

2024-2025 Mental Health Capital Renewal Fund Application Form

Form Preview

Application Form: 2024-2025 Mental Health Capital Renewal Fund

* indicates a required field

Submissions close on 28 February 2025 at 5pm

Health Service / Agency Details

Applicant Organisation name *

Select your Organisation name from the dropdown list. NOTE: each health service is eligible to submit one application.

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Has this project site/facility been successful in obtaining grant funding in any of the following? *

- ☐ 2023-24 Community Mental Health Expansion Program
- ☐ 2023-24 Mental Health Capital Renewal Fund
- ☐ 2022-23 Mental Health Alcohol and Other Drugs Facilities Renewal Fund
- ☐ 2020-21 Mental Health Alcohol and Other Drugs Facilities Renewal Fund
- ☐ 2022-23 Project Intensive Care Area
- ☐ None of the above

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

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2023-24 Community Mental Health Expansion Program - Please advise the current status of the project *

2023-24 Mental Health Capital Renewal Fund - Please advise the current status of the project

2022-23 Mental Health Alcohol and Other Drugs Facilities Renewal Fund - Please advise the current status of the project

2020-21 Mental Health Alcohol and Other Drugs Facilities Renewal Fund - Please advise the current status of the project

2022-23 Project Intensive Care Area - Please advise the current status of the project

Does this project have interdependencies with other current or planned projects

- ☐ Yes
☐ No

Please detail the nature of the dependency including any decanting of services required. *

Word count:

Must be no more than 100 words.

Provide project title and deliverables

Contact Details

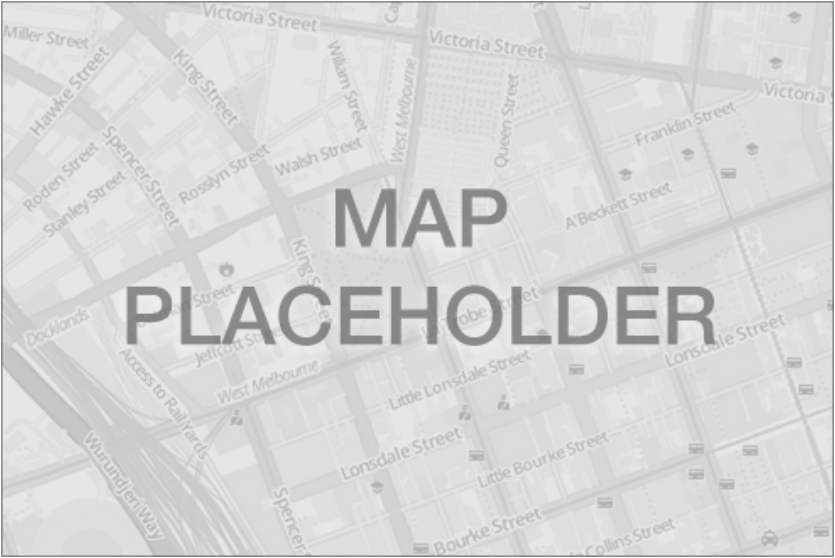
* indicates a required field

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

Address

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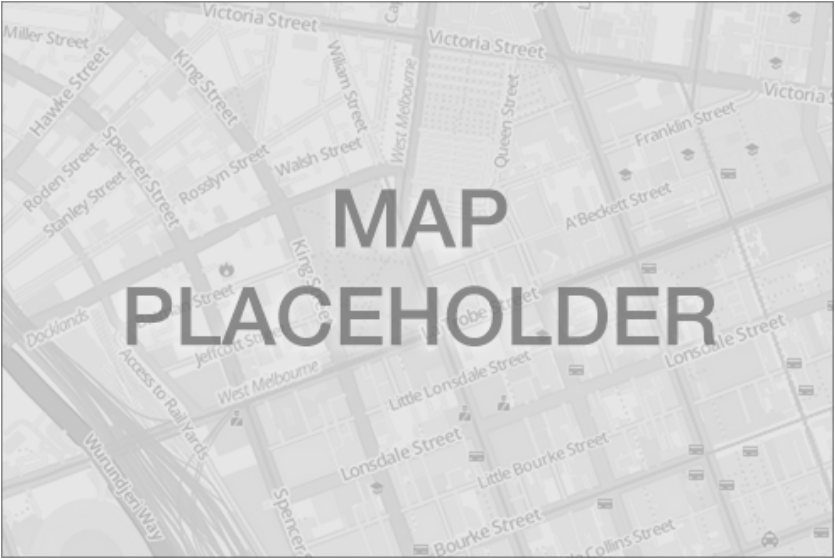


Full Address of Head Office in organisation that operates from multiple offices

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



Submission / Project Contact Person *

Title	First Name	Last Name
<div></div>	<div></div>	<div></div>

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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) *

Choose the LGA to which this submission relates.

Health Service/ Agency Type *

- | | |
|---|---|
| <input type="radio"/> Aboriginal Community Controlled Health Organisation | <input type="radio"/> Small Rural Health Service |
| <input type="radio"/> Ambulance Victoria | <input type="radio"/> Sub-acute Service |
| <input type="radio"/> Local Health Service | <input type="radio"/> Women's Health Service |
| <input type="radio"/> Mental Health and Alcohol & Other Drugs | <input type="radio"/> Public Mental Health Service - Metropolitan |
| <input type="radio"/> Metropolitan Hospital | <input type="radio"/> Public Mental Health Service - Regional |
| <input type="radio"/> Multipurpose Services | <input type="radio"/> Public Alcohol & Other Drugs Service - Metropolitan |
| <input type="radio"/> Publicly Funded Community Specialist Palliative Care Services | <input type="radio"/> Public Alcohol & Other Drugs Service - Regional |
| <input type="radio"/> Regional Hospital | <input type="radio"/> Other: |
| | <input type="text"/> |
| <input type="radio"/> Registered Community Health Service | |
- No more than 1 choice may be selected.

Is this property: *

- ☐ Owner Occupied
- ☐ Leased from DH/DFFH

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☐ Leased from Other

From whom is this property leased? *

What are the terms of your lease? *

Remaining term, options etc

Does this submission relate to *

☐ Mental Health

☐ Alcohol and Other Drugs

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

Project Details

*** indicates a required field**

Details of submission

Project / Proposal Title *

Word count:

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.

Please list the key stakeholders who have been consulted in preparation of this submission (i.e. clinical, operational and infrastructure teams)

Provide the title only ie Safer Care Victoria

Does your application address any of the below priority items?

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- ☐ Increase and/or improve access to safe bed-based care
- ☐ Increase and/or improve access to mental health and AOD services
- ☐ Improve consumer, carer, and staff safety through capital investments that provide safe, therapeutic and least restrictive environment into existing facilities, including addressing known WorkSafe notifications
- ☐ Improve amenities to enhance recovery, rehabilitation, and therapeutic opportunities
- ☐ Minimise the use of restrictive practices or clinically inappropriate environments and improve treatment service equality and efficiency of outcomes
- ☐ Upgrade essential infrastructure such as plant equipment and address at-risk asset failure

These are the priority funding areas set out in the Guidelines for this program funding round.

Service Stream *

Project Type *

Primary Project Driver *

- | | |
|--|---|
| <input type="radio"/> Amenity | <input type="radio"/> Improved facility function/efficiency |
| <input type="radio"/> Capability | <input type="radio"/> Improved marketability |
| <input type="radio"/> Capacity | <input type="radio"/> Improved privacy |
| <input type="radio"/> Consumer and healthcare worker safety | <input type="radio"/> Improved resident amenity |
| <input type="radio"/> Demand pressure | <input type="radio"/> Improved safe working environment for staff |
| <input type="radio"/> Dementia-friendly | <input type="radio"/> Minor Capital Works |
| <input type="radio"/> Economic and social benefits for the State | <input type="radio"/> Quality |
| <input type="radio"/> Effectiveness | <input type="radio"/> Regulatory compliance |
| <input type="radio"/> Effectiveness and efficiency | <input type="radio"/> Regulatory Requirement |
| <input type="radio"/> Efficiency | <input type="radio"/> Royal Commission Recommendations |
| <input type="radio"/> Environmental / Sustainability | <input type="radio"/> Service efficiency |
| <input type="radio"/> Financial viability | <input type="radio"/> Viability |
| <input type="radio"/> Increased accommodation revenue | <input type="radio"/> Other |
| <input type="radio"/> Improved delivery of contemporary models of care | <input type="radio"/> Quality and Safety |

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.

Proposal Outline

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

Please provide short summary of project / proposal *

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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 *

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.

Risk evidence *

Attach a file:

Please provide evidence that demonstrates the nature, urgency and likelihood of the risk, e.g. existing worksafe notices, near miss reports, evidence of failures, IPC findings and/or reports.

What is the risk and impact to the health service if funding is not provided? If applicable, please confirm that this asset is included in the asset management plan or asset management accountability framework attestation. *

i.e. risk to or impact on clients, delivery of health services, delivery of quality care, accreditation, health and safety, staff wellbeing and/or productivity

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:

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

Assessment Criteria

* indicates a required field

Project Readiness

Current Project Stage

- ☐ Preliminary / Sketch Design / Cost Plan not complete
- ☐ Schematic Design Documentation and Cost Plan
- ☐ Detailed Design / Cost Plan Complete
- ☐ Ready for Tender
- ☐ Detailed Design Documentation and Cost Plan
- ☐ Contract Documentation / Tender Ready

If selecting Other, please specify the stage this project is at.

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

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 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.

Transition planning identified

- ☐ Yes
- ☐ No

Anticipated length of project

Estimated number of months from funding to project completion, including an expected completion date.

Confirm whether the following approvals are required *

- ☐ Planning Permit
- ☐ Building Permit

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☐ Not Applicable

Key project delivery risks *

Governance - Please describe the governance structures and processes in place to oversee the proposed project's development, implementation, monitoring, and reporting. Specifically, address how the governance framework ensures transparency, probity, and accountability throughout the delivery of this proposal. *

Word count:

Must be no more than 400 words.

Strategic Alignment (20%) - Please explain how this project aligns with government commitments and policies, including the Interim and Final Reports of the Royal Commission into Victoria's Mental Health System. Additionally, outline how the project aligns with your organisation's • strategic plan • statement of priorities • service plan and master plan (if applicable). For AOD alignment, please detail how the project • aligns with the provider's service agreement and • the AOD program guidelines. *

Healthcare quality and safety improvement (60%) - Please explain how this project addresses one or more of the following: • regulatory compliance • standards compliance • patient and staff amenity • safety, quality • risk. *

Service capacity efficiency and demand pressure (20%) - Please explain how this project addresses one or more of the following: • service access and capacity (for example, bed access, improved service options, reduced service fragmentation) • demand pressure • models of care (for example, contemporary models of care/ improved services closer to home) • service efficiency of targeted services • efficiency (for example, new infrastructure, equipment and technology) • health care improvement to your health service. *

Attach supporting documents for all the above selection criterias

Attach a file:

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Refer to Guidelines section 'Submission Requirements'. Please ensure that all files are clearly named so as to be easily identifiable. Refer to <https://www.vhba.vic.gov.au/mental-health/mental-health-capital-renewal-fund>

Preliminary Stage

Have you engaged Architect, Services, Building Surveyor, Town Planner and Quantity Surveyor?

- ☐ YES
- ☐ NO
- ☐ Not Required

Alignment and supporting of government legislation, commitments, policies and recommendations and findings

How does your application align with and support government legislation, commitments, policies, recommendations and findings including (but not limited to):

- Interim and Final Reports of the Royal Commission into Victoria's Mental Health System.
- Mental Health and Wellbeing Act 2022 (Vic)
- The Framework for Recovery-oriented Practice
- Promoting Sexual Safety, Responding to Sexual Activity, and Managing Allegations of Sexual Assault in Adult Acute Inpatient Units
- Victoria's Ice Action Plan
- The National Drug Strategy
- Victorian Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Community Visitors Annual Reports
- Health 2040. A discussion paper on the future of healthcare in Victoria.
- Victorian Suicide Prevention Framework 2016-25
- Analysis and evidence for the request e.g. building reports, incident data trends, master and service plans supporting the issue.

Please explain the alignment *

How does your project address one or more of the following:

- **Service access and capacity (for example, opening of beds, improved service options, reduced service fragmentation)**
- **Demand pressure**
- **Models of care (for example, contemporary models of care/improved services closer to home)**
- **Service efficiency of targeted services**
- **Efficiency (i.e. new infrastructure, equipment and technology)**
- **Health care improvement to your health service**

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Describe how the proposed changes will improve the asset's environmental sustainability and indoor environmental quality, including completion of the checklist in Environmental sustainability requirements and checklist. Describe the benefits your project is expected to achieve supported by metrics/data to measure current performance and targeted outcomes, with timelines based on the successful delivery of the project.

You can download a copy of the environmental checklist from the Mental Health Capital Renewal Fund website <https://www.vhba.vic.gov.au/mental-health/mental-health-capital-renewal-fund>

Is any new gas infrastructure proposed for the project?

- ☐ Yes
☐ No

If yes, please provide reasoning

Are there any appliances specified that are electric?

- ☐ Yes
☐ No

Provide reasoning for any sustainability checklist items that are applicable but not included

Financial Details

* indicates a required field

Project Costs

Total amount of MHCRF funding requested (excluding GST) *

\$

Must be a whole dollar amount (no cents).

What is the total grant you are seeking in this application? Note: min. \$10k, max \$1M;

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Total project cost (excluding GST) *

\$

What is the total budgeted cost (dollars) of your project?

Other source of funding (excluding GST)

\$

Must be a dollar amount.

(GST exclusive). Specify amount of funding received from other source(s)

Specify items and comment

Word count:

Must be no more than 100 words.

Identify source(s) of additional funding

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

\$

Please provide the amount of contingency allowance, 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. Appropriate contingency must be aligned to current stage of project development.

Does your cost estimate include allowances for any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Preliminaries Site Amenities | <input type="checkbox"/> Provisional Sums (i.e equipment quotations) |
| <input type="checkbox"/> Builders Margin | <input type="checkbox"/> Signage (i.e. emergency, wayfinding) |
| <input type="checkbox"/> Staff Training (i.e. related to new equipment) | <input type="checkbox"/> Access (Scaffolding, crange, etc) |
| <input type="checkbox"/> Demolition / Removal of existing services or equipment | <input type="checkbox"/> Out of hours works |
| <input type="checkbox"/> Landscaping Fencing | <input type="checkbox"/> Staging Temporary Works |
| <input type="checkbox"/> Electrical Capacity Upgrades (i.e switchboards) | <input type="checkbox"/> Decanting Relocation (i.e. patients, staff, related equipment and services) |
| <input type="checkbox"/> Mechanical Capacity Upgrades (i.e.switchboard, chiller) | <input type="checkbox"/> Make good allowance (i.e. patching painting) |
| <input type="checkbox"/> Mechanical - New Plant Room | <input type="checkbox"/> Hazardous materials |
| <input type="checkbox"/> Mechanical re-configuration / re-balancing | <input type="checkbox"/> Asbestos removal |
| <input type="checkbox"/> Software upgrades licences | <input type="checkbox"/> Latent Conditions |
| <input type="checkbox"/> FFE | <input type="checkbox"/> Installation and associated infrastructure costs |

Detailed Cost Analysis

Provide a detailed cost analysis for your project *

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Attach a file:

Have you received independent costings for this proposal? *

- ☐ Yes
☐ No

Please attach quotes and/or supporting documentation below

Supporting documentation

Please attach data contractor/supplier quotes (no older than 3 months), independent cost estimates, contingency profile, 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. Appropriate Contingency Profile must be applied within your submission. 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 <https://www.vhba.vic.gov.au/mental-health/mental-health-capital-renewal-fund>

Approval Certification

*** indicates a required field**

Applicant Checklist

Please check that all relevant items below have been completed *

- ☐ Photos attached (if relevant)
- ☐ Independent quotes and cost plans attached
- ☐ Documents supporting the evaluation criteria attached
- ☐ Independent reports highlighting risk and / or compliance issues including recommendations and proposed solutions
- ☐ Environmental Sustainability Requirements and Checklist attached

Please acknowledge that you will provide monthly reports on project progress and participate in monthly meetings with VHBA *

☐

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

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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 *

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"/>

Position title *

Email *

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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?