

Regional Health Infrastructure Fund 2025-26 - ACCHOs

Form Preview

Regional Health Infrastructure Fund 2025-26 for ACCHOs

* indicates a required field

Submissions close on 15 June 2026 at 5:00 PM.

Health Service / Agency Details

Applicant Organisation name *

Select your Organisation name from the dropdown list

Applicant *

Organisation Name

Please provide the Applicant Organisation Name exactly as it appears above. This is required for maintaining data integrity.

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.

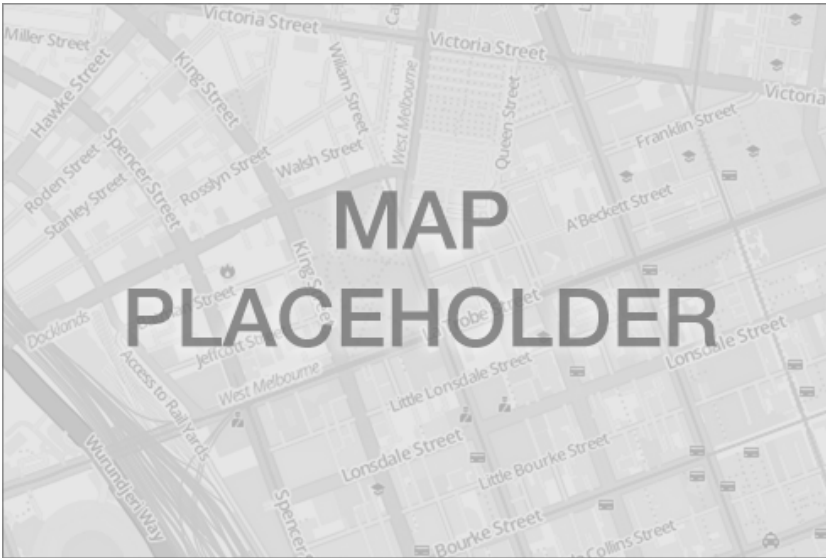
Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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

Address

Regional Health Infrastructure Fund 2025-26 - ACCHOs Form Preview



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

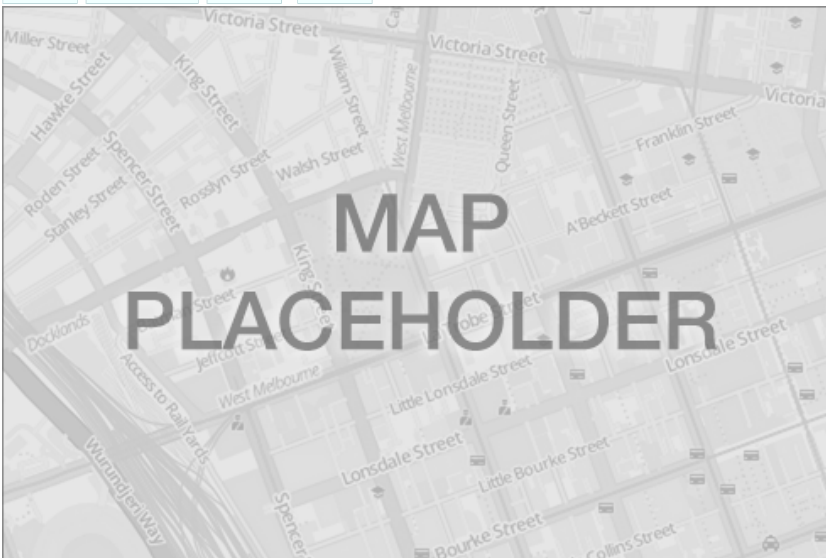
Name of Department / Campus / Facility to which this submission relates *

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

Suburb/Town State/Province Postcode Country

Must be an Australian postcodeAddress Line 1, Suburb/Town, State/Province, Postcode, and Country are required..

Regional Health Infrastructure Fund 2025-26 - ACCHOs

Form Preview

Select your Local Government Area (LGA) *

Project Details

Project / Proposal Title *

Must be no more than 10 words.

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

What is the issue or problem, and why is funding required? *

What existing infrastructure will be fixed/repaired/replaced? *

i.e. what will funding be used for? E.g. roof repair, air-conditioning upgrade, consulting room upgrades, dental facility upgrade.

What is the risk and impact to the health service if funding is not provided? *

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

If applying for multiple projects, nominate the priority of this project. *

- 1
 2

For example, if a project is your first priority, please select "1" as the option. It is also to be noted that if the same priority number is nominated for multiple projects that you are applying for RHIF funding, it will be up to Department of Health's discretion to assign a priority based on the information provided. Only 2 applications are allowed in total across all streams for RHIF 2025-26

Project Timeline: Indicative dates for the delivery of the project

Assuming an indicative funding announcement by 30 September 2026, please provide an estimated start date for the project *

Must be a date.

Please provide an estimated project timeline in months (duration from commencement to completion) *

Must be a number.

Regional Health Infrastructure Fund 2025-26 - ACCHOs

Form Preview

Project Costs

You may use the [Project Budget Summary](#) sheet to help calculate your estimated Project Cost (optional).

Total End Project Cost (excluding GST)

Must be a dollar amount.

What is the total estimated cost of your project? This includes but not limited to building costs, consultant costs, Authority costs, FFE etc.

Total amount of RHIF funding requested (excluding GST)

Must be a dollar amount.

Are you receiving funding from another source for this project?

- Yes
 No

Please identify source(s) of additional funding

Please specify amount of additional funding

Must be a dollar amount.

Supporting documentation

Please attach any available documentation to support your application.

Attach supporting documents if available

Attach a file:

Individual file size cannot be more than 25MB.

Approval Certification

* indicates a required field

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.

Regional Health Infrastructure Fund 2025-26 - ACCHOs

Form Preview

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

I certify that the Chief Executive Officer (or equivalent) has endorsed this application, acknowledges this project is one of our top priorities (within RHIF Guidelines), and the statements made within this application are true and correct.

I understand that if the application 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

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.

Is somebody other than the CEO submitting this application? *

Yes

No

Please provide details of the person authorised by the CEO to submit this application.

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 *

Email *

Regional Health Infrastructure Fund 2025-26 - ACCHOs

Form Preview

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.

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 hours in total did it take to complete this application?

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