

# Regional Health Infrastructure Fund 2022-23 Application Form

## Form Preview

### Application Form: Regional Health Infrastructure Fund 2022-23

\* indicates a required field

Submissions close on 22 July 2022 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

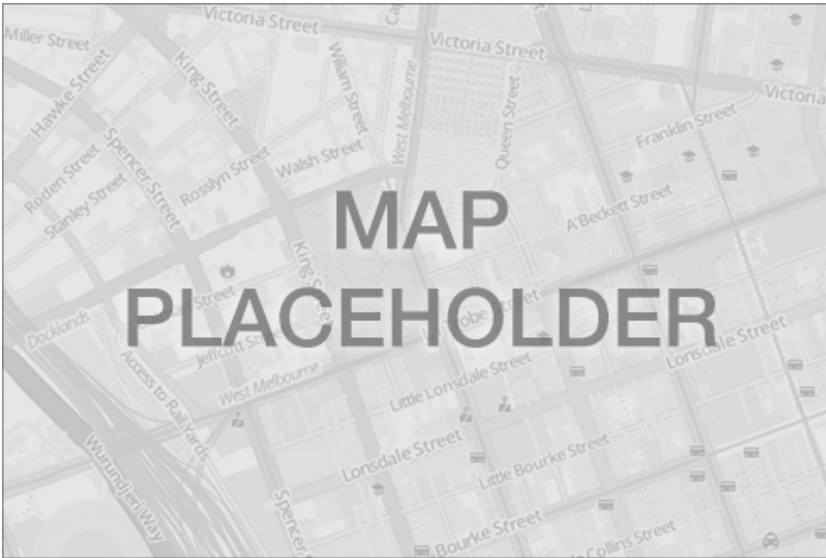
\* indicates a required field

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

Address

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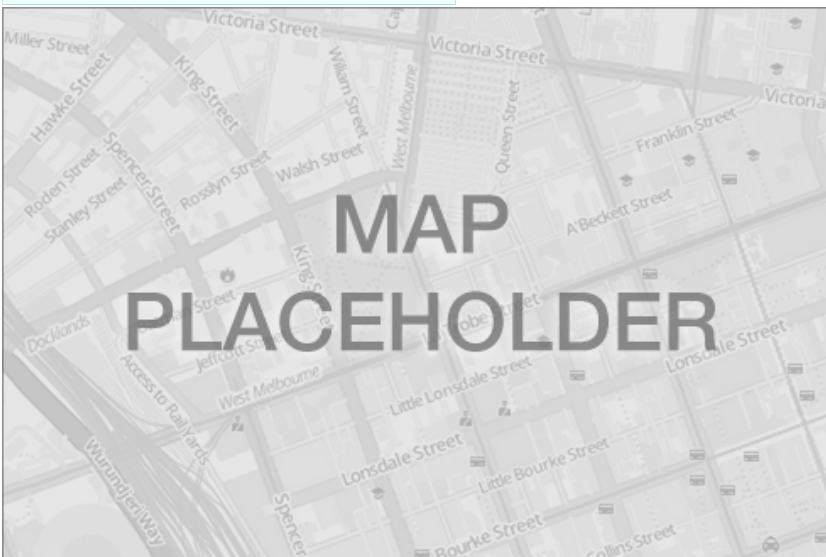
Full Address of Head Office in organisation that operates from multiple offices

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

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

### **Address of Department / Campus / Facility to which the submission relates \***

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### **Applicant \***

Organisation Name

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Please provide the Applicant Organisation Name exactly as it appears on Page 1

### 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 \*

### Primary Phone Number \*

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

### Alternate Phone Number

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

### Email Address \*

Must be an email address.

### Regional Division \*

Choose a Division

### Area \*

Choose divisional area

### Local Government Area (LGA) \*

### Health Service / Agency Type \*

- |   |   |
|---|---|
| <input type="radio"/> Aboriginal Community Controlled Health Organisation | <input type="radio"/> Publicly Funded Community Specialist Palliative Care Services |
| <input type="radio"/> Bush Nursing Centre                                 | <input type="radio"/> Regional Hospital   |
| <input type="radio"/> Bush Nursing Hospital                               | <input type="radio"/> Registered Community Health Service                           |
| <input type="radio"/> Incorporated Public Residential Aged Care Service   | <input type="radio"/> Small Rural Health Service                                    |
| <input type="radio"/> Local Health Service                                | <input type="radio"/> Sub-regional Hospital   |
| <input type="radio"/> Mental Health and Alcohol & Other Drugs             | <input type="radio"/> Other:  |

Multipurpose Services

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**Is this property: \***

- Owner Occupied
- Leased from Department of Health
- Leased from Other

**Has your organisation been successful in obtaining a Regional Health Infrastructure Fund (RHIF) grant in the past? \***

- Yes
- No

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

- |   |  |
|---|--|
| <input type="checkbox"/> 2016-17 RHIF Round 1 | <input type="checkbox"/> 2019-20 RHIF Round 4        |
| <input type="checkbox"/> 2017-18 RHIF Round 2 | <input type="checkbox"/> 2020-21 RHIF Round 5        |
| <input type="checkbox"/> 2018-19 RHIF Round 3 | <input type="checkbox"/> Other: <input type="text"/> |

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

## Project Details

\* indicates a required field

### Details of submission

**Project / Proposal Title \***

Must be no more than 10 words.

Your title should be short but descriptive. Each proposal requires separate application form.

**Basic description of project (maximum 50 words) \***

Word count:

Must be no more than 50 words.

Succinct description to characterise the nature of the project. Examples: Replace CT scanner to reduce waitlist times and enhance service delivery // Construct a new Community Health Centre to deliver primary care services, including GP, dental, physio, OT, and other Allied Health and Clinical services // Renovate reception and waiting area, and install swipe entry doors to improve safety and amenity for patients and staff // Upgrade of essential facilities and equipment including nurse call system, fire detection system, ICT server, floor coverings, patient beds, theatre suction system, and washer disinfectant.

**Application Priority \***

- Priority 1

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Priority 2

Maximum of two applications per Health Service for RHIF 2022-23. Where Health Services have been amalgamated, the amalgamated Health Service may seek VHBA approval to submit more applications (in such case, the application priority should be included in the answer to the Expected Benefits question).

**Has this proposal been submitted in previous grant rounds or other grant programs? \***

- Yes  
 No

**Please identify which funding round and year and whether successful \***

**Does this proposal have interdependencies with other current or planned projects? \***

- Yes  
 No

For instance, if this project causes other parts of the facility to close or medical procedures to be conducted elsewhere, requires other stages or infrastructure connections before this project can commence etc.

**Please detail the nature of the dependency \***

Word count:

Must be no more than 100 words.

**Key deliverables of project \***

Word count:

Must be no more than 250 words.

Please provide a simple, bullet point-style description of the deliverables from the project (eg. Two new consulting rooms including fixtures and fittings). Scoping statements must be supplied. For construction projects, this must include floor areas, greenfield / refurbishment, number of storeys, services requirements, standard of fitout, finishes, FFE etc. For purchases and specialist procurement, equipment types, models, quantities, etc are to be included. These must match the cost plan under the Financial Details section of this application form.

**Expected Benefits from Project \***

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### Word count:

Must be no more than 250 words.

Please describe the current state and the future state that will be achieved as a result of delivering this project (against business case benefits):-  Improved patient experience quality of care (eg. Improved access to care, Reduced incidence of patient harm, Increased patient satisfaction)  Increased system efficiency (eg. Increased system throughput, Reduction in reactive maintenance expenditure)  Improved workforce experience and safety (eg. Increased workforce satisfaction, Reduction in health sector job vacancies)  Stronger regional communities and economies (eg. Decreased distance to treatment, Increased employment in health sector)

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

- Yes  
 No

### Has all operational funding been secured? Provide detail \*

### Service Type \*

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Acute                            | <input type="radio"/> Emergency / Urgent Care | <input type="radio"/> Paediatric      |
| <input type="radio"/> Aged Care                        | <input type="radio"/> Maternity               | <input type="radio"/> Palliative Care |
| <input type="radio"/> Bush Nursing - Hospital / Centre | <input type="radio"/> Mental Health           | <input type="radio"/> Sub-acute       |
| <input type="radio"/> Critical Care                    | <input type="radio"/> Operating Theatre       | <input type="radio"/> Other:          |
- 
- Dental

### Project Category

RHIF 2022-23 applications will be categorised into one of the following:

1. **Regulatory and compliance**
2. **Quality and Safety**
3. **Respond to Growing Demand / Capability**

Below are a few examples of projects that fall under these categories:

#### Regulatory and compliance

- Asbestos
- AS4187
- Building Fabric refurbishment (e.g.: bathrooms, client meal preparation)
- Fire detection and suppression

#### Quality and Safety

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- Non-medical items
- Medical Items not covered by MERP/EIRP
- Breast screening equipment
- Operating theatre lights and equipment
- Radiotherapy equipment
- Security and duress systems, nurse call
- COVID19 Infection prevention and Control

### Respond to Growing Demand / Capability

- Building upgrades, redevelopment and expansions works such as new treatment rooms, consulting rooms, wards etc
- Construction, reconfigurations and refurbishments.
- Civil and infrastructure works (incl gas, water, sewer, Communications)
- Ceiling tracking and hoists
- Handsets for telephony systems
- Electrical distribution boards
- ICT hardware and management systems

### Which priority category does this application relate to? \*

- Regulatory and Compliance
- Quality and Safety
- Respond to Growing Demand / Capability

### Project Type \*

- |  |  |
|--|--|
| <input type="radio"/> New Construction   | <input type="radio"/> Fire safety                      |
| <input type="radio"/> Refurbishment  | <input type="radio"/> Healthcare Worker Safety         |
| <input type="radio"/> Client Meal Preparation  | <input type="radio"/> Infection Prevention and Control |
| <input type="radio"/> DDA & Universal Access Works   | <input type="radio"/> Motor vehicle                    |
| <input type="radio"/> Design Development   | <input type="radio"/> Planning                         |
| <input type="radio"/> Engineering Infrastructure Works (eg engineering plant & equipment, electrical work, generators, Heating Ventilation and Air Conditioning) | <input type="radio"/> Security                         |
| <input type="radio"/> Equipment (Medical)  | <input type="radio"/> Other:                           |

Please refer to Regional Health Infrastructure Fund page <https://www.vhba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund>

*The 'Motor vehicles' project type is only applicable for **Bush Nursing Centres**. Other services are ineligible to request funding for motor vehicles.*

### What does this Information Communication Technology project relate to?

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Nurse Call    | <input type="checkbox"/> Security     | <input type="checkbox"/> Software / Hardware         |
| <input type="checkbox"/> Duress Alarms | <input type="checkbox"/> WiFi Upgrade | <input type="checkbox"/> Other: <input type="text"/> |

### Minimum sustainability requirements

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Click [here](#) to view the Sustainability Checklist on your browser or click [here](#) to download the checklist from Regional Health Infrastructure Fund page (under the downloads section).

### **Please complete and upload the Sustainability Checklist for Grants. \***

Attach a file:

### **Enhanced sustainability initiatives**

For construction and refurbishment projects over \$5m, it is mandatory to include 2.5% budget of the total construction cost for enhanced sustainability initiatives.

For construction and refurbishment projects under \$5m, a budget allocation of up to 2.5% of the total construction cost will be considered to support enhanced sustainability initiatives where the application demonstrates the benefit of the additional investment.

For examples of enhanced sustainability initiatives, please refer to the RHIF Guidelines and FAQs [here](#).

### **Outline any enhanced sustainability features that the project is including. \***

- |  |   |
|--|---|
| <input type="checkbox"/> Climate adaptation and resilience | <input type="checkbox"/> Water management   |
| <input type="checkbox"/> Energy                            | <input type="checkbox"/> No enhanced sustainability initiatives included in this project. |
| <input type="checkbox"/> Indoor environment quality        | <input type="checkbox"/> Other: <input type="text"/>                                      |
| <input type="checkbox"/> Transport                         |   |

### **Provide further detail on the enhanced sustainability initiatives that go beyond the minimum requirements \***

Word count:

Must be no more than 250 words.

### **Provide level of additional investment sought for enhanced sustainability initiatives as outlined above. \***

\$

Must be a dollar amount.

### **Primary Project Driver \***

- |                                  |  |
|----------------------------------|--|
| <input type="radio"/> Amenity    | <input type="radio"/> Regulatory compliance            |
| <input type="radio"/> Capability | <input type="radio"/> Royal Commission Recommendations |
| <input type="radio"/> Capacity   | <input type="radio"/> Other: <input type="text"/>      |
| <input type="radio"/> Efficiency |  |

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

### **With which Regulation / Standard / Guideline / Royal Commission Recommendation are you seeking to comply? \***



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**Describe the current gap against the compliance with the Regulation / Standard / Guideline / Royal Commission Recommendation \***

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?

### Project Readiness

VHBA is prepared to consider funding for Ready for Implementation projects (Stream 1) as well as funding for projects still in Planning or Design Development (Stream 2).

**Have you received Regional Division Support for this Project? \***

- Yes
- No

Please attach email in the Supporting Documentation section below.

**Provide the contact details of relevant Regional Representative.**

**Stream 1** - Ready for Implementation - projects ready to be considered for full funding

- - All designs and specifications complete and approved, detailed design accompanied by Cost Plan, Regulatory Approvals in place, ready to invite market tenders for construction / delivery quotations

**Stream 2** - Project is in Planning or Design is still being developed, further technical work still to be done - funding is sought to advance to next stage of readiness.

**Nominate whether you are seeking funding in Stream 1 or 2 \***

- Stream 1
- Stream 2

**What stage is this project at? \***

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

### Stream 2 - Additional Details

**Funding is sought because (tick all that are applicable): \***

- Regional division support not received
- Internal sign offs are incomplete
- Regulatory Planning or development approvals are incomplete
- Design work required from Architectural, health planner etc

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- Technical work required from engineers, building services consultants etc
- Detailed cost plan required from quantity surveyor
- Other

### **What is needed to receive Regional division support? \***

Word count:

Must be no more than 100 words.

### **What is needed to complete internal sign offs? \***

Word count:

Must be no more than 100 words.

### **What is required to complete Regulatory Planning or development approvals? \***

Word count:

Must be no more than 100 words.

### **Provide details of the Design work required from Architectural, health planner etc**

\*

Word count:

Must be no more than 100 words.

### **Provide details of the Technical work required from engineers, building services consultants etc \***

Word count:

Must be no more than 100 words.

### **What is needed to obtain a detailed cost plan required from quantity surveyor? \***

Word count:

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Must be no more than 100 words.

### What else is required for this project to advance to the next stage of readiness? \*

Word count:

Must be no more than 100 words.

## Supporting documentation

Please attach documentation to support your proposal. Supporting documentation must include:

- Design development drawings, schematic designs, functional plans, Feasibility Study, brochures, etc.
- Project Management Plan (mandatory requirement for construction or refurbishment projects in excess of \$0.5 million)
- Procurement framework plan for purchases
- Photographs where appropriate, to assist with assessment of your submission.
- Independent Review, Audit or Noncompliance Reports, if appropriate.
- Email confirming Regional CSI support for the proposal.

Please refer to the RHIF Guidelines and FAQs [here](#).

### Attach Supporting Documentation \*

Attach a file:

Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

## Cost Estimates and Financial Details

\* indicates a required field

### Project Costs

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

\$

What is the total estimated cost of your project?

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

\$

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

- Yes  
 No

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

**Please specify amount of additional funding \***

\$

**Have you provided independent cost estimates for this proposal? \***

- Yes - attached  
 No

Please attach quotes and/or supporting documentation below. For construction / refurbishment projects \$0.5m, an independent quantity surveyor cost estimate is required.

**How has the project cost been estimated? \***

**Confirm that all installation, and associated infrastructure services and connection / upgrade costs are included? \***

- Yes - attached  
 No

Please attach quotes and/or supporting documentation below. For construction and refurbishments, include confirmation (preferably from consultant) that building services (power, water, Heating Ventilation Air Conditioning (HVAC) services, ICT) have sufficient capacity to cater for the new demand.

**What other costs are expected and how will they be funded? \***

**Please confirm all decanting of staff / patients/ operations have been planned for and that associated costs are included? \***

- Yes  
 No

Have you included cost consideration of the following:

**Decant of patients, services or staff \***

- Yes  
 No

**Provide details \***

If yes, provide details of decant plan. If no, provide details of why it is not applicable.

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### Operational impacts / staging requirements \*

- Yes
- No

### Provide details \*

If yes, provide details of staging plan. If no, provide details of why it is not applicable.

### Requirements for temporary / rental facilities (e.g. temporary CSSD, temporary staff accommodation, staff amenities / facilities etc) \*

- Yes
- No

### Provide details \*

If yes, provide details of planned arrangements. If no, provide details of why it is not applicable.

## Contingency

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

\$

Please provide the amount of contingency allowance, and attach supporting documentation below.

### Please tick all the levels of contingencies included in your cost estimate \*

- Design Contingency
- Construction contingency allowance
- Escalation allowance
- Other:

### Design Contingency (% or \$ amount) \*

Please use % after the number if you are providing a percentage and \$ before the number if you are providing the contingency amount.

### Please describe why you have included Design Contingency and how it will be managed \*

Word count:

Must be no more than 100 words.

### Construction contingency allowance (% or \$ amount) \*

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Please use % after the number if you are providing a percentage and \$ before the number if you are providing the contingency amount.

### **Please describe why you have included Construction Contingency allowance and how it will be managed \***

Word count:

Must be no more than 100 words.

### **Escalation allowance (% or \$ amount) \***

Please use % after the number if you are providing a percentage and \$ before the number if you are providing the contingency amount.

### **Please describe the Escalation allowance, timeframe and how it will be managed \***

Word count:

Must be no more than 100 words.

Please also specify the duration of the escalation allowance included.

### **Any other contingencies, risks or allowances \***

Please use % after the number if you are providing a percentage and \$ before the number if you are providing the contingency amount.

### **Please describe why you have included these contingencies, risks or allowances and how they will be managed \***

Word count:

Must be no more than 100 words.

## 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. Refer to 'Submission Requirements' on the RHIF Guidelines [here](#).

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

Attach a file:

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Please ensure that all files are clearly named so as to be easily identifiable. Individual file size cannot be more than 25 MB.

## Project Schedule

\* indicates a required field

Assuming an indicative funding announcement by 30 September 2022, please provide a project schedule, listing estimated dates for key milestones such as procurement, contact award, practical completion.

Please attach a Gantt chart or project timeline if available.

For Stream 1 projects

- For construction and refurbishment projects over \$2m, please estimate all Milestones.
- For all other projects, complete at minimum Milestones 5 and 8.

For Stream 2 projects, complete milestones 3, 4 and 8.

### **Anticipated completion date for Milestone 2 - timeframe to Submit Project Plan**

Must be a date.

Mandatory for construction and refurbishment projects over \$2 million.

### **Anticipated completion date for Milestone 3 - Completion of Schematic Design and Cost plan C2**

Must be a date.

Mandatory for construction and refurbishment projects over \$2 million and all Stream 2 projects.

### **Anticipated completion date for Milestone 4 - Completion of Detailed Design and Cost plan D**

Must be a date.

Mandatory for construction and refurbishment projects over \$2 million and all Stream 2 projects.

### **Anticipated completion date for Milestone 5 - Construction contract (or purchase order) signed**

Must be a date.

Mandatory for all Stream 1 projects.

### **Anticipated completion date for Milestone 6 - Construction completed**

Must be a date.

Mandatory for construction and refurbishment projects over \$2 million.

### **Anticipated completion date for Milestone 7 - Operations Commence**

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Must be a date.

Mandatory for construction and refurbishment projects over \$2 million.

### **Anticipated completion date for Milestone 8 - Submit final Project Completion report \***

Must be a date.

Mandatory for all Stream 1 and Stream 2 projects.

## Assessment Criteria

\* indicates a required field

### **1: Improved patient experience quality of care (40% weighting) \***

Word count:

Must be no more than 250 words.

Provide a short description of how this proposal will result in improved patient experience quality of care (eg. Improved access to care, Reduced incidence of patient harm, Increased patient satisfaction).

### **2: Increased system efficiency (35% weighting) \***

Word count:

Must be no more than 250 words.

Provide a description of how this proposal will increase system efficiency (eg. Increased system throughput, Reduction in reactive maintenance expenditure).

### **3: Improved workforce experience and safety (10% weighting) \***

Word count:

Must be no more than 250 words.

Provide a description of how this proposal will improve workforce experience and safety (eg. Increased workforce satisfaction, Reduction in health sector job vacancies). Provide evidence of safety, quality, regulatory issues or standards non-compliance. Provide copies of PIN notices or adverse audits to support the case for the proposal, if applicable.

### **4: Stronger regional communities and economies (15% weighting) \***



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**Word count:**

Must be no more than 250 words.

Provide a description of how this proposal will strengthen regional communities and economies (eg. Decreased distance to treatment, Increased employment in health sector). Include supporting data to summarise current problems and predicted improvements where possible.

*Responses to the following questions will not be scored but form part of the formal assessment.*

**5: Project risks, mitigation and dependencies \***

**Word count:**

Must be no more than 250 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.

**6: Governance and project oversight - Please describe the governance framework, including oversight bodies and meeting regimes that you will establish to support the delivery of the project. \***

**Word count:**

Must be no more than 250 words.

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

**7: Resourcing, roles and responsibilities - Have you assigned a person to manage this project? \***

- Yes
- No

**Please provide Full Name of the Project Lead \***

**Email address of the Project Lead \***

Must be an email address.

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**Confirm the percentage of time this person will commit to this project (eg 60% = 3 days per week) \***

Must be a number and between 1 and 100.

**Please provide details of the Project Lead's experience similar to this proposal (e.g successful delivery of similar projects - details, dates, duration, budgets, scope, etc.) \***

Word count:

Must be no more than 250 words.

**Are you seeking funding for the Project Management cost in your Total Project Cost Estimate? \***

- Yes  
 No

**What is the Project Management cost estimate? \***

\$

Must be a dollar amount.

**What is your plan to manage this project? \***

## Supporting documentation

- Please attach Project Management Plan for projects above \$0.5m
- Supporting documents for assessment criteria 1-7

**Attach supporting documents \***

Attach a file:

File names should clearly indicate criterion number and document title. Individual file size cannot be more than 25MB.

## Approval Certification

\* indicates a required field

## Applicant Checklist

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**Please check that all relevant items below have been completed. Individual file size cannot be more than 25MB. \***

- Project Management Plan attached for proposals over \$0.5 million. The PMP should include where appropriate links demonstrating alignment with regional and Health Service strategic plans, including Health Campus Master Plans. It needs to clearly set out Scope, Deliverables, Benefits, Timelines, Cost Plans, Procurement Strategy, Project Governance Structure (project organisation charts) and Risk Assessments.
- Applications less than \$0.5 million should include information on scope, governance structure, timelines, deliverables, benefits (attach Project plan if available).
- Design drawings, Master Plans, Functional Plans, elevations.
- Photographs of existing conditions and computer drafted imagery or artists impressions of future state.
- Independent quotes and cost plans attached.
- Independent reports (audits, non-compliance reports or improvement notices) highlighting risk and / or compliance issues including recommendations and proposed solutions.
- Responses to the Weighted Evaluation Criteria attached.
- Independent audits, non-compliance reports risk reports recommendations and proposed solutions.
- Risk registers.
- Confirmation of support from Regional CSI.

## 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

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

Title      First Name      Last Name

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

We may contact you to verify that this application is authorised by the applicant organisation.

**Position title \***

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**Email \***

Must be an email address.

**Primary Phone Number \***

Must be an Australian phone number.

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 \***

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 much time in total did it take to complete this application?**

Estimate in hours

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

