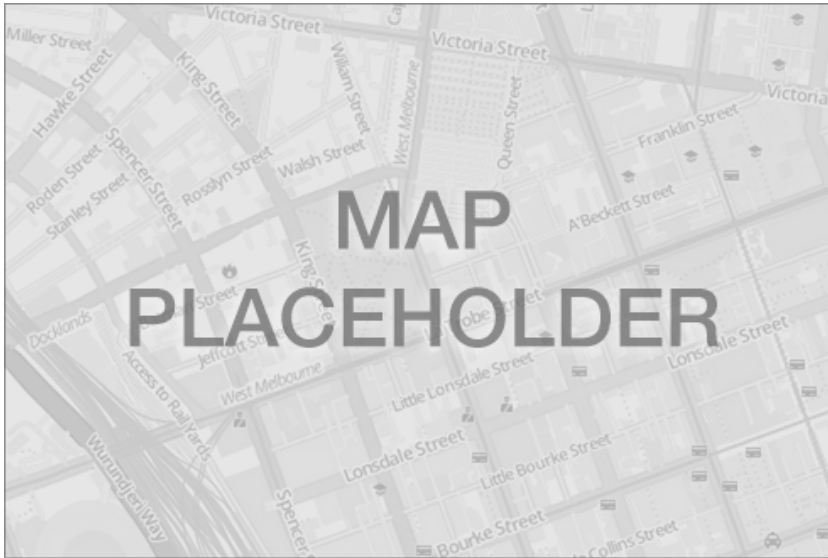
Examples: Name of mental health service; Ward 2; Building name; Campus name; Hospital name.

**Address of Department / Campus / Facility (if different to Main address above)**

Address


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### Submission / Project Contact Person \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will contact for general communications relating to this grant submission or project

### Position title \*

### Email \*

Must be an email address.

### Primary Phone Number \*

Use area code e.g. (03) 9999 6666 or +61 for mobile.

### Alternative Phone Number

Must be an Australian phone number.

### Regional Division \*

Choose a Division

### Area \*

Choose divisional area to which this submission relates

### Local Government Area (LGA) \*

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Choose the LGA to which this submission relates.

### Health Service/ Agency Type \*

- Public Mental Health Service - Metropolitan     Public Alcohol & Other Drugs Service - Metropolitan
- Public Mental Health Service - Regional         Public Alcohol & Other Drugs Service - Regional

No more than 1 choice may be selected.

### Is this property: \*

- Owner Occupied
- Leased from DHHS
- Leased from Other

### From whom is this property leased? \*

### What are the terms of your lease? \*

Remaining term, options etc

## Project Details

\* indicates a required field

### Details of submission

#### Project / Proposal Title \*

No more than 10 words. Your title should be short but descriptive. Each proposal requires separate application form.

#### Basic description of project (maximum 35 words) \*

Word count:

Must be no more than 35 words.

Succinct description that characterises the nature of the project. Examples: "Renovate reception and waiting area, and install swipe entry doors to improve safety and amenity for patients and staff."

#### Priority \*

- Priority 1
- Priority 2

No more than 1 choice may be selected.

Maximum of two applications for MHAODFRF 2020-21

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### Does this Project/Proposal require operational growth funding? \*

- Yes
- No

**Operational growth funding fails to meet the eligibility criteria.**

### Does your application address one of the below priority items?

- Consumer, carer and staff safety
- Improved amenity to enhance recovery, rehabilitation and therapeutic opportunities
- Improved treatment service equality and efficiency of outcomes
- Upgrade essential infrastructure to address at-risk asset failure

These are the priority funding areas set out in the Guidelines for Mental Health & Alcohol and Other Drugs Facility Renewal Fund <https://www.vhba.vic.gov.au/mental-health/alcohol-and-other-drugs/mental-health-and-alcohol-and-other-drugs-facilities-renewal>

### Service Stream \*

- Sub Acute - Area Mental Health Service
- Non Acute - Area Mental Health Service
- Community services - Area Mental Health Service
- Youth Residential Rehabilitation - Mental Health Community Support Service
- Residential - Alcohol and Other Drugs Service
- Non Residential - Alcohol and Other Drugs Service

In accordance with the Guidelines, Alcohol and Other Drugs submissions must be between a minimum project value of **\$10,000** and maximum of **\$500,000**.

In accordance with the Guidelines, Mental Health submissions must be between a minimum project value of **\$10,000** and maximum of **\$1,000,000**.

### Project Type \*

- |  |  |  |
|--|--|--|
| <input type="radio"/> Air conditioners               | <input type="radio"/> Equipment (Medical)                | <input type="radio"/> Other                |
| <input type="radio"/> Bedrooms                       | <input type="radio"/> Fire safety                        | <input type="radio"/> Planning             |
| <input type="radio"/> Refurbishment                  | <input type="radio"/> Gender safety                      | <input type="radio"/> Plant (eg generator) |
| <input type="radio"/> Construction                   | <input type="radio"/> General circulation / living areas | <input type="radio"/> Security             |
| <input type="radio"/> Electrical                     | <input type="radio"/> Infection Prevention and Control   | <input type="radio"/> Suicide prevention   |
| <input type="radio"/> Energy                         | <input type="radio"/> Kitchen                            | <input type="radio"/> Tracks/Hoists        |
| <input type="radio"/> Environmental / Sustainability | <input type="radio"/> Laundry                            | <input type="radio"/> Workplace safety     |

Please refer to Mental Health & Alcohol and Other Drugs Facility Renewal Fund <https://www.vhba.vic.gov.au/mental-health/alcohol-and-other-drugs/mental-health-and-alcohol-and-other-drugs-facilities-renewal>

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**If 'Other' is chosen, please provide a maximum 10 word description of project type**

Must be no more than 10 words.

**Primary Project Driver \***

- |  |  |
|--|--|
| <input type="radio"/> Amenity                                    | <input type="radio"/> Improved delivery of contemporary models of care |
| <input type="radio"/> Capacity                                   | <input type="radio"/> Improved safe working environment for staff      |
| <input type="radio"/> Consumer and healthcare worker safety      | <input type="radio"/> Regulatory compliance                            |
| <input type="radio"/> Demand pressure                            | <input type="radio"/> Service efficiency                               |
| <input type="radio"/> Economic and social benefits for the State | <input type="radio"/> Other  |
| <input type="radio"/> Environmental / Sustainability             |  |

Select one key driver that is the primary reason for undertaking the project.

**If 'Other' is chosen, please provide a maximum 10 word description of project driver**

Must be no more than 10 words.

**With which regulation/standard are you seeking to comply? \***

**Describe the current gap against the compliance with the regulation/standard \***

How long have you been non-compliant and what has the impact been? Does the project ensure you will be fully compliant, and what evidence will you provide to demonstrate compliance upon completion of this project?

## Proposal Outline

The below takes a 'What? - Why? - How?' approach to describe your proposed project.

**Please provide short summary of project / proposal \***

Word count:

Must be no more than 100 words.

Provide a short description of your project - what do you plan to do?

**Key deliverables of project \***

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Please provide a high-level description of the deliverables from the project (eg. Two new consulting rooms including fixtures and fittings). The specifics of items (models, quantities, etc) must be included in your cost plan under the 'Financial Details' section of this application form (page 4).

### Expected Benefits from Project \*

Please describe the current state and the future state that will be achieved as a result of delivering this project. Please include any evidence/metrics where available. For example, consumer and staff safety is not adequately met, and will be improved with the installation of upgraded CCTV systems and swipe-card access to provide a less restrictive environment for therapeutic benefits.

### Supporting documentation

- Please attach documentation to support your proposal. Where appropriate, include photos to assist with assessment of your submission.
- Supporting documentation may include: Feasibility Study, design development drawings, schematic designs, functional plans, etc.
- If your project is in response to recommendations from Review, Audit or Report, please provide copy of the relevant report.

### Attach Supporting Documentation \*

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable.

## Financial Details

\* indicates a required field

### Project Costs

#### Total amount of MHAODFRF funding requested (excluding GST) \*

\$

What is the total grant you are seeking in this application? Note: Mental Health stream - min. \$10k, max \$1M; Alcohol & Other Drugs stream - min. \$10k, max. \$500k.

#### Total Project Cost (excluding GST) \*

\$

What is the total budgeted cost of your project?

#### Are you receiving funding from another source for this project? \*

- Yes  
 No

#### Please identify source(s) of additional funding \*

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**Please specify amount of additional funding (excluding GST) \***

\$

**Have you received independent costings for this proposal? \***

- Yes  
 No

Please attach quotes and/or supporting documentation below

**Have you included all installation and associated infrastructure costs? \***

- Yes  
 No

Please attach quotes and/or supporting documentation below

## Cost Management

**Please advise the total contingency amount included in your total funding requested \***

\$

Please provide details relating to contingency within the next question, and attach supporting documentation below

**Description of contingency \***

Word count:

Must be no more than 100 words.

Please describe why you have included this level of contingency

## Supporting documentation

**Please attach quotes, cost plans, quantity surveyor reports, consultancy estimates, and any other documentation to support the financial information provided above. \***

Attach a file:

Refer to Guidelines section 'Submission Requirements'. Please ensure that all files are clearly named so as to be easily identifiable. Note: Where additional revenue and/or cost savings are anticipated from the solution proposed, an Asset Lifecycle Costing template must be completed. Refer to Mental Health & Alcohol and Other Drugs Facility Renewal Fund <https://www.vhba.vic.gov.au/mental-health/alcohol-and-other-drugs/mental-health-and-alcohol-and-other-drugs-facilities-renewal>

## Assessment Criteria

\* indicates a required field



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*Criteria 1-2 will not receive a numerical score, but will receive a qualitative evaluation*

### **1a: Project readiness - Project Schedule \***

Please provide a project schedule, listing indicative dates and key milestones such as procurement, contract award, practical completion. Please provide your level of confidence in meeting these milestones.

### **Anticipated completion date for Milestone 2 \***

Milestone 2: 'completion of specification of the scoped works and commenced procurement' (see Guidelines). Please base your estimate upon indicative funding announcement.

### **Anticipated completion date for Milestone 3 \***

Must be a date.

Milestone 3: 'Allocation upon executed contract / laying of purchase order (see Guidelines)

### **Anticipated completion date for Milestone 4 \***

Milestone 4: 'Notification of installation/commissioning completion' (see Guidelines).

### **1b: Project risks, mitigation and dependencies \***

Word count:

Must be no more than 500 words.

Describe key risks and mitigation activities to ensure you meet project milestones and delivery, e.g., technical difficulties, procurement, local supply issues, consultants, etc. Please describe any key dependencies that may impact upon the delivery of this project. Attach additional information as required.

### **1c: Resourcing, roles and responsibilities \***

Please include details of how you intend to resource the project - number and type of resources including the details of the Project Manager (in-house or external). If there is an in-house project manager, please provide details of experience that is relevant to the management of this submission (e.g successful management of like projects - details, dates, duration, budgets, scope, etc.)

### **2: Governance and project oversight - Please describe the governance framework that you will establish to support the delivery of the project \***

This should include details of your Executive Steering Committee, Project Control Group, Working team, etc. to oversee proposed project development, implementation, monitoring and reporting.

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Criteria 3 - 5 will have equal weighting - 30%.

Criteria 6 will be weighted at 10%

### **3: Strategic alignment \***

Word count:

Must be no more than 150 words.

Does the proposal reference and reflect current policy framework? Provide a short description of how this proposal strategically aligns with government policy and your agency's current Statement of Priorities.

### **4: Service efficiency / demand pressure management \***

Word count:

Must be no more than 150 words.

This relates to efficiency provided by new infrastructure, equipment or technology. Provide a short description of how this proposal will deliver increased efficiency to your health care service.

### **5: Healthcare quality and safety improvement \***

Word count:

Must be no more than 150 words.

This relates to safety, quality, regulatory or standards compliance. Provide a short description of how this proposal will deliver health care improvement to your health service.

### **6. Environmental sustainability \***

Word count:

Must be no more than 150 words.

This relates to how well aligned your project is to environmental sustainability initiatives. Further information is available in the guidelines.

## Supporting documentation

### **Attach supporting documents for selection criteria 1 to 5 \***

Attach a file:

Refer to Guidelines section 'Submission Requirements'. Please ensure that all files are clearly named so as to be easily identifiable. Note: The Environmental Sustainability requirements and checklist template must be completed. Refer to Mental Health Alcohol and Other Drugs Facilities Renewal Fund

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### Approval Certification

\* indicates a required field

#### Applicant Checklist

**Please check that all relevant items below have been completed**

- Photos attached (if relevant) (Page 3)
- Independent quotes and cost plans attached (Page 4)
- For projects with anticipated additional revenue and/or cost savings, Asset Lifecycle Costing template attached (Page 4)
- Documents supporting the evaluation criteria attached (Page 5)
- Independent reports highlighting risk and / or compliance issues including recommendations and proposed solutions (Page 5)
- Environmental Sustainability Requirements and Checklist attached (Page 5)

#### Certification

##### **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.

##### **Certification**

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 (or equivalent) 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
- No

**Name of person authorised to submit application \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position title \***

**Email \***

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### Primary Phone Number \*

We may contact you to verify that this application is authorised by the applicant organisation. Use area code e.g. (03) 9999 6666 or +61 for mobile.

Please provide details for Chief Executive Officer or Head of Organisation

### CEO / Head of Organisation \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Position title \*

### Email \*

### Phone Number \*

Must be an Australian phone number.

Use area code e.g. (03) 9999 6666 or +61 for mobile.

## Applicant Feedback

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

### Approximately how many minutes in total did it take to complete this application?

Estimate in minutes

### Do you have any suggestions for improvements and/or additions to the application process/form that you think we should consider?