

# 2020-21 MHIF Application Form

## Form Preview

### Application Form: Metropolitan Health Infrastructure Fund 2020-21

Submissions close on 31 March 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.

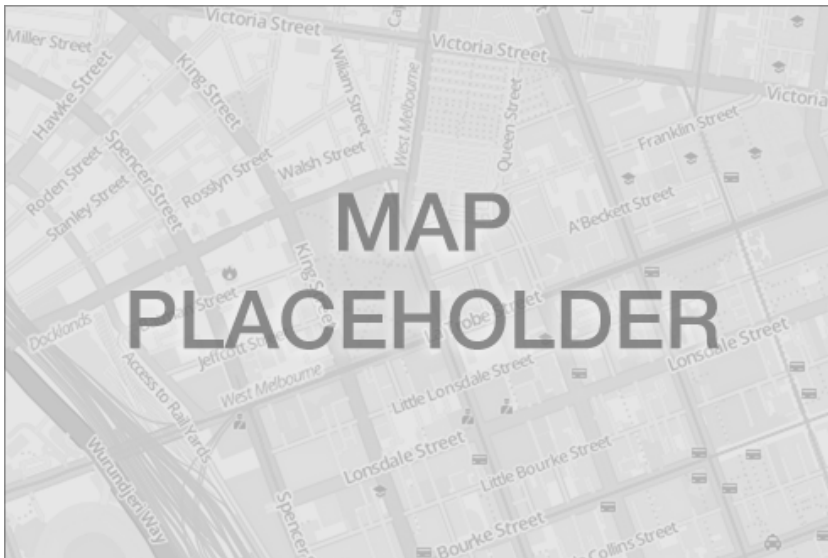
#### Contact Details

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

Address

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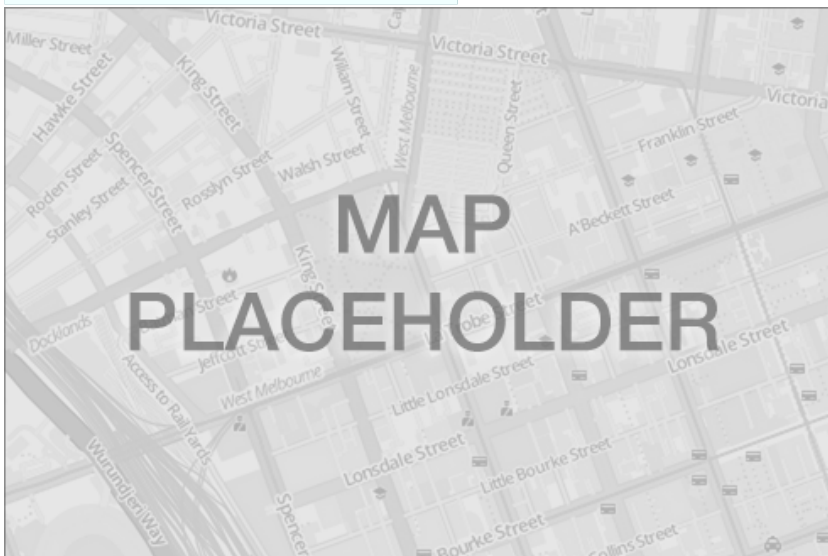
Address Line 1, Suburb/Town, State/Province, and Postcode are required.  
Full Address of Head Office in organisation that operates from multiple offices (Country must be Australia)

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

Examples: Emergency Department; Ward 2; Building name; Campus name; Name of Residential Aged Care facility; Hospital name.

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

Address

### **Submission / Project Contact Person**

Title      First Name      Last Name

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This is the person we will contact with general communication relating to this grant submission or project

### Position title

### Email

### Primary Contact Phone Number

Must be an Australian phone number.  
Use area code e.g. (03) 9999 6666 or +61 for mobile.

### Alternative Phone Number

Must be an Australian phone number.

### Area

Choose divisional area to which this submission or project relates.

### Local Government Area (LGA)

LGA to which this submission or project relates.

### Health Service / Agency Type

- Aboriginal Community Controlled Health Organisation     Mental Health Service  
 Alcohol and Other Drugs Service     Metropolitan Health Service  
 Incorporated Public Residential Aged Care Service     Registered Community Health Service

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?

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Remaining term, options etc

### Project Details

#### 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:

Succinct description that characterises the nature of the project. Examples: "Replace CT scanner to reduce waitlist times and enhance service delivery" // "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 Metropolitan Health Infrastructure Fund

##### 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?

- Aboriginal Community Controlled Health Organisations
- Healthcare worker safety

- Community Health Services

- Infection prevention and control

- Construction works

- Minor medical equipment

- Fire safety

- None of the above

These are the priority funding areas set out in the Guidelines for this program funding round. Refer to Metropolitan Health Infrastructure Fund <https://www.vhhsba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>

##### Service Stream

- Acute
- Aged Care
- Coronary Care
- Critical Care
- Emergency / Urgent Care
- High Dependency Unit
- Intensive Care Unit
- Maternity
- Neonatal Health
- Operating Theatre
- Paediatric
- Sub-acute

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- Dental  Mental Health

**Please consider the suitability of this application for the 2020-21 Mental Health and Alcohol & Other Drugs Facilities Renewal Fund (MHAODFRF)**

The MHAODFRF round is open for submissions simultaneously with this round. The MHAODFRF application form can be accessed via

[Mental Health & Alcohol and Other Drugs Facility Renewal Fund](https://www.vhhsba.vic.gov.au/mental-health/alcohol-and-other-drugs/mental-health-and-alcohol-and-other-drugs-facilities-renewal) <<https://www.vhhsba.vic.gov.au/mental-health/alcohol-and-other-drugs/mental-health-and-alcohol-and-other-drugs-facilities-renewal>>

### Project Type

- |  |  |  |
|--|--|--|
| <input type="radio"/> Air conditioners               | <input type="radio"/> Equipment                        | <input type="radio"/> Other                |
| <input type="radio"/> Construction                   | <input type="radio"/> Equipment (Medical)              | <input type="radio"/> Planning             |
| <input type="radio"/> Electrical                     | <input type="radio"/> Fire safety                      | <input type="radio"/> Plant (eg generator) |
| <input type="radio"/> Energy                         | <input type="radio"/> Infection Prevention and Control | <input type="radio"/> Security             |
| <input type="radio"/> Ensuite/Bathroom               | <input type="radio"/> Kitchen                          | <input type="radio"/> Tracks/Hoists        |
| <input type="radio"/> Environmental / Sustainability | <input type="radio"/> Laundry                          |  |

Please refer to Metropolitan Health Infrastructure Fund <https://www.vhhsba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>

**If 'Other' is chosen, please provide maximum 3 word description of project type**

Must be no more than 3 words.

### Primary Project Driver

- |                                  |  |
|----------------------------------|--|
| <input type="radio"/> Amenity    | <input type="radio"/> Environmental / Sustainability |
| <input type="radio"/> Capability | <input type="radio"/> Regulatory compliance          |
| <input type="radio"/> Capacity   | <input type="radio"/> Other                          |
| <input type="radio"/> Efficiency |  |

**With which regulation 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 Description

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

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### 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

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). Generic terms for equipment to be utilised, not brand names.

### 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, currently non-compliant with AS4187, this project will ensure compliance by 31 December 2021.

## 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

### Project Costs

#### Total amount of MHIF funding requested (excluding GST)

What is the total grant you are seeking in this application?

#### Total Project Cost

What is the total budgeted cost of your project?

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

- Yes  
 No

### External Funding

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

**Please specify amount of additional funding**

\$

**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 and provide supporting documentation below.

### Supporting documentation

- Please attach independent quotes and/or Cost Plan, quantity surveyor reports, consultancy estimates, and any other documentation to support the financial information provided above.

**Please attach evidence, quotes and any supporting documentation**

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. Note: Where additional revenue and/or cost savings are anticipated from the solution proposed, an Asset Lifecycle Costing template must be completed - refer to Metropolitan Health Infrastructure Fund <https://www.vhhsba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>

## Assessment Criteria

*Criteria 1-3 will each be scored with equal weighting (33%)*

### 1: 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.

### 2: 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.

### 3: 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.

*Criteria 4-5 will not receive a numerical score, but will receive a qualitative evaluation.*

### 4a: Project readiness - Project Schedule

**Word count:**

Must be no more than 150 words.

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



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### 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 of 1 June 2021.

### Anticipated completion date for Milestone 4

Milestone 4: 'Notification of installation/commissioning completion' (see Guidelines). Must be after the date provided above.

### Anticipated completion date for Milestone 2

Milestone 2: 'Agreed Project Plan' (see Guidelines). Please base your estimate upon indicative funding announcement of 1 June 2021.

### Anticipated completion date for Milestone 6

Milestone 6: 'Construction completed' (see Guidelines).

### 4b: 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 documentation as required.

### 4c: 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.)

### 5: 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.

### Supporting documentation

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- Please attach Project Management Plan
- Supporting documents for assessment criteria 1-5

### **Attach supporting documents**

Attach a file:

File names should clearly indicate criterion number and document title. Note: As set out in the Guidelines, a Project Management Plan is a mandatory requirement for submissions greater than \$2 million.

## Approval Certification

### Applicant Checklist

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

- Project Management Plan attached (Page 3)
- Applications less than \$5 million should include information on scope, governance structure, timelines, deliverables, benefits including lifecycle costings and payback periods (if applicable - where additional revenue and / or cost savings are anticipated from the solution proposed (Page 3).
- Applications greater than \$5 million should, where appropriate, include attachments to Master Planning, Feasibility Plans, Schematic Design, Cost Plans including full lifecycle costings governance structure, timelines, deliverables, benefits and risk assessments (Page 3).
- Photos attached (if relevant) (Page 3)
- Independent quotes and cost plans attached (Page 4)
- Metropolitan Lifecycle costing spreadsheet only for applications where additional revenue and /or cost savings are anticipated from the solution proposed. Cost savings or additional revenue generated will be considered favourably. (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)
- 

### 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**

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**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**

**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**

**Phone Number**

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

## Applicant Feedback

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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?**