



2025-26 Regional Health Infrastructure Fund

Guidelines



Table of Contents

Submission link	4
Submissions Timeline	4
Purpose	4
Background	4
Principles	4
RHIF 2025-26 Streams	6
Stream 1 Projects – Ready for Implementation.....	6
2022-23, 2023-24 and 2024-25 Stream 2 Projects in progress.....	6
NEW Stream 2 Projects – funding for ongoing Planning or Design development.....	7
Aboriginal Community Controlled Health Organisations (ACCHO) Stream – Less than \$400,000	7
General eligibility criteria	7
For eligible agencies	8
Construction works.....	8
Fire safety.....	9
Infection prevention and control	9
Minor medical equipment.....	9
Healthcare worker safety.....	9
Ineligible and excluded items	9
Grant submission and evaluation process	10
Submission requirements	10
Figure 1: Grant Assessment and Evaluation Process	12
Project categories.....	14
Supporting documentation.....	14
Online portal for submissions.....	15
Consultation and advice.....	15
Design guides and technical references	15
Assessment criteria	16
Table 3: Assessment criteria.....	16
Buildability of capital/construction projects	17
Sustainability.....	17
Conditions of funding	18
Asset management.....	18
Governance.....	19
Assessment Outcome and Payment Milestones	19
Reporting	19
Procurement	20
Disposal.....	20
Appendix A Eligible health services	21
Regional (6)	21
Sub-regional (11).....	21
Local Health Services (7)	21

Small Rural Health Services (30)	21
Multi-purpose Services (6)	22
Standalone Public Residential Aged Care Services (4)	22
Bush Nursing Hospitals (3)	22
Registered Community Health Services (12)	22
Bush Nursing Centres (15)	22
Women’s Health Services (5)	23
Publicly Funded Community Specialist Palliative Care Services (2)	23
Regional Aboriginal Community Controlled Health Organisations (20)	23
Appendix B Construction Projects in Victoria – references and links	24
Department of Health website	24
Victorian Health Building Authority website	24
Department of Treasury and Finance website	24
Local Jobs First website.....	24
Jobs Victoria website.....	24
Commonwealth policies and procedures	24
Appendix C Sustainability FAQs.....	25
Submission process.....	27
Project delivery	28
Resources	28

Submission link

The link to the Regional Health Infrastructure Fund (RHIF) submission can be found on the department's SmartyGrants page < <https://dhhs.smartygrants.com.au/RHIF2025-26> >.

Submissions Timeline

Submissions to RHIF 2025-26 – Application form will open in April 2026 and will be open for an eight (8) week period.

Outcomes will be advised in late September 2026.

Late submissions will be addressed on a case-by-case basis and accepted at the discretion of the Director, Sustaining and Enhancing Capital Programs.

Purpose

The purpose of this document is to provide guidelines for health services to complete submissions for RHIF 2025-26.

Background

The Victorian Government established the Regional Health Infrastructure Fund (RHIF) in 2016 to assist rural and regional health services and other eligible agencies to improve service capacity, service efficiency and the ability to deliver contemporary models of care within the regional health sector through minor capital grants. The investment will ensure continuity of services to the public and assist economic recovery.

The key objectives of RHIF 2025-26 are to assist regional and rural health services to:

- mitigate infrastructure risk and to maintain patient safety, healthcare worker safety, service availability and business continuity
- enhance service capacity, support contemporary models of care and improve patient and staff amenity
- sustain and improve infrastructure assets that provide essential capacity for delivering responsive and appropriate clinical services across rural and regional public health facilities
- provide a stronger role for outer regional services that will allow care to be safely provided closer to where people live
- further incentivise health services and agencies to implement effective asset management that aligns with existing government frameworks and policies.

The capital funding will result in delivery of renewal, reconfiguration and refurbishments across a range of projects and service delivery streams and deliver the key state government policy objective of ensuring all Victorians can access high quality health care, no matter where they live.

Funding is available to eligible (appendix A) Victorian public regional and sub-regional health services, local and small rural health services, multipurpose services, public residential aged care services, registered community health services, bush nursing hospitals and centres, women's health services, Aboriginal Community Controlled Health Organisations and publicly funded community specialist palliative care services

Principles

Rural and regional agencies are often a driver for local economic development, being the largest employers in their respective areas.

The disparity in health outcomes between people in rural and regional areas is well documented. These reflect both higher exposure to risk factors and poorer access to healthcare. Capacity building and infrastructure investment ensures that everyone in Victoria has access to the care they need, when and where they need it, regardless of where they live.

The Fund will assist rural and regional health agencies to improve safety and quality of services, service capacity, models of service delivery, amenity and service efficiencies.

The Fund aligns with the Department of Treasury and Finance and the Victorian Health Building Authority (VHBA) asset management frameworks and asset management policies, principles, and practice, available at the following links:

- [Asset Management Accountability Framework](https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework) <<https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>>

The intent of the government's asset management policy is to achieve service delivery objectives, and it creates an obligation for both the department (from a system perspective) and health services (from a local perspective).

Asset management is a whole-of-asset-lifecycle obligation requiring an understanding of need, capacity, condition, opportunity, and risk to drive value-for-money service outcomes.

Appropriate local and central governance arrangements oversee asset planning, investment prioritisation of in-scope items based on risk and, in the case of health services, oversee the replacement process.

Accurate and timely reporting of expenditure enables analysis of future investment needs, reporting to government on expenditure consistent with the defined purpose of the funding provision, and provides a robust information base for program audit.

Health services and agencies' asset replacement determination needs to be based on departmental frameworks and guidelines for prioritisation, risk management and service planning, as well as the service's role within the health system.

RHIF 2025-26 Streams

Stream 1 Projects – Ready for Implementation

Submissions for Stream 1 projects will be considered for full funding if they are ready to commence construction / delivery, with appropriate certainty in the following areas (dependent on nature of project):

Table 1 Items for submission

Requirements	Construction or refurbishment projects less than \$2.0m	Construction or refurbishment projects in excess of \$2.00m
Evidence of discussions and at minimum, email confirming in-principle support by HSSI	Mandatory	Mandatory
Project Management Plan or Agency Procurement Governance Framework Document for projects associated with equipment purchases	Desirable	Mandatory
Detailed design drawings, documents, and technical specifications beyond conceptual, sketch or preliminary documentation phase.	Mandatory	Mandatory
Completed “Project Budget Summary Template”	Mandatory	Mandatory
Detailed cost plan from an independent professional quantity surveyor , which includes acceptable allowances for design, construction contingencies, escalation, and cost risk	Mandatory	Mandatory
Documentation is complete and procurement processes in place to enable invitation of market tenders for construction / delivery quotations. - Tender documentation including agency endorsed procurement plan and contractor engagement brief.	Desirable	Desirable
Schedule of specialist medical equipment (including cost estimates for individual items)	Mandatory	Mandatory
Realistic timeframes for completion, accompanied by an appropriately detailed programme and timeline predictions in line with VHBA milestone dates	Desirable	Mandatory
Regulatory approvals (town planning, RBS building compliance assessment, Fire Safety Engineer Brief, Victorian Pharmaceutical Board approvals etc are in place and conditions able to be satisfied within Total Estimated Investment (TEI)	Desirable	Mandatory
Other information may include photographs, evidence of non-compliance, audit or non-compliance reports, Process Improvement Notices etc	Desirable	Desirable
Trade or vendor quotes received for projects less than \$0.5 million.	Mandatory	Not Applicable

New Stream 1 projects submitted by health services which are deemed not ready for implementation may be excluded from consideration at the Department / VHBA’s discretion

2022-23, 2023-24 and 2024-25 Stream 2 Projects in progress

Current Stream 2 projects that are ready to convert to Stream 1 will be required to apply for Stream 1 funding as part of the 2025-26 round. These projects will be evaluated through the standard process described in these guidelines.

Current Stream 2 projects that are not ready to convert to Stream 1 will be required to provide an update on the project status including submission of all current documentation per the requirements as outlined in these guidelines. These projects will be assessed to confirm continuation.

The VHBA Sustaining and Enhancing Capital Team will work closely with all Stream 2 projects allocated in 2024-25 to assist with submitting for Stream 1 consideration in 2025-26 to ensure any time constraints do not disadvantage their applications.

Current complete, in progress and incomplete Stream 2 projects are not automatically guaranteed to receive funding in the 2025-26 round or potential subsequent rounds.

NEW Stream 2 Projects – funding for ongoing Planning or Design development

As 2025-26 is the last year of available funding **No new Stream 2 applications will be accepted** this round.

Aboriginal Community Controlled Health Organisations (ACCHO) Stream – Less than \$400,000

The Department is focused on ensuring that funding is extended to as many ACCHOs as possible. For this reason, the Department has created a separate ACCHO only stream for projects under \$400,000. This stream is to assist ACCHO to respond to smaller immediate high risk and need projects.

Submission for this stream must not exceed \$400,000 and be ready to implement within 12 months.

Ineligible and excluded items

- Planning projects (including Master Planning)
- Major capital works in excess of \$400,000 such as the construction of a new facility
- Costs incurred prior to ministerial approval of the project funding (the letter of offer)

This stream will have a simplified submission process and if successful, VHBA will work with each ACCHO to further define the scope, cost and schedule.

ACCHOs remain eligible to apply in RHIF Stream 1 for projects in excess of \$400,000 and are able to apply in both streams to a maximum of 2 applications across all streams.

Funding will only be available during the RHIF 2025-26 Round 10 funding submission process.

The link to the Regional Health Infrastructure Fund (RHIF) ACCHO less than \$400k submission can be found on the department's SmartyGrants page < <https://dhhs.smartygrants.com.au/rhif2025-26acchos> >.

General eligibility criteria

Funding is available to Victorian regional and sub-regional health services, local and small rural health services, multipurpose services, public residential aged care services, registered community health services, bush nursing hospitals and centres, women's health services, Aboriginal Community Controlled Health Organisations, and publicly funded community specialist palliative care services.

A list of eligible Health Services is attached in Appendix A.

Applicants may be **ineligible** for consideration in this funding round where they have received funding under previous RHIF rounds and either:

- failed to substantially commence their project within two years of receipt of funds
- failed to fully comply with conditions of funding (for example, submission of progress reports, acquittals, unapproved change of scope)
- failed to complete their projects within approved timeframes, without reasonable and adequate justification accepted by VHBA in its absolute discretion.

For eligible agencies

Submissions will be limited to a **maximum of two (2)** projects per Health Service for RHIF 2025-26. All applications must meet the criteria and provide the mandatory documentation required as outlined in this document. If more than one submission is made, the agency must indicate the priority order (Priority 1 or Priority 2) of each submission.

Funds are available for projects which include:

- Compliance related capital and /or upgrade works (e.g., AS4187/5369 including pandemic improvement / readiness, Fire, and life safety works)
- Non construction: equipment (medical equipment, engineering infrastructure and plant)
- Construction: minor infrastructure including replacement, reconfiguration, remodelling, and refurbishment projects (including minor extensions) to address aged building fabric, compliance, and demand issues
- Information and communications technology (ICT)
- New technologies including systems to reduce usage and increase efficiencies of power and / or water and
- Motor vehicles – eligibility restricted to bush nursing centres only.

A series of support resources are identified in Appendix B.

The following are examples of items which may be included in funding submissions:

Construction works

- Minor construction works only
- Remodelling and refurbishment projects (including minor extensions) to address aged building fabric, compliance, demand issues meeting universal design.
- Modifications to enable buildings to be fit for purpose, for example, moving from low care to high care residential aged services.
- Refurbishment/repairs/reconfiguration/replacement or expansion of ageing buildings and equipment to reflect infrastructure risk mitigation strategies:
 - security systems (access controls, CCTV, duress alarms, nurse call systems)
 - laundry and customer kitchen upgrades or equipment
 - improved capacity or replacement of dilapidated assets located underground and reticulation services
 - waiting room, reception, staff amenities configurations, material selections (infection prevention)
 - accessible paths and ramps, Changing Places toilets
 - expansion of services including consulting rooms, wards, pathology, operating theatres.
- fixtures, fittings and furniture related to construction or refurbishment works including:
 - Furniture: Movable items for comfort or use, such as desks, chairs, tables, and cabinets.
 - Fittings: Items that are attached to the premises but are generally not structural and can be removed without significant damage such as light fixtures, blinds,

- Equipment: Other portable or movable tools, machinery, appliances, or apparatus used in business operations such as computers, white goods, reasonably valued decorative items to be used for display in the business premises (such as reception, waiting room).
- Address building defects such as leaking roofs, upgrade building services
- Infection control related works such as floor and window coverings.
- Address increased demand through expansion and refurbishment of existing premises such as new reception and intake areas to bring facilities up to the appropriate standards for disability access and ensure the safety and security of public areas.

Fire safety

- Fire safety compliance upgrades and the completion of outstanding fire safety works; items such as fire detection and suppression systems, fire storage tanks, fire pump sets, fire indication panels, requirement to have sprinkler heads over the doorways of each patient room etc.

Infection prevention and control

- Compliance with *AS4187/5369 Reprocessing of Reusable Medical Devices in Health Service Organisations* including cleaning, disinfecting, and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities, upgrades to central sterile services department (CSSD).
- Improving infection prevention and control (IPC) flows and throughput (in context to recent Health COVID-19 IPC recommendations).

Minor medical equipment

- Funding for minor medical equipment that is at end of life or new equipment needed to support contemporary models of care and improvement in patient outcomes including enabling capital works; items such as X-ray units, endoscopic/laparoscopic towers, and scopes and IV pumps (syringe drivers, volumetric pumps, patient care analgesia pumps), patient beds and trolleys.
- Statewide mobile services such as mobile stroke and renal treatment (lithotripsy) units that provide critical services outside an acute setting.
- Pathology equipment and medical fridges and freezers.
- Specialised furniture and fittings in operating rooms, intensive care units and emergency departments such as pendants, operating room lights and operating room tables.
- Equipment for dental health where services are provided by the health service, such as dental chairs, exam lights and OPG equipment.

Healthcare worker safety

Funding to prevent and control high priority hazards and risks in the workplace and remediate these risks with minor capital works such as egress doors, room configuration/equipment (CCTV, duress alarms), appropriate signage and wayfinding that enhance the security and welfare of people in workplaces.

Ineligible and excluded items

Projects, or elements of projects which are ineligible and may not be funded by VHBA include:

- operational funding (including recurrent costs for items such as subscriptions, licencing, ongoing support etc.)
- projects that do not have current operating funding to undertake ongoing activities related to the asset
- funding for direct costs of internal staff (such as project managers, ICT personnel, cleaners etc)
- health service internal administration costs in excess of 1.5% of Total Estimated Investment (TEI)
- fixtures, fittings and furniture not associated with a refurbishment project or specialty medical equipment. Routine replacement of furniture and fittings that are worn is the responsibility of agencies to manage as part of their existing maintenance and replacement program
- general building maintenance such as cleaning, painting, general repairs
- Master Planning
- Major capital works in excess of \$10m such as the construction of a new facility
- motor vehicles (eligibility restricted to bush nursing centres only).
- Bundled equipment that does not have a functional and cooperative relationship, for example bundling of speciality equipment across multiple health agency departments.
Bundling of small-scale speciality equipment for a dedicated department service may be eligible, for example a Theatre Suite, Central Sterile Service Department or Commercial Kitchens where the equipment works together to deliver a holistic outcome.

Grant submission and evaluation process

The indicative timeframe for the RHIF 2025-26 Grant funding is as follows:

1 Table 2: Submission and evaluation timeline

Milestone	Estimated Tague date
Round Opens	17 April 2026
Briefing to health services (online)	23 April 2026
Deadline to upload submissions	15 June 2026
Announcement of successful funding (following Ministerial approval)	September 2026

Submission requirements

The Victorian Health Building Authority (VHBA) is using a web-based online submission process.

Submissions will be limited to a maximum of two (2) new projects per health service. Health Services that have amalgamated in the past 5 years may seek dispensation to lodge additional submissions by requesting permission in writing by emailing rhif-applications.vhba@vida.vic.gov.au address.

Current Stream 2 projects that Health Service intend to convert to a Stream 1 project must be resubmitted as a Stream 1 project.

Current Stream 2 projects that are not ready to convert to Stream 1 will be required to provide an update on the project status including submission of all current documentation per the requirements as outlined in these guidelines.

2024-25 Stream 2 projects will be required to provide an update on the project status including submission of all current documentation. VHBA will assist with this submission to ensure any time constraints do not disadvantage their applications.

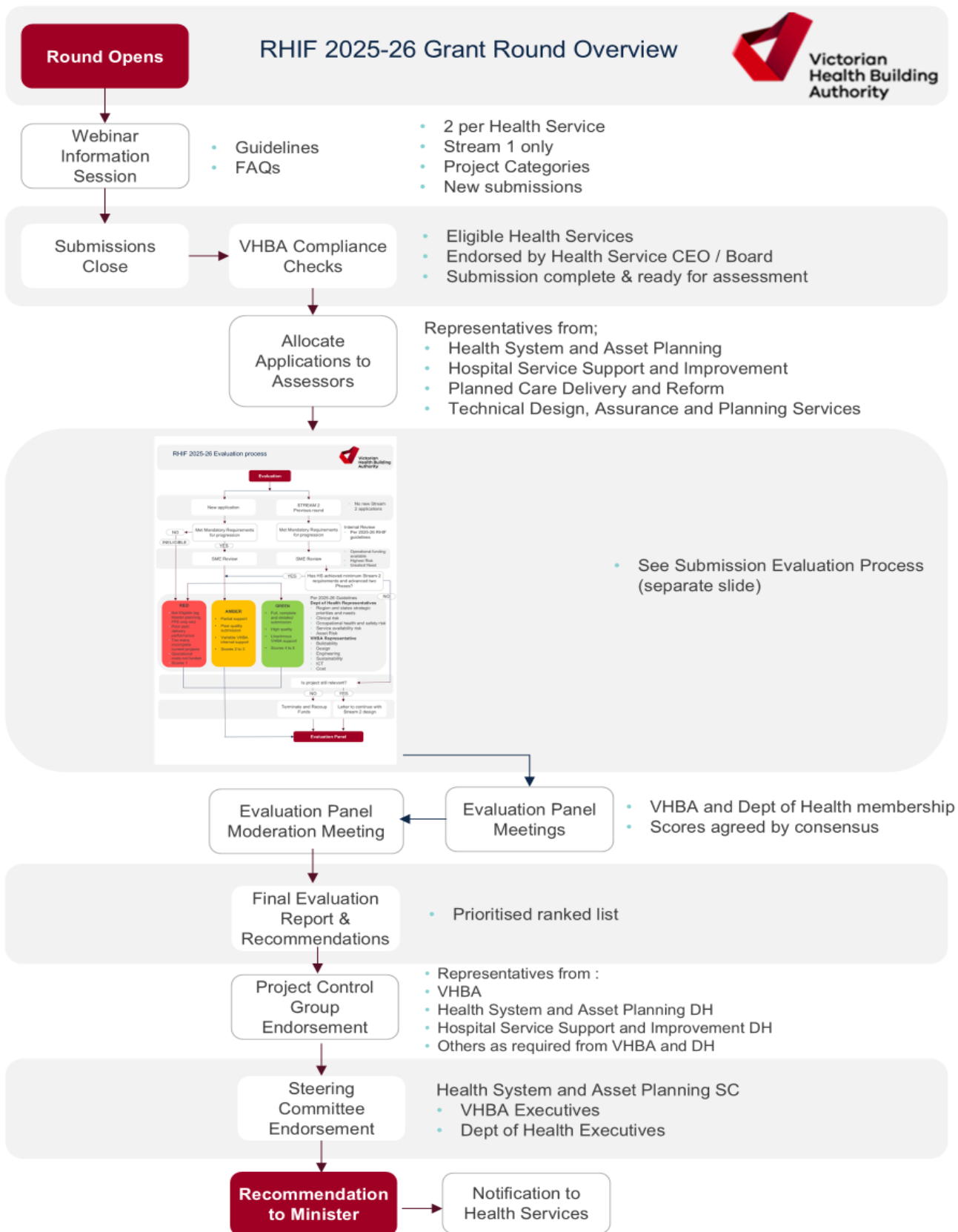
Submissions will be subjected to a compliance assessment and confirmation will be sought from Department of Health areas including Health Service Interface and Collaboration, System Design and Planning, Reform and Priority Communities, Commercial and Infrastructure, that the project is still supported.

The submission platform SmartyGrants includes a detailed submission form to examine project attributes including project scope, time, and cost (including detailed cost review and confirmation of contingency and escalation allowances).

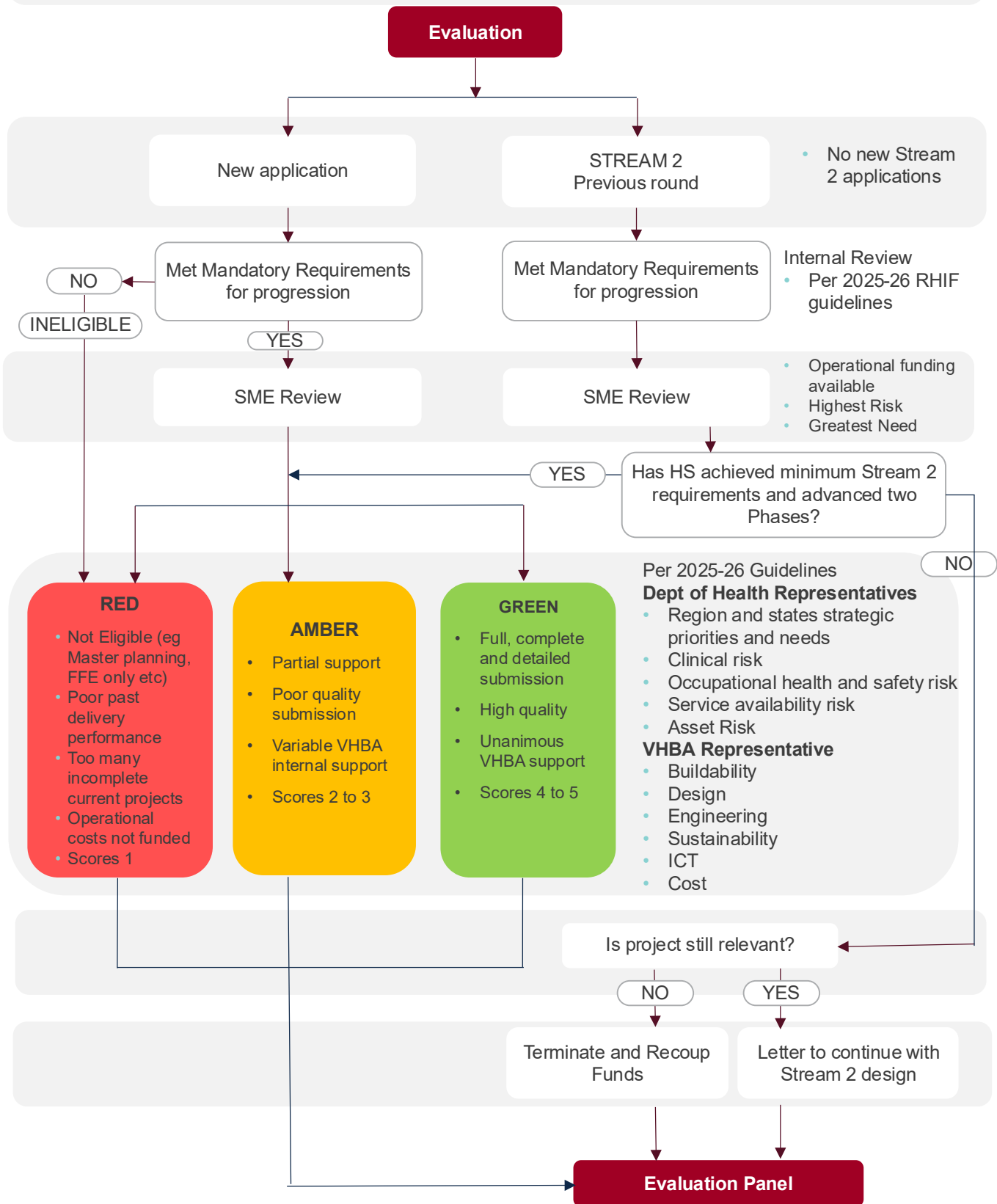
Where Stream 2 projects have escalated above \$10m, these projects may be excluded from evaluations and will either need to be value managed / descoped to less than \$10m or considered outside the RHIF program.

The submission and evaluation process will follow the Grant Round and Evaluation Process as shown diagrammatically in Figures 1

Figure 1: Grant Assessment and Evaluation Process



RHIF 2025-26 Evaluation process



Project categories

RHIF 2025-26 submissions will be categorised into one of the following:

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

Supporting documentation

Each submission should address the selection criteria and include a full description of the scope of the project, key deliverables, likely benefits, project readiness, funding sought (including contingency allowances), and how key risks would be mitigated.

Table 1 earlier in this document outlined the mandatory requirements for submission of project information. The following supporting documentation is required:

- Project management plan (PMP) for construction projects:
 - Desirable for submissions less than \$2 million and at minimum should include information on scope, governance structure, timelines, deliverables, benefits
 - Mandatory for submissions greater than \$2 million and at minimum must include where appropriate links demonstrating alignment with regional and health service strategic plans, including health campus master plans. The PMP needs to clearly set out scope, deliverables, benefits, timelines, cost plans, procurement strategy, project governance structure (project organisation charts) and risk assessments
- Detailed design drawings, master plans, functional plans, elevations ready for Tender or Issued for Construction stage accompanied by appropriate technical specifications
- Detailed cost plan from an independent professional quantity surveyor or cost planner, which includes associated decanting costs, infrastructure connection/upgrade costs, site/infrastructure costs, demolition, fees, which includes acceptable allowances for design, construction contingencies, escalation and cost risk
- Documentation and procurement processes in place to enable invitation of market tenders for construction / delivery quotations.
 - If not yet issued to market, tender documentation including nature of contract (build only, design&construct, etc)
 - If already issued to market, a builder's / supplier's quotation or tender submission
- Quotations from external suppliers for equipment purchases, supply/installation (including provision to 'make good' if appropriate)
- Schedule of specialist medical equipment (including cost estimates for individual items)
- Realistic timeframes for completion, accompanied by an appropriately detailed programme and timeline predictions in line with VHBA milestone dates
- Regulatory approvals (planning, building etc) are in place and conditions able to be satisfied within Total End Investment (TEI) estimates
- Evidence of discussions and at minimum, email confirming support or in-principle acceptance by CSI
- Other information that could be submitted may include:
 - photographs of existing conditions and computer drafted imagery or artists impressions of future state
 - procurement framework for non-construction projects
 - independent reports (audits, non-compliance reports or improvement notices) highlighting risk and/or compliance issues including recommendations and proposed solutions
 - risk registers

Union consultation

- For construction projects comprising expansion and/or reconfiguration the Health Agency/Operator will be required to provide a written attestation at completion of the design development phase/gate that the relevant union has been consulted on the design

Online portal for submissions

The online portal, SmartyGrants, will be the means of submission. The web address for general information about [SmartyGrants](http://www.smartygrants.com.au) is <www.smartygrants.com.au>.

To make a submission, you will be required to create a password protected log-in to access the submission form at [SmartyGrants page](https://dhhs.smartygrants.com.au/RHIF2025-26) < <https://dhhs.smartygrants.com.au/RHIF2025-26> >

All submissions must be:

- from an eligible agency
- endorsed by the Chief Executive Officer and/or Board
- supported by your HSSI representative
- submitted via the online portal SmartyGrants submission form and include relevant supporting documentation (for example, project management plan (or business case), design drawings, photos, cost plans, quotations, letters of support and other supporting information)
- Received no later than the closing date **15 June 2026**
- unless exceptional circumstances apply, submissions received after the specified time and date will be deemed ineligible for consideration.

Consultation and advice

Technical queries or clarifications can be submitted through the [Regional Health Infrastructure Fund email address](mailto:rhif-applications.vhba@vida.vic.gov.au) < rhif-applications.vhba@vida.vic.gov.au >. VHBA will endeavour to respond to questions as quickly as possible.

Applicants are encouraged to seek assistance when preparing submissions from the [Regional Health Infrastructure Fund email address](mailto:rhif-applications.vhba@vida.vic.gov.au) < rhif-applications.vhba@vida.vic.gov.au >, or via the [Regional Health Infrastructure Fund website](https://www.vhba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund) <<https://www.vhba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund>>.

SmartyGrants technical assistance regarding completion of the online form can be obtained through reviewing the [SmartyGrants help guide](https://applicanthelp.smartygrants.com.au/help-guide-for-applicants/) <<https://applicanthelp.smartygrants.com.au/help-guide-for-applicants/>> or contacting [SmartyGrants via email](mailto:service@smarty.grants.com.au) at <service@smarty.grants.com.au>, or calling (03) 9320 6888.

Design guides and technical references

See *Appendix B: Construction Projects in Victoria* for references and links to VHBA design and technical guidelines.

Assessment criteria

Submissions will be assessed by a VHBA evaluation panel using a defined set of assessment criteria. Submissions should reflect agreed policy objectives and how the proposed works will meet the objectives of better health for people in regional and rural Victoria.

Submissions will be assessed within the project categories (Regulatory and Compliance, Quality and Safety, Respond to Growing Demand / Capability).

In addition, the project must be in alignment with the health services strategic plan, statement of priorities, Service Plan and Master Plan where relevant.

High quality submissions will demonstrate:

- A clear and concise narrative of the current situation/problem/risk/opportunity that is facing the Health Service.
- Comprehensive and detailed supporting evidence of the situation.
- Detailed and specific deliverables that are expected from the project.
- A clear statement of the benefits / outcomes that are expected from the project including performance metrics of before and after the project in areas such as:
 - Improved patient experience & quality of care
 - Increased system efficiency and enhance service capacity
 - Improved workforce experience and safety
 - Improved regional communities and economies.
- A detailed description and understanding of the project risks / dependencies and the associated mitigation actions.
- A detailed description of the governance and project monitoring activities and
- Compliance with the requirements detailed in these guidelines.

Table 3: Assessment criteria

Criteria	Description	Weighting
Strategic alignment	<ul style="list-style-type: none"> • Alignment with government commitments and policies – e.g. Health Service Plan • Alignment with: <ul style="list-style-type: none"> • Strategic plan • Statement of priorities • Service plan and master plan (where relevant). • Aboriginal Health and Wellbeing Partnership Agreement (AHWPA) 	20%
Healthcare quality and safety improvement	Addresses one or more of the following: <ul style="list-style-type: none"> • Regulatory compliance • Standards compliance • Patient and staff amenity • Safety, quality • Risk. 	70%
Service efficiency and demand pressure	Addresses one or more of the following: <ul style="list-style-type: none"> • Service capacity (for example improved service options, reduced service fragmentation) • Demand pressure 	10%

	<ul style="list-style-type: none"> • Models of care (for example contemporary models of care / improved services closer to home) • Service efficiency of targeted services • Efficiency (for example new infrastructure, equipment and technology) • Health care improvement to your health service. 	
Project readiness	<p>Organisational readiness to implement the project, including key milestones and timeframe for completion. Relevant supporting documentation as outlined in the submission requirements section of this document must be provided.</p> <p>All project dependencies must be listed including their potential impact on the project cost, schedule, scope and benefits</p>	Projects will be assessed as ready, partially ready or not ready
Governance	<p>The degree to which health service/agency governance structures and processes are in place to oversee the proposed project development, implementation, monitoring and reporting.</p> <p>This relates to the governance framework supporting transparency, probity and accountability relating to the delivery of this proposal.</p>	Projects will be assessed as ready, partially ready or not ready

The outcomes of the mandatory Project readiness and Governance assessment criteria can influence the overall success of the application to receive funding.

Note: Submissions with a primary focus or benefit relating to “Respond to Growing Demand/Capability” will be considered lower priority.

Buildability of capital/construction projects

For submissions involving a construction element greater than \$2.0 million, VHBA may undertake an evaluation of buildability and constructability to be undertaken by an independent consultant to confirm viability.

VHBA may require the health service to meet or discuss the details of the proposal or respond to other Requests for Information during the evaluation period. The detail and responsiveness of the health service will be important for VHBA assessment of each proposal.

Sustainability

Climate change represents a fundamental threat to public health. Victoria is already experiencing significant impacts from events which are becoming more frequent and intense as a result of climate change. Therefore, it is critical that the health sector plays a central role in driving action on climate change, seeking solutions and supporting the community to adapt to its impacts.

Delivering sustainable and resilient buildings promotes better patient outcomes, higher employee satisfaction and productivity, lowers operating costs and emissions, and ensures the building is operational at all times to ensure fair and timely access to healthcare.

In line with VHBA’s requirements for capital projects, minimum sustainability requirements and opportunities to support enhanced initiatives have been implemented in the 2025-2026 RHIF funding round. In summary this:

- requires health services to complete a sustainability business-as-usual checklist and include in their SmartyGrants submissions to show compliance with minimum requirements
- requires construction projects over \$5m to include a budget of 2.5 per cent of total construction cost for enhanced sustainability initiatives in their cost plan
- allows health services to access up to 2.5 per cent of total construction cost for enhanced sustainability initiatives for projects up to \$5m, where the project demonstrates the benefit of additional investment.

Refer to the *Sustainability frequently asked questions* (FAQs) in Appendix C for more guidance regarding sustainability requirements and opportunities for your project.

Conditions of funding

1. The funds that will be provided are based on approved project scope as identified within the funding approval letter.
2. Funds are provided only for the approved project and scope including generic type, functionality, and number of items in the approved allocation and must not be used for any other purpose.
3. Any changes to scope, cost or timeframes will require departmental approval. Any increased costs associated with the project will be the responsibility of the health service.
4. If only specific elements of a submission have been approved (partial funding), the health service/health agency must ensure that funds are used only for the approved elements.
5. Where projects are funded from multiple sources, and the additional source of funding is no longer available, the Victorian Government is not obliged to provide any additional funding.
6. Funding provided for any nominated asset(s) must be expended by a health service/health agency in accordance with the notification letter.
7. Applicants should demonstrate that project viability is not dependent on continuing or recurrent Victorian Government funding.
8. Capital works and equipment acquisitions shall not require any growth in recurrent funding from the department.
9. Funding is not available for projects previously funded or already approved for funding from another source.
10. Funding is not available for items procured, or contracts entered into, prior to the date of the funding approval letter.
11. Final payment will be made in accordance with the Milestones and Payment criteria relevant to the approved scope identified in the funding approval letter. All non-construction projects must be completed within two (2) financial years. Construction projects must be completed within two years of contracts awarded and /or in accordance with the signed Funding Agreement.
12. Health service internal administration costs are capped at 1.5% of total estimated investment (TEI).

Asset management

13. On completion of the project, health services are required to update asset registers, maintenance and asset management plans, and provide details of the testing and commissioning plans (including for decommissioning and disposing of the item/infrastructure replaced). Similarly, 'new' acquisitions (outside the initiative and irrespective of the funding source) are to be included on the asset register and incorporated into future asset management planning.
14. Health services reporting on asset replacement under the initiative are required to demonstrate financial and asset accountability and reporting and investment against asset management plans for engineering infrastructure and medical equipment replacement under these programs.
15. Medical equipment items proposed must be approved by the Therapeutic Goods Administration (including any hybrid technologies) and replacement engineering infrastructure and medical equipment are to comply with Australian Standards, regulations and guidelines.

Governance

16. Capital delivery under this initiative requires works program management, governance, and internal controls by health services to be consistent with capital project management policies and tailored to the scope and size of the capital expenditure program. Governance processes need to be in place to ensure procurement of the approved asset is consistent with the scope agreed and approved by the department and communicated during the procurement phase so that the purchase remains in-scope and procured within the financial year.
17. Submissions put forward for funding must have satisfied health service/agency governance requirements including that:
 - projects have been appropriately scoped in accordance with the program requirements
 - projects have the required internal personnel available to deliver the approved asset
 - project governance and reporting are in place for these projects
18. The project(s) will be directly managed by the health service/agency/organisation in a manner that reflects departmental guidelines (Appendix B) relating to probity, financial reporting and project completion information.

Assessment Outcome and Payment Milestones

19. All agencies will initially be informed of the outcome of their submission by email. Successful applicants will receive a letter that confirms the scope of funded works, terms of payments and delivery timeframe. This letter will be sent via SmartyGrants and will have an attachment that must be signed by the CEO and uploaded and submitted via SmartyGrants, prior to any payments being made. The letter will outline a summary of payment milestones aligned to project phases and gateways.
20. Following receipt of the signed letter, VHBA will need to be kept apprised of the project status to approve the allocated payments in accordance with the agreed terms and milestones. Completed and signed claim forms submitted to VHBA must include supporting invoices (and purchase orders).
21. For construction projects greater than \$5 million, a Funding Agreement will be developed and documented in consultation between the Health Service and VHBA Asset Development and Infrastructure Advisory Services to outline the following requirements:
 - i) agreed project scope
 - ii) agreed project timeframe and payment milestones
 - iii) project governance framework and reporting requirements
 - iv) confirmation that project works will be undertaken by appropriately qualified contractors in accordance with all regulations and standards applicable to the works
22. Funding may be recalled by the department if projects do not proceed or are not completed in a timely manner.

Reporting

23. A report on the status of the project will be provided to the department at agreed project milestones and at the completion of the project.
24. Health services will be required to provide funding acquittals and monthly status reporting against milestones and liaise with their VHBA Project Manager on tender specifications and project deliverables.
25. A completion report is required to be submitted. The template will be provided during the course of the project.

26. The department must be notified if there is to be a prolonged delay in the asset procurement, installation or minor capital works.
27. For projects relating to new or replacement of assets, the Health Service, upon request, must advise the Asset Planning team within the Department the details of the new assets.

Procurement

28. Any proposed changes in scope must be agreed in writing prior to purchase commitment.
29. Health services must comply with government policies and guidelines in their procurement activities including the [Social Procurement Framework](https://www.buyingfor.vic.gov.au/social-procurement-framework) <https://www.buyingfor.vic.gov.au/social-procurement-framework> and Appendix B (where applicable).
30. The department requires health services to work collaboratively with Health Share Victoria to maximise value-for-money procurement of medical equipment or plant items and deliver the most efficient purchasing arrangements, including bulk purchasing to achieve economies of scale. For further information refer to the procurement and purchasing requirements on the Health Share Victoria website at [Health Share Victoria](https://healthsharevic.org.au/) <https://healthsharevic.org.au/>.

Health services should include the use of Working for Victoria in any procurement tenders. More information is available at [Working for Victoria](https://jobs.vic.gov.au/) < https://jobs.vic.gov.au/ >.

Disposal

31. Medical equipment/plant/engineering infrastructure replaced must be decommissioned and disposed of in accordance with appropriate and required standards. For further details on decommissioning and disposal refer to the Medical equipment asset management framework at Medical equipment and engineering infrastructure <<https://www.health.vic.gov.au/publications/medical-equipment-asset-management-framework>>.
32. The finance register, asset register, equipment and engineering registers and asset management plans will be updated by the agency for both the disposal of the replaced asset and the acquisition of the replacement asset including the date of disposal.

Appendix A Eligible health services

These public health services and agencies are eligible to apply to the 2025-26 Regional Health Infrastructure Fund		
Regional (6)		
Albury Wodonga Health	Barwon Health	Bendigo Health
Goulburn Valley Health	Grampians Health	Latrobe Regional Hospital
Sub-regional (11)		
Bairnsdale Regional Health Service	Bass Coast Health	Central Gippsland Health Service
Dhelkaya Health	Echuca Regional Health	Mildura Base Public Hospital
Northeast Health Wangaratta	South West Healthcare	Swan Hill District Health
West Gippsland Healthcare Group	Western District Health Service	
Local Health Services (7)		
Benalla Health	Colac Area Health	East Grampians Health Service
Gippsland Southern Health Service	Kyabram and District Health	Maryborough District Health Service
Portland District Health		
Small Rural Health Services (30)		
Alexandra District Health	Beaufort and Skipton Health Service	Beechworth Health Service
Boort District Health	Casterton Memorial Hospital	Central Highlands Rural Health
Cohuna District Hospital	East Wimmera Health Service	Great Ocean Road Health
Heyfield Hospital Inc	Heathcote Health	Hesse Rural Health Service
Heywood Rural Health	Inglewood and Districts Health Service	Kerang District Health
Kooweerup Regional Health Service	Mansfield District Hospital	Moyne Health Services
NCN Health	Omeo District Health	Rochester and Elmore District Health Service

Rural Northwest Health	Seymour Health	South Gippsland Hospital
Tallangatta Health Service	Terang and Mortlake Health Service	West Wimmera Health Service
Yarram and District Health Service	Yarrowonga Health	Yea and District Memorial Hospital
Multi-purpose Services (6)		
Alpine Health	Mallee Track Health and Community Service	Orbost Regional Health
Robinvale District Health Services	Timboon and District Healthcare Service	Corryong Health
Standalone Public Residential Aged Care Services (4)		
Darlingford Upper Goulburn Nursing Home Inc	Indigo North Health Inc	Red Cliffs and Community Aged Care Service Inc
Lyndoch Living		
Bush Nursing Hospitals (3)		
Euroa Health Inc	Nagambie HealthCare	Neerim District Health Service
Registered Community Health Services (12)		
Ballarat Community Health	Bellarine Community Health Ltd	Bendigo Community Health Services Ltd
Cobaw Community Health Services Ltd	Gateway Health	Gippsland Lakes Community Health
Grampians Community Health	Latrobe Community Health Service	Nexus Primary Health
Northern District Community Health Service	Primary Care Connect	Sunraysia Community Health Services Ltd
Bush Nursing Centres (15)		
Balmoral Bush Nursing Centre	Buchan Bush Nursing Centre	Cann Valley Bush Nursing Centre
Dargo Bush Nursing Centre	Dartmoor & District Bush Nursing Centre	Dingee Bush Nursing Centre
Elmhurst Bush Nursing Centre	Ensay Bush Nursing Centre	Gelantipy District Bush Nursing Centre
Harrow Bush Nursing Centre	Lake Bolac Bush Nursing Centre	Lockington & District Bush Nursing Centre

Swifts Creek Bush Nursing Centre	Walwa Bush Nursing Centre	Woomelang & District Bush Nursing Centre
Women's Health Services (5)		
Gippsland Women's Health Service Inc	Women's Health Goulburn North-East Inc	Women's Health Grampians Inc
Women's Health Loddon Mallee Inc	Women's Health and Wellbeing Barwon South West Inc	
Publicly Funded Community Specialist Palliative Care Services (2)		
Ballarat Hospice Care Inc	Goulburn Valley Hospice Care Service	
Regional Aboriginal Community Controlled Health Organisations (20)		
Albury Wodonga Aboriginal Health Service	Ballarat and District Aboriginal Co-operative Ltd	Bendigo and District Aboriginal Co-operative Ltd
Budja Budja Aboriginal Co-operative Ltd	Dhauwurd Wurrung Elderly and Community Health Service	Gippsland and East Gippsland Aboriginal Co-operative Ltd
Goolum-Goolum Aboriginal Co-operative Ltd	Gunditjmara Aboriginal Co-operative Ltd	Kirrae Health Service Inc.
Lake Tyers Health and Children's services	Lakes Entrance Aboriginal Health Association	Mallee District Aboriginal Services
Moogji Aboriginal Council East Gippsland Inc	Mungabareena Aboriginal Corporation	Murray Valley Aboriginal Co-operative Ltd
Njernda Aboriginal Corporation	Ramahyuck District Aboriginal Corporation – Sale	Rumbalara Aboriginal Co-operative Ltd
Wathaurong Aboriginal Co-operative Ltd	Winda-Mara Aboriginal Corporation	

Appendix B Construction Projects in Victoria – references and links

The following sites are resources that can help you with your submission and provide resources to assist with an overview of the requirements for government funded projects in Victoria.

Department of Health website

[Australasian Health Facility Guidelines](https://healthfacilityguidelines.com.au/) <<https://healthfacilityguidelines.com.au/>>

[Fire risk management procedures and guidelines](https://providers.dffh.vic.gov.au/fire-risk-management-procedures-and-guidelines) < <https://providers.dffh.vic.gov.au/fire-risk-management-procedures-and-guidelines>>

Victorian Health Building Authority website

[VHBA RHIF page](https://www.vhba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund) <<https://www.vhba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund>>

[Design guidelines](https://www.vhba.vic.gov.au/resources/design-guidelines) <<https://www.vhba.vic.gov.au/resources/design-guidelines>>

[Universal design guidelines](https://www.vhba.vic.gov.au/resources/universal-design) <<https://www.vhba.vic.gov.au/resources/universal-design>>

[Technical guidelines](https://www.vhba.vic.gov.au/resources/technical-guidelines) <<https://www.vhba.vic.gov.au/resources/technical-guidelines>>

[Masterplanning guidelines](https://www.vhba.vic.gov.au/masterplanning) <<https://www.vhba.vic.gov.au/masterplanning>>

[Public sector residential aged care services \[Interim\] Facility design guidelines](https://www.vhba.vic.gov.au/public-sector-residential-aged-care-services-interim-facility-design-guidelines)

<<https://www.vhba.vic.gov.au/public-sector-residential-aged-care-services-interim-facility-design-guidelines>>

Department of Treasury and Finance website

[Delivery of Government Funded projects in Victoria](https://www.dtf.vic.gov.au/legislation-policy-and-public-construction) < <https://www.dtf.vic.gov.au/legislation-policy-and-public-construction> >

[Ministerial Directions and Instructions – Public Construction Procurement](https://www.dtf.vic.gov.au/public-construction-policy-and-resources/ministerial-directions-and-instructions-public-construction-procurement) <<https://www.dtf.vic.gov.au/public-construction-policy-and-resources/ministerial-directions-and-instructions-public-construction-procurement>>

[Practitioners Toolkit](https://www.dtf.vic.gov.au/public-construction-policy-and-resources/practitioners-toolkit) <<https://www.dtf.vic.gov.au/public-construction-policy-and-resources/practitioners-toolkit>>

[Construction Supplier Register](https://www.dtf.vic.gov.au/infrastructure-investment/construction-supplier-register) <<https://www.dtf.vic.gov.au/infrastructure-investment/construction-supplier-register>>

[Full Business Case Template](https://www.dtf.vic.gov.au/investment-lifecycle-and-high-value-high-risk-guidelines/stage-1-business-case) <<https://www.dtf.vic.gov.au/investment-lifecycle-and-high-value-high-risk-guidelines/stage-1-business-case>>

Local Jobs First website

[Victorian Industry Participation Policy](https://localjobsfirst.vic.gov.au/about/local-jobs-first) <<https://localjobsfirst.vic.gov.au/about/local-jobs-first>>

[Major Projects Skills Guarantee](https://localjobsfirst.vic.gov.au/agency-guidance/major-project-skills-guarantee) <<https://localjobsfirst.vic.gov.au/agency-guidance/major-project-skills-guarantee>>

Jobs Victoria website

[Working for Victoria](https://jobs.vic.gov.au/) < <https://jobs.vic.gov.au/> >

Commonwealth policies and procedures

Federal Register of Legislation - Federal Safety Commissioner Act 2022

<<https://www.legislation.gov.au/C2016A00087/latest/text>>

Federal Register of Legislation - Code for the Tendering and Performance of Building Work Amendment Instrument 2022

<<https://www.legislation.gov.au/F2022L01007/latest/text>>

[Australian Government Building and Construction Workplace Health and Safety Accreditation Scheme](https://ablis.business.gov.au/service/ag/australian-government-building-and-construction-workplace-health-and-safety-accreditation-scheme)

<<https://ablis.business.gov.au/service/ag/australian-government-building-and-construction-workplace-health-and-safety-accreditation-scheme/301>>

[National Construction Code](https://ncc.abcb.gov.au/) <<https://ncc.abcb.gov.au/>>

Appendix C Sustainability FAQs

What are the benefits of embedding sustainability in my project?

Delivering sustainable and resilient buildings promotes better patient outcomes, higher employee satisfaction and productivity, lowers operating costs and emissions, and ensures the building is operational to ensure fair and timely access to healthcare.

What sustainability requirements must I include on my project?

All eligible projects approved under grant funding for VHBA need to apply the minimum sustainability requirements as outlined in the *Sustainability Checklist for Grants Programs* that can be downloaded from [VHBA RHIF page](https://www.vhba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund) <<https://www.vhba.vic.gov.au/health/regional-facilities/regional-health-infrastructure-fund>> in the documents section. Eligible projects over \$5million must also apply a sustainability budget of 2.5 per cent of the total construction cost for enhanced sustainability initiatives.

What if the minimum requirements cannot be included in my project?

The grant submission is required to identify which of the minimum sustainability requirements are being included in the project based on the project scope, under the relevant project type using the **Sustainability Checklist for Grants Programs**. Reasons for not including minimum requirements into your project would be:

- it is not applicable, such as the requirements for below ground carparks where below ground carparks are not part of the project
- it is not technically or economically viable to retrofit the initiative into an existing building
- the level of investment or effort required outweighs the potential benefit of inclusion.
- Justifications are to be provided in the sustainability checklist where minimum requirements (BAU) are not proposed, or are unable, to be met.

How can I fund enhanced sustainability initiatives?

For construction projects above \$5 million, the allocation of up to 2.5 per cent sustainability budget is mandatory. The submission must identify the sustainability focus areas that can be further refined in design development.

For construction projects under \$5 million, a budget allocation of up to 2.5 per cent of the total construction cost may be added to support enhanced sustainability initiatives, where the submission demonstrates the benefit of the additional investment. Where applications for these projects include a 2.5 per cent sustainability allowance, commentary on the additional benefits to be provided are to be included in the submission. The allocation of this budget is at the discretion of VHBA.

What are some examples of enhanced sustainability initiatives for my project?

Examples of enhanced sustainability initiatives for the project types within the RHIF submission are outlined in the below table. Applicants are encouraged to refer to Appendix C: Guidance for using the sustainability budget, contained within the [Guidelines for sustainability in health care capital works](https://www.vhba.vic.gov.au/guidelines-sustainability-capital-works) <<https://www.vhba.vic.gov.au/guidelines-sustainability-capital-works>> for further information regarding improvements to minimum sustainability requirements.

Table 2: Examples of enhanced sustainability initiatives for different project types

<p>New construction</p>	<ul style="list-style-type: none"> • New construction 	<ul style="list-style-type: none"> • Provide a 10 or 20 per cent improvement on minimum insulation, glazing, building sealing, HVAC, lighting, domestic hot water, and monitoring requirements under Section J of the current NCC. • Conduction of building sealing testing on the whole building (refer RHIF Sustainability Checklist for information). • Install embedded generation solar panel that is sized to the base load of the building. • Install reed switches on openable windows in rooms with individual thermal controls to manage heating and cooling. • Providing advanced air purification through carbon filtration, air sanitisation and air quality maintenance. • Incorporating biophilic design elements. Refer “Biophilic Design’ HTA for examples exceeding business as usual. <https://www.vhba.vic.gov.au/sites/default/files/2024-10/HTA-2024-003-Biophilic-Design.pdf>
<p>Refurbishment and infrastructure upgrade works</p>	<ul style="list-style-type: none"> • Refurbishment • Engineering infrastructure works (e.g. engineering plant and equipment, electrical work, generators, heating ventilation and air conditioning) • DDA and universal access works • Client meal preparation 	<ul style="list-style-type: none"> • Undertaking works to convert gas infrastructure to electric to enable the refurbished area to be all-electric, even where this infrastructure also supports other buildings outside the project scope • Converting HVAC equipment such as gas ducted heating systems to all-electric. • Incorporate extended external building design to extend and improve building summer shading. • Improving on minimum requirements for total volatile organic compounds (TVOC) limits for paints, adhesives, sealants, and carpets. • Provide access to healthy food and drink options in meal preparation areas. • Provide external shading and low-conductive materials for handrails to enable safe use in extreme heat days.
<p>Planning</p>	<ul style="list-style-type: none"> • Planning 	<ul style="list-style-type: none"> • Maximising initiatives to reduce the urban heat island effect such as increased greenery and shading. • Engaging an ESD consultant for a dedicated ESD strategy to enhance sustainability initiatives for the development. • Developing a climate adaptation plan.
<p>Equipment and procurement</p>	<ul style="list-style-type: none"> • Fixtures fittings and equipment 	<ul style="list-style-type: none"> • Electric vehicle procurement with solar powered charging stations.

	<ul style="list-style-type: none"> • Motor vehicle (bush nursing centres only) • Information and communication technology 	<ul style="list-style-type: none"> • Providing EV chargers (refer Appendix A of ‘Embedding sustainability in health facility carparks’ HTA for more information on initiatives supported under the 2.5 per cent budget <https://www.vhba.vic.gov.au/sites/default/files/2024-10/HTA-2024-004-Embedding-sustainability-in-health-facility-carparks.pdf> • Install super-efficient equipment with an energy rating of 7 to 10 stars. • Sustainable procurement, supply chain, and green cleaning policies. • Exceeding minimum requirement of 30 per cent of loose furniture to be third party certified by an environmental scheme.
<p>Categories with limited opportunity for sustainability outcomes</p>	<ul style="list-style-type: none"> • Equipment (medical) • Fire safety • Nurse call • Security • Wi-Fi upgrade • Software/hardware • Duress alarms • Infection prevention and control • Healthcare worker safety • Other 	<ul style="list-style-type: none"> • Upload of minimum sustainability checklist is not required for these project types. • These projects have limited enhanced sustainability initiatives.

Submission process

How do I show evidence of compliance of sustainability initiatives?

All applicants are required to upload the *Sustainability Checklist for Grants Programs* as part of the Stage 2 form via the SmartyGrants submission. For projects with limited opportunity for sustainability outcomes, completion of the *Sustainability Checklist for Grants Programs* is not required.

What are the implications for not including sustainability initiatives in my submission?

Sustainability initiatives contribute to better patient and staff outcomes, lower operating costs and carbon emissions, and support government policy on climate change. Therefore, not embedding sustainability in projects will result in higher carbon emissions, higher operating costs, and the project not potentially complying with government policy.

Projects that do not have provision for minimum sustainability requirements in their submission will be subject to additional design, cost, and scope clarification meetings, for resolution in the submission review phase, and may be viewed less positively as submissions which have embedded sustainability.

An energy and water inefficient building can also negatively impact the NABERS¹ energy and water ratings.

Project delivery

Who is responsible for implementing sustainability requirements on my project?

Like all project requirements, health services are responsible for ensuring sustainability requirements are implemented as part of the project. It is recommended that a dedicated ESD workshop is held early in the project to ensure all stakeholders are aware of the sustainability objectives, key opportunities are identified and there is role clarity for implementing the sustainability requirements.

Options for ensuring the full sustainability potential for the project is achieved include:

- engaging a dedicated ESD consultant (recommended for construction projects over \$5million),
- building requirements into the role of the architect, services engineer or project manager,
- specifying sustainability objectives and requirements in the tender package for the contractor.

What sustainability data must I provide to VHBA upon project completion?

For all construction and refurbishment projects that:

- changes an existing assets floor area
- changes the type of service provided in an asset
- builds a new asset
- changes the electricity or gas retailer
- installs a new 'gate' meter for electricity, or water or removes a mains gas meter.

the health service must complete and send to VHBA the environmental data management system template as shown in *Appendix 4: Environmental data management system requirements* of the *Guidelines* <<https://www.vhba.vic.gov.au/guidelines-sustainability-capital-works>>.

Projects that install a solar array must meet the requirements of VHBA's *reporting of solar photovoltaic data* <<https://www.vhba.vic.gov.au/reporting-solar-photovoltaic-data>>.

Resources

Where can I access more information on sustainability guidelines and initiatives for my project?

Applicants should refer to the following resources in the preparation of grant submissions and delivery of grants projects, referred to throughout this document:

- *Sustainability Checklist for Grants Programs*, to be included in your grant submission.
- Guidelines for sustainability in health care capital works <<https://www.vhba.vic.gov.au/resources/environmental-sustainability>> (including in that document Appendix B: Business as usual requirements and Appendix 4: Environmental data management system requirements).
- Health technical advice (HTA) notes are available on the VHBA environmental sustainability website: <https://www.vhba.vic.gov.au/resources/environmental-sustainability>

¹ The National Australian Built Environment Rating System (NABERS) is a Commonwealth initiative that measures the environmental performance of Australian buildings. It provides a rating from 1 Star (making a start) to 6 Stars (market leading). More information on NABERS is available at www.nabers.gov.au.

Who can I contact if I have any questions regarding sustainability on my submission?

Please email the [RHIF Applications team](mailto:rhif-applications.vhba@vida.vic.gov.au) <rhif-applications.vhba@vida.vic.gov.au> for any questions relating to sustainability on your project.

To receive this publication in an accessible format email [RHIF Applications team](mailto:rhif-applications.vhba@vida.vic.gov.au) <rhif-applications.vhba@vida.vic.gov.au >

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