

2020-21 RRACFRP Application Form

Form Preview

Application Form: 2020-21 Rural Residential Aged Care Facilities Renewal Program

* indicates a required field

Submissions close on 9 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 grant for Aged Care projects from the Regional Health Infrastructure Fund (RHIF) 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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2019-20 RHIF PSRACS

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

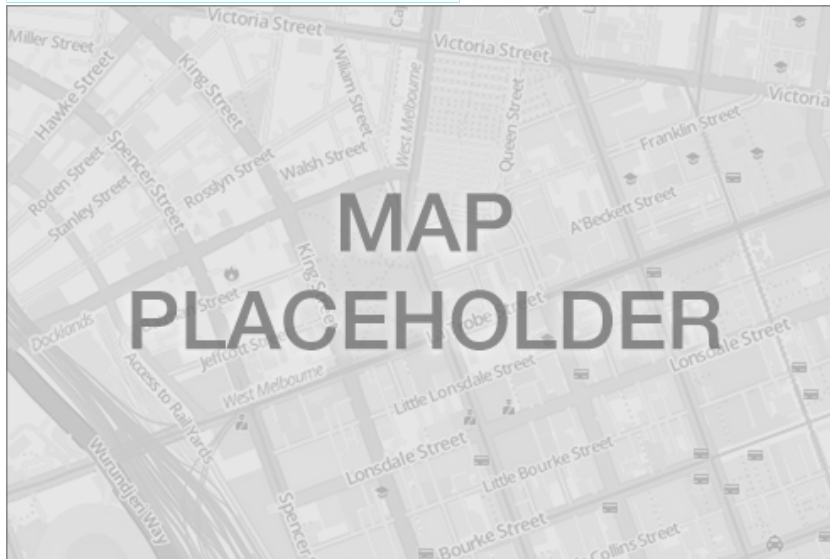
(a)
(b)
(c)
(d)

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 all PSRACS on this campus to which this submission relates *

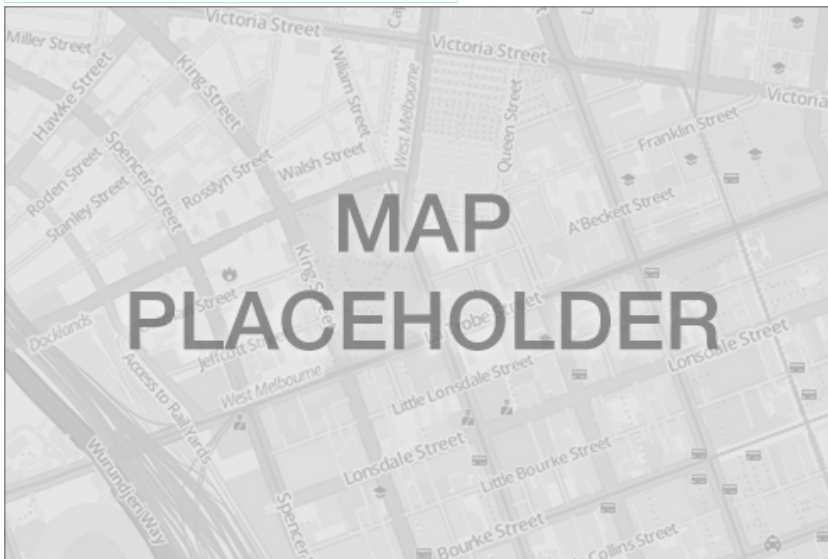
Hint: Name of Residential Aged Care facility - If multiple RACS on this site, please name each Nursing Home and / or Hostel

Address of Facility 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

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Local Government Area (LGA) *

Health Service/ Agency Type *

- Incorporated Public Residential Aged Care Service
- Local Health Service
- Multipurpose Services
- Small Rural Health Service
- Sub-regional Hospital
- Other:

- Regional Hospital

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 *

Must be no more than 15 words.

Your title should be short but descriptive - please include name of Aged Care Facility in project title, eg. 'Riverview House nursing home dining area refurbishment'. Each project 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 Nurse Call system to enhance residents safety." // "Creation of six single ensembles to improve infection control."

Priority *

- Priority 1

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Priority 2

Maximum of two applications for 2020-21 Rural Residential Aged Care Facilities Renewal Fund

Does this Project/Proposal require operational growth funding? *

- Yes
 No

Operational growth funding fails to meet the eligibility criteria.

What is the primary priority area that this application will address? *

- | | |
|---|--|
| <input type="checkbox"/> Address changing acuity profiles / dementia friendly environment | <input type="checkbox"/> Provision of homelike environment for ageing in place |
| <input type="checkbox"/> Address complex health and mobility challenges | <input type="checkbox"/> Safety enhancements for residents and staff |
| <input type="checkbox"/> Infection prevention and control | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Person-centred models of care | |

No more than 1 choice may be selected.

These are the priority funding areas set out in the Guidelines for this program funding round. 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>> If your project priority relates to more than one of these areas, please choose additional priorities in the next question.

Do you have a secondary priority area for this application?

- | | |
|---|--|
| <input type="checkbox"/> Address changing acuity profiles / dementia friendly environment | <input type="checkbox"/> Provision of homelike environment for ageing in place |
| <input type="checkbox"/> Address complex health and mobility challenges | <input type="checkbox"/> Safety enhancements for residents and staff |
| <input type="checkbox"/> Infection prevention and control | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Person-centred models of care | |

Choose additional priority for this application if required.

Project Type *

- | | | |
|---|--|-------------------------------------|
| <input type="radio"/> Air conditioners | <input type="radio"/> Ensuite/Bathroom | <input type="radio"/> Kitchen |
| <input type="radio"/> Refurbishment | <input type="radio"/> Environmental / Sustainability | <input type="radio"/> Laundry |
| <input type="radio"/> Construction | <input type="radio"/> Equipment | <input type="radio"/> Other |
| <input type="radio"/> Consumer and Healthcare Worker Safety | <input type="radio"/> Fire safety | <input type="radio"/> Security |
| <input type="radio"/> Electrical | <input type="radio"/> Infection Prevention and Control | <input type="radio"/> Tracks/Hoists |

Please refer to Regional Residential Aged Care Facilities Renewal Program Guidelines - <https://www.vhhsba.vic.gov.au/aged-care/regional-aged-care-facilities/rural-residential-aged-care-facilities-renewal-program>>

- *Construction projects - please note that projects involving construction of new facilities, or major redevelopments over \$10 million are **ineligible** for funding as part of this grant round.*

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- *Submissions for capital/construction projects must include consideration and wherever possible application of the Public Sector Residential Aged Care Services [Interim] Facility design guidelines Oct 2020 (<https://www.vhhsba.vic.gov.au/resources/design-guidelines>).*
- *In particular, any projects related to the residents' living environment must demonstrate application of the department's Dementia Friendly Environments Principles and Guidelines <https://www2.health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments>.*

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 *

Word count:

Must be no more than 100 words.

Provide a short accurate 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 ensuites 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 *

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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.

Revenue Impacts Analysis

Describe estimates of the revenue impacts, and return on investment, likely to arise as a direct result of this project. *

Word count:

Must be no more than 100 words.

Supported or concessional residents:

% as at 30 June 2020 *

Average over 2019-20 *

Data source *

Occupancy:

% as at 30 June 2020 *

Average over 2019-20 *

Data source *

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.

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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 RRACFRP 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?

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

- Yes
 No

Funding must be available and confirmed prior to commencement of the project

Please identify source(s) of additional funding *

Any other funding for the project must be available and confirmed prior to commencement of the project

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

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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 plans 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:

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. Please refer to Regional Residential Aged Care Facilities Renewal Program Guidelines - <https://www.vhhsba.vic.gov.au/aged-care/regional-aged-care-facilities/rural-residential-aged-care-facilities-renewal-program>>

Assessment Criteria

* indicates a required field

1: Regulatory Compliance (50%) *

Word count:

Must be no more than 150 words.

Describe the impact on compliance with regulatory requirements including the Aged Care Quality Standards relevant to the project; OH&S; fire safety etc. Applications that can demonstrate a clear linkage to multiple relevant regulatory requirements will be at a clear advantage.

2: Access to appropriate care (25%) *

Word count:

Must be no more than 150 words.

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Describe how the project will address the current problems you are seeking to address to improve access to appropriate care. For example, the provision of a more dementia friendly environment or to support increased resident complexity/acuity. Describe any infection control risks that require mitigation strategies to better support resident quality and safety This includes consideration of, current and future demands and local service availability.

3: Amenity (25%) *

Word count:

Must be no more than 150 words.

Describe how the project will enhance amenity for residents and better enable person centred models of care e.g. a more familiar and homelike environment, greater capacity for resident independence and choice, etc.

Criteria 4-6 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.

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). 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 on 1 June 2021.

Anticipated completion date for Milestone 6 *

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

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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.

6: Financial viability *

Describe how the project will promote improved operational efficiency including increased financial viability.

Supporting documentation

- 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.

Approval Certification

* indicates a required field

Applicant Checklist

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Please check that all relevant items below have been completed

- For projects greater than \$2 million, mandatory Project Management Plan attached (Page 3)
- Photos attached (if relevant) (Page 3)
- Independent quotes and costings attached (Page 4)
- Rural RAC 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)

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
- 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.

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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 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?