

RHIF R5 Application Form

Form Preview

Application Form: Regional Health Infrastructure Fund - Round 5

* indicates a required field

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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) *

- 2016-17 RHIF Round 1
 2017-18 RHIF Round 2
 2018-19 RHIF Round 3
 2019-20 RHIF Round 4

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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) *

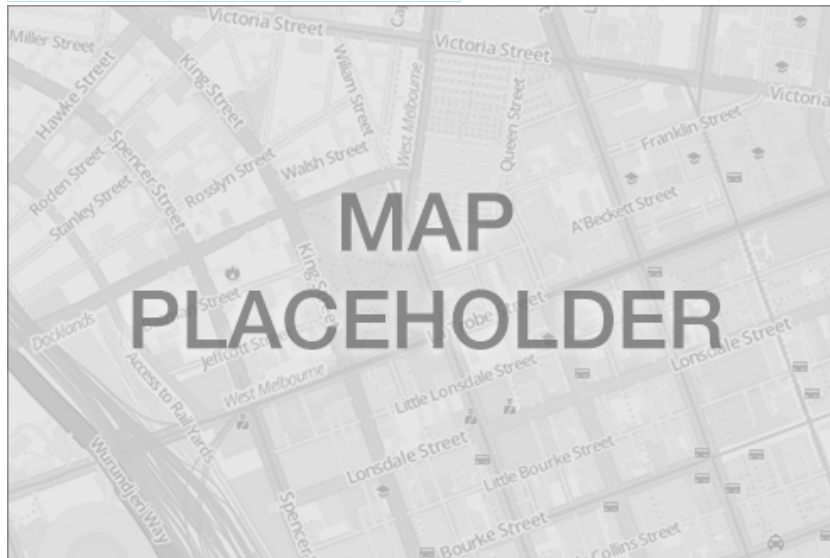
- (a)
- (b)
- (c)
- (d)

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 *

--

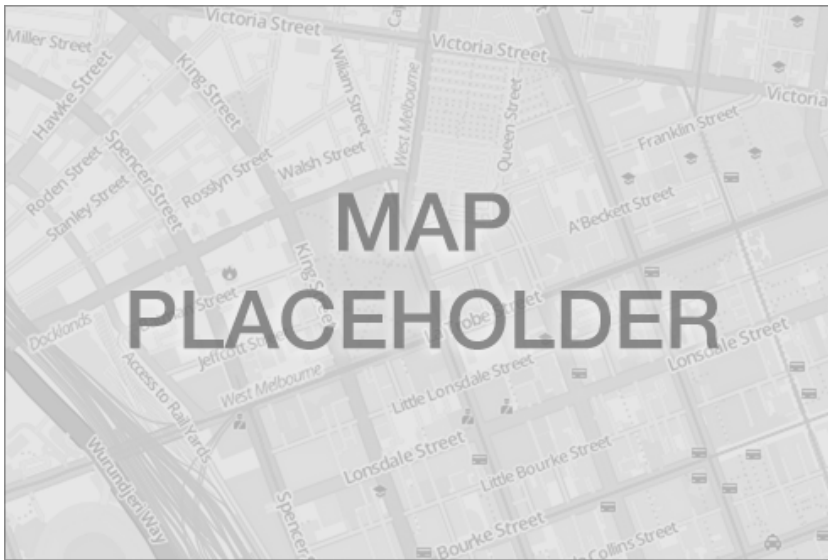
Examples: Emergency Department; Ward 2; Building name; Campus name; Name of Residential Aged Care facility; Hospital name.

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

Address

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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

Local Government Area (LGA) *

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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

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: "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."

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Priority *

- Priority 1
- Priority 2

Maximum of two applications for RHIF Round 5

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? *

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal Community Controlled Health Organisations | <input type="checkbox"/> Healthcare worker safety |
| <input type="checkbox"/> Bushfire preparedness | <input type="checkbox"/> Infection prevention and control |
| <input type="checkbox"/> Community Health Services | <input type="checkbox"/> Minor medical equipment |
| <input type="checkbox"/> Construction works | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Fire safety | |

No more than 1 choice may be selected.

These are the priority funding areas set out in the Guidelines for Regional Health Infrastructure Fund <https://www.vhhsba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund> If your project priority relates to more than one of these areas, please contact us at rhif@dhhs.vic.gov.au for guidance.

Service Stream *

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

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>>

Please consider the suitability of this application for the 2020-21 Rural Residential Aged Care Facilities Renewal Fund (RRACFRF).

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

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[Regional Residential Aged Care Facilities Renewal Program](https://www.vhhsba.vic.gov.au/aged-care/regional-aged-care-facilities/rural-residential-aged-care-facilities-renewal-program) <https://www.vhhsba.vic.gov.au/aged-care/regional-aged-care-facilities/rural-residential-aged-care-facilities-renewal-program>>

Project Type *

- | | | |
|---|--|--|
| <input type="radio"/> Air conditioners | <input type="radio"/> Environmental / Sustainability | <input type="radio"/> Motor vehicle |
| <input type="radio"/> Car park | <input type="radio"/> Equipment (Medical) | <input type="radio"/> Other |
| <input type="radio"/> Refurbishment | <input type="radio"/> Fire safety | <input type="radio"/> Planning |
| <input type="radio"/> Construction | <input type="radio"/> Infection Prevention and Control | <input type="radio"/> Plant (eg generator) |
| <input type="radio"/> Consumer and Healthcare Worker Safety | <input type="radio"/> Kitchen | <input type="radio"/> Security |
| <input type="radio"/> Electrical | <input type="radio"/> Laundry | <input type="radio"/> Tracks/Hoists |
| <input type="radio"/> Energy | | |

Please refer to Regional Health Infrastructure Fund <https://www.vhhsba.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.*

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 | |

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

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 *

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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, 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. Note: As set out in the Guidelines, a Project Management Plan is a mandatory requirement for submissions greater than \$2 million.

Financial Details

* indicates a required field

Project Costs

Total amount of RHIF funding requested (excluding GST) *

What is the total financial support you are seeking in this application?

Total Project Cost *

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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 *

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

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 Regional Health Infrastructure Fund <https://www.vhhsba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund>

Assessment Criteria

* indicates a required field

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 *

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 on 1 June 2021.

Anticipated completion date for Milestone 4 *

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

Anticipated completion date for Milestone 2 *

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

Anticipated completion date for Milestone 6 *

Must be a date.

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

* indicates a required field

Applicant Checklist

Please check that all relevant items below have been completed

- Project Management Plan attached (Page 3)
- Applications less than \$2 million should include information on scope, governance structure, timelines, deliverables, benefits including lifecycle costings and payback periods (if applicable) (Page 3).
- Applications greater than \$2 million should, where appropriate, include attachments to Master Planning, Functional 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)
- RHIF 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)(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,

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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 *

Phone Number *

Must be an Australian 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?