Denali Commission
510 L Street, Suite 410
Anchorage, AK 99501

907.271.1414 *tel*
907.271.1415 *fax*
888.480.4321 *toll free*
www.denali.gov

April 13, 2006

Paul Morrison, P.E. CHFM
Health Facilities Manager
Alaska Native Tribal Health Consortium
Division of Environmental Health & Engineering
Health Facilities Engineering
1901 Bragaw St., Suite 200
Anchorage, AK 99508-3440

Dear Mr. Boyce,

RE: Addendum No. "I" to Project 0071-DC-2002-I24

This letter is written in accordance to the Financial Assistance Award for the project referenced above. This is the ninth such Addendum letter issued by the Commission, but it is expected that this format will be used in future correspondence to clarify and further describe the scope of work previously funded through the award.

The following is offered: the Commission directs the Alaska Native Tribal Health Consortium (ANTHC) to reimburse Bristol Bay Area Health Corporation (BBAHC) for conceptual planning activities as detailed in the table below and as documented in the attached invoice from BBAHC to the Commission.

Community: Project Scope:	**Commission Project Funding Amount**	**Cost Share Match Amount**	**ANTHC Management Fee**	**Total Commission Funding**
BBAHC Conceptual Planning Workshop in Dillingham, AK	$3,877.	N/A - Planning	N/A - Conceptual Planning reimbursement	**$3,877**
TOTAL APPROVED COMMISSION FUNDING: $3,877				

The conceptual planning funds ($3,877) shall be reimbursed to AICS by ANTHC from the pool of funds identified in the award conditions of award 0071-DC-2002-

I24 for a, "statewide conceptual planning pool," and identified as project DEN.I24.CP.

Sincerely,

Tessa L.D. Rinner, MPA
Health Facilities Program Manager

In Concurrence,

Krag Johnsen
Chief Operating Officer

Attachments

File: Chronological file
0071-DC-2002-I24/Agreements
Small Clinic File/Togiak/Correspondence
Small Clinic File/South Naknek/Correspondence
Small Clinic File/Naknek/Correspondence
Small Clinic File/Igiugig/Correspondence

CC: David Beveridge/Kelley Leseman/Dolores Webster/Dan Reitz, ANTHC
Rose Heyano/Karen Johnson, BBAHC
Joey Ausel/Michelle O'Leary/ Denali Commission

DATE: March 14, 2006

TO: Denali Commission
Attn: Tessa Rinner
510 'L' Street, Suite 410
Anchorage, Alaska 99501

INVOICE

From: BBAHC
Karen Johnson
PO Box 310
Dillingham, Alaska 99576

RE: Reimbursement for village representatives to travel for Support Purposes for new proposals. Please refer to: Conceptual Planning Agreement for Business Plan Workshop February 7-8, 2006 to support the villages of Naknek, South Naknek, Togiak, *Platinum, Igiugig, *Pedro Bay and **King Salmon.

* did not attend due to weather
**did not attend per Ralph Angasan Jr.

NAME	TRAVEL From:	TA# / TR#	TRAVEL DATES	Description	PERDIEM	TOTALS
Marie Paul	Togiak Business Plan Development	69514/40577 **$ 183.00**	Feb 7, 2006	R/T airfare to Togiak-Dill Meals	**$27.60**	**210.60**
*Walter Kanuli	Togiak Business Plan Development	69518 & 69514/37799 **$ 93.00**	Feb 6th & Feb 7th	O/W airfare to DLG-TOG Room and meals	**$69.00**	**162.00**
Lorianne Rawson	South Naknek Business Plan Development	69515/40580 **$ 220.00**	Feb 6th & Feb 7th	R/T airfare S.Nak to DLG Room & meals	**$82.80**	**302.80**
Eva King	South Naknek Business Plan Development	69515/40579 **$ 220.00**	Feb 6th & Feb 7th	R/T airfare S.Nak to DLG Room & meals	**$82.80**	**302.80**
**Dolly Ann Trefon	Naknek Business Plan Development	69515/40578 **110.00**	Feb 6th & Feb 7th	O/W Airfare, room & meals	**$55.20**	**165.20**
Dan Salmon	Igiugig Business Plan Development	69516/40550 **1,710.00**	Feb 6th ,7th & 8th	R/T airfare and meals	**$90.90**	**1800.90**
The Bristol INN		**582.60**		Lorianne, Eva, Dolly & Walter		**582.60**
Hillside Haven Provided Breakfast & Lunch on Feb 7th, 2006	Breakfast & lunch 1 day	**349.75**				**349.75**
Total ~ Please Code reimbursement to Account 120-031-001-6390-10						$ 3,876.65 3,877 approved

*Walter Kanuli was in Dillingham for another meeting so we only had to pay one-way travel. Dolly Ann
**Trefon went on to Anchorage for here for other meetings so we only paid one-way from SNAK to DLG.

I confirm that this information is true and correct: Karen Johnson Date: 3-14-06

Marie Phillips

From: Karen R. Johnson
Sent: Wednesday, February 15, 2006 9:59 AM
To: Marie Phillips
Subject: Reimbursement for travelers...

Hi Marie,

Those folks who were here for my workshop last week were:
Dan Salmon
Dolly Ann Trefon
Walter Kanulie
Marie Paul
Lorinanne Rawson
Eva King

I will need actual subsistance & travel costs. Thank you very much. kj

Karen

Karen Roberts Johnson, Deputy Director CHS
Bristol Bay Area Health Corporation
P.O. Box 130
Dillingham, Alaska 99576
(907) 842-5201. Fax (907) 842-9409
krjohnson@bbahc.org

Karen,

This is the best we can do right now. Haven't rec'd the airway bills yet.

Marie

2
13

QUVAQ dba Bristol Inn

P.O. Box 330
Dillingham, Alaska 99576
(907)842-5218 fax (907)842-5462

Invoice No. 2006-013

MAR 0 8 2006

INVOICE

Customer

Name BBAHC
Address P.O. Box 130
City Dillingham State AK ZIP 99576
Phone 907-842-9595

Date 3/6/2006
Order No.
Rep Karen Johnson

Qty	Description	Unit Price	TOTAL
1	Large Conference Room February 7, 2006	$108.00	$108.00
0	Small Conference Room.	$90.00	$0.00
0	Coffee Service	$25.00	$0.00

	SubTotal	$108.00
		$0.00
Taxes	Alaska	$0.00
	TOTAL	$108.00

Payment Details

- (●) Charge
- ( ) Check
- ( ) Credit Card

Name _____
CC # _____
Expires _____

Office Use Only

Make all checks payable to: Bristol Inn

If you have any questions concerning this invoice please call April at 907-842-5218

HENRY & DONNA'S HILLSIDE HAVEN

P O BOX 1089
DILLINGHAM, AK 99576

Invoice

Date	Invoice #
2/3/2006	1880

Bill To
BBAHC- P.O. BOX 130 DILLINGHAM, ALASKA 99576

FAXED By: Donna Shade
Date: 2/10/06

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
20	Continental Breakfast Feb.7th 2006 to be delivered to Bristol Inn by 9:00am and to consist of: Hillside's assorted home baked muffins & corn bread, served w/ butter, Fresh Fruit Platter, Coffee & Tea	5.00	100.00
20	Lunches for Feb.7th 2006 to be delivered to Bristol Inn by 12:30 and to consist of:Feb. 7th: Hillside's Turkey or Ham Subs w/Homemade Soup.	8.99	179.80
1	Mobilization Charge 25% of Total also includes set-up, clean-up and all paper products.	69.95	69.95
	Sales Tax	0.00%	0.00

Attention Helen:
This is the revised invoice
Thank You,
Donna Shade

Karen -

QUYANA

Total $349.75

Box-to:
8212-2600

BRISTOL BAY AREA HEALTH CORPORATION only
P. O. BOX 130
DILLINGHAM, ALASKA 99576

Phone: (907)842-5191
(907)842-5201

TRAVEL AUTHORIZATION

NAME:	o/w Marie Paul, ~~o/w Walter Kenrick~~, ~~Mark Moyle~~
DESTINATION:	Dillingham
DATES of TRAVEL:	Feb 06, 2006 TO: Feb 8, 2006
TRAVEL REQUISITION #:	40577, 37799
PROGRAM ACCOUNT CODE #:	191-252-003-7210-10
CONFIRMATION CODE #:	confirmed w/ Patty
SPECIAL INSTRUCTIONS:	

123830

AIR FARE	COST ESTIMATE
1- ~~PLAT-DLG~~	~~800.00~~
2- ~~DLG-PLAT~~	~~800.00~~
3-	~~90.00 ea way~~
4- Tog DLG Marie Paul	90.00 ea way
TOTAL ESTIMATED TRAVEL	~~1,600.00~~ R/T

02/06 Arrive P/u @ 4pm
Arrive Tug @ 5pm

02/08 Depart Dlg 5pm
RtNw/Napsy

TA: 69514

AIR CARRIER USING: Tucker Air or Coppcliak

DIRECT BILL BBAHC OR DINER'S CLUB CHARGED:

[Circle 1 Above]

ARRANGED BY: Karen Johnson ON DATE: 01/31/06

***IF PATIENT TRAVEL/NEED:

AUTHORIZED BY: _____ DATE: _____

[Please make sure all lines are filled out properly - or forms will be returned]

PLEASE ROUTE - WHITE, YELLOW AND PINK COPIES TO - ACCOUNTING

124035.

Bristol Bay Area Health Corporation

Trip Expense/Report Form

Name of Traveler: Marie Paul Vendor # 4496

Mailing Address: C/O BOX 310 TOG, AK 99678 Phone/Ext.

Account # to be charged 191-252-003-7220-10 TR# 69514

Purpose of Trip: Clinic Bus. Plan Development.

BRISTOL BAY AREA HEALTH CORPORATION 2798-198696-76 19892

Ligat'n	Description	Invoice number	PO #	Amou
124035	TOG-DLG 2/7/06	.50x.40x69.00	TR#69514	27.60
	*** Total ***			27.60

19892

BRISTOL BAY AREA HEALTH CORPORATION
P.O. BOX 130
DILLINGHAM, AK 99576

WELLS FARGO BANK, N.A.
ANCHORAGE, ALASKA
89-5-1252
2798-198696-76

02/13/2006 ********27.60

DATE AMOUNT

** Twenty Seven Dollars and 60 Cents **

PAY TO THE ORDER OF MARIE PAUL
P.O. BOX 166
TOGIAK AK 99678

NOT VALID AFTER 180 DAYS
AUTHORIZED SIGNATURE

NOT NEGOTIABLE

⑈198696⑈ ⑆125200015⑆ 7000 3331 5520⑈

124036

Bristol Bay Area Health Corporation

Trip Expense/Report Form

Name of Traveler: Walter Kanuli Vendor # 2559

Mailing Address: c/o Box 310 Tog, AK 99678 Phone/Ext.

Account # to be charged 191-252-003-72410 TR# ~~40577~~ 37799

Purpose of Trip: Clinic Bus. Plan. Development

BRISTOL BAY AREA HEALTH CORPORATION 2798-198682-62 19891

Liqat'n Description	Invoice number	PO #	Amou
124036 TER T06-DLG 2/7/06	27.60+41.40	TR#37799	69
*** Total ***			69

1989

BRISTOL BAY AREA HEALTH CORPORATION
P.O. BOX 130
DILLINGHAM, AK 99576

WELLS FARGO BANK, N.A.
ANCHORAGE, ALASKA
89-5-1252
2798-198682-62

02/13/2006 ********69.0

DATE AMOUNT

** Sixty Nine Dollars and 00 Cents **

PAY TO THE ORDER OF Walter Kanuli
c/o P O Box 310
Togiak AK 99678

NOT VALID AFTER 180 DAYS
AUTHORIZED SIGNATI

NOT NEGOTIABLE

09101/37-95

⑈198682⑈ ⑆125200057⑆00 2798 7739⑈

BRISTOL BAY AREA HEALTH CORPORATION
P. O. BOX 130
DILLINGHAM, ALASKA 99576

Phone: (907)842-5191
(907)842-5201

TRAVEL AUTHORIZATION

NAME:	Dan Salmon, ~~Senafont Snugak Jr.~~ 2562
DESTINATION:	Igiugig to Dillingham
DATES of TRAVEL:	Feb 6 TO: Feb 8
TRAVEL REQUISITION #:	40550, 40551
PROGRAM ACCOUNT CODE #:	191-225-003-7210-70
CONFIRMATION CODE #:	
SPECIAL INSTRUCTIONS:	Please call passengers to reconfirm:

Senafon 850-2395 and Dan 533-3217 123831

AIR FARE	COST ESTIMATE
1-	855.00
2-	~~855.00~~
3-	
4-	
TOTAL ESTIMATED TRAVEL	1710.00

2/6 P/u @ 2:30 @ PPB

2/8 Leave Dlg 3pm

2/6 (½ x 109.00) 54.50
2/7 (1 x 41.40) 41.40
2/8 (½ x 26.[illegible]) 15.[illegible]

TA: 69516

AIR CARRIER USING: Illamna Air

DIRECT BILL BBAHC OR DINER'S CLUB CHARGED:

[Circle 1 Above]

ARRANGED BY: Karen Johnson ON DATE:

***IF PATIENT TRAVEL/NEED:

AUTHORIZED BY: DATE:

[Please make sure all lines are filled out properly - or forms will be returned]

PLEASE ROUTE - WHITE, YELLOW AND PINK COPIES TO - ACCOUNTING

124040

Bristol Bay Area Health Corporation

Trip Expense/Report Form

Name of Traveler: Dan Salmon Vendor # 2562

Mailing Address: c/o Box 4008 Igiugig AK 99613 Phone/Ext.

Account # to be charged 191-252-003-7210-10 TR# 40550

Purpose of Trip: Clinic Business Plan Development

BRISTOL BAY AREA HEALTH CORPORATION 2798-198685-65 19891

Iggt'n	Description	Invoice number	PO #	Amou
124040	TER IGG-DLG 2/6-8/06	TR#40550		90.90
	*** Total ***			90.90

19891

BRISTOL BAY AREA HEALTH CORPORATION
P.O. BOX 130
DILLINGHAM, AK 99576

WELLS FARGO BANK, N.A.
ANCHORAGE, ALASKA
89-5-1252
2798-198685-65

02/13/2006 **********90.90
DATE AMOUNT

** Ninety Dollars and 90 Cents **

PAY TO THE ORDER OF Dan Salmon
c/o P O Box 4008
Igiugig AK 99613

NOT VALID AFTER 180 DAYS
AUTHORIZED SIGNATURE

NOT NEGOTIABLE

⑈198685⑈ ⑆125200059⑆002798 7737⑈

FAX 246

BRISTOL BAY AREA HEALTH CORPORATION
P. O. BOX 130
DILLINGHAM, ALASKA 99576

Phone: (907)842-5191
(907)842-5201

TRAVEL AUTHORIZATION

NAME:	Dolly Ann Trefon, Eva King, Lori Rawson, ~~Raylene~~
DESTINATION:	King Salmon - Dillingham
DATES of TRAVEL:	Feb 6, 2006 TO: Feb 8, 2006
TRAVEL REQUISITION #:	40578, 40581, 40580, 40579
PROGRAM ACCOUNT CODE #:	191-252-003-7210-10
CONFIRMATION CODE #:	Flora @ 246-3372 LWPWTH Lori & Eva
SPECIAL INSTRUCTIONS:	~~SS~~AKWN Dolly & Raylene

1238.29 Flt 676

AIR FARE	COST ESTIMATE
1- Dolly Ann	~~220.00~~ 110.00 o/w only
2- Eva	225.00
3- Lorianne	225.00
4- ~~Raylene~~	~~220.00~~
TOTAL ESTIMATED TRAVEL	~~$880.00~~ 890.00

King Salmon
Dept 02/06 @ 6pm
Dillingham
Dept 02/08 @ 5pm

16 (14 x 2 x 169.00) 13.50
2/9 (14 x 2 x 169.00) 41.40

TA: 69515

AIR CARRIER USING: Pin Air

DIRECT BILL BBAHC OR DINER'S CLUB CHARGED:

[Circle 1 Above]

ARRANGED BY: Karen Johnson ON DATE: 01/3/06

***IF PATIENT TRAVEL/NEED:

AUTHORIZED BY: _____ DATE: _____

[Please make sure all lines are filled out properly - or forms will be returned]

PLEASE ROUTE - WHITE, YELLOW AND PINK COPIES TO - ACCOUNTING

124037

Bristol Bay Area Health Corporation

Trip Expense/Report Form

Name of Traveler: Lori Ann Rawson Vendor # 2560

Mailing Address: c/o BX 70106 Snak AK 99670 Phone/Ext.

Account # to be charged 191-252-003-7210-10 TR# 40580

Purpose of Trip: Clinic Bus. Plan Development

BRISTOL BAY AREA HEALTH CORPORATION 2798-198683-63 19891

Iget'n	Description	Invoice number	PO #	Amou
124037	TER WSN-DLG 2/6-7/06	41.40+41.40	TR#40580	82.80
	*** Total ***			82.80

19891

BRISTOL BAY AREA HEALTH CORPORATION
P.O. BOX 130
DILLINGHAM, AK 99576

WELLS FARGO BANK, N.A.
ANCHORAGE, ALASKA
89-5-1252

2798-198683-63

02/13/2006 **********82.80
DATE AMOUNT

** Eighty Two Dollars and 80 Cents **

PAY TO THE ORDER OF Lori Ann Rawson
c/o P O Box 70106
South Naknek AK 99670

NOT VALID AFTER 180 DAYS
AUTHORIZED SIGNATUF

NOT NEGOTIABLE

⑈198916⑈ ⑆125200057⑆00 2798773 7⑈

124039

Bristol Bay Area Health Corporation

Trip Expense/Report Form

Name of Traveler: Eva King Vendor # 178

Mailing Address: c/o Box 70106 S.Nak, AK 99670 Phone/Ext.

Account # to be charged 191-252-003-7240-10 TR# 40579

Purpose of Trip: Clinic Bus. Plan Development

BRISTOL BAY AREA HEALTH CORPORATION 2798-198630-9 19886

igat'n	Description	Invoice number	PO #	Amou
124039	TER WSN-DLG 2/6-7/06	41.40+41.40	TR#40579	82.80
	*** Total ***			82.80

19886

BRISTOL BAY AREA HEALTH CORPORATION
P.O. BOX 130
DILLINGHAM, AK 99576

WELLS FARGO BANK, N.A.
ANCHORAGE, ALASKA
89-5-1252
2798-198630-9

02/13/2006 **********82.80
DATE AMOUNT

** Eighty Two Dollars and 80 Cents **

PAY
TO THE ORDER OF EVA NIELSEN-KING
P.O. BOX 70106
SOUTH NAKNEK AK 99670

NOT VALID AFTER 180 DAYS
AUTHORIZED SIGNATUR

NOT NEGOTIABLE

⑈198630⑈ ⑆125200057⑆002276777 37⑈

124038

Bristol Bay Area Health Corporation

Trip Expense/Report Form

Name of Traveler: Dolly Ann Trefon Vendor # 2561

Mailing Address: c/o Box 106 Nak, AK 99633 Phone/Ext.

Account # to be charged 191-252-003-7210-10 TR# 40578

Purpose of Trip: Clinic Bus. Plan Development

BRISTOL BAY AREA HEALTH CORPORATION 2798-198684-64 198915

Ingstr'n	Description	Invoice number	PO #	Amoun
124038	TER NAK-DLG 2/6-7/06	13.80+41.40	TR#40578	55.20
	*** Total ***			55.20

198915

BRISTOL BAY AREA HEALTH CORPORATION
P.O. BOX 130
DILLINGHAM, AK 99576

WELLS FARGO BANK, N.A.
ANCHORAGE, ALASKA
89-5-1252
2798-198684-64

02/13/2006 **********55.20
DATE AMOUNT

** Fifty Five Dollars and 20 Cents **

PAY TO THE ORDER OF Dolly Ann Trefon
c/o P O Box 106
Naknek AK 99633

NOT VALID AFTER 180 DAYS
AUTHORIZED SIGNATURE

NOT NEGOTIABLE

⑈198915⑈ ⑆125200057⑆002274773⑈

Sent to Marie

BRISTOL BAY AREA HEALTH CORPORATION
P. O. BOX 130
DILLINGHAM, ALASKA 99576

Phone: (907)842-5191
(907)842-5201

TRAVEL AUTHORIZATION

NAME:	Marie Pauo & Walter Kanuli
DESTINATION:	Togiak
DATES of TRAVEL:	02/07/06 TO:
TRAVEL REQUISITION #:	41577
PROGRAM ACCOUNT CODE #:	191 [illegible]
CONFIRMATION CODE #:	
SPECIAL INSTRUCTIONS:	

AIR FARE	COST ESTIMATE
1- 2 o/w tks	1860.00
2- to togiak	
3-	
4-	

TOTAL ESTIMATED TRAVEL 1860.00

AIR CARRIER USING: Frontier

TA: 69518

DIRECT BILL BBAHC OR DINER'S CLUB CHARGED:

[Circle 1 Above]

ARRANGED BY: [illegible] ON DATE: 02/07/06

***IF PATIENT TRAVEL/NEED:

AUTHORIZED BY: _____ DATE: _____

[Please make sure all lines are filled out properly - or forms will be returned]

PLEASE ROUTE - WHITE, YELLOW AND PINK COPIES TO - ACCOUNTING