

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES
AMENDMENT TO GRANT AGREEMENT

PROGRAM NAME: Denali Commission Financial Assistance Award	Grant Number: 06-4-C-4897 Amendment Number: 4 State Fiscal Year: 2005
Amended Service Description: This grant is amended to extend the Period of Performance to March 31, 2006	
Approved Grant Project Budget Period: Beginning: November 28, 2003 Amended Ending: December 31, 2005 This Amendment: March 31, 2006	Issue Date: Current Award: \$290,000 Amended Award: N/A
2nd Year of Multi-year Duration Grant	No. of FTE Positions supported by this grant
Name and Mailing Address of Grantee Heritage Place 232 Rockwell Avenue Soldotna, AK 99669	Facility/Project Location: Heritage Place 232 Rockwell Avenue Soldotna, AK 99669
Phone Number: 907-262-2545 Fax Number:	Email Address:

TOTAL APPROVED GRANT PROJECT BUDGET WITH AMENDMENT

Cost Category	THIS GRANT AWARD	All Other Grant Project Funding Sources					TOTAL PROJECT COST
		Match					
		Grant Income	Local Cash	Local In-Kind	Other	Other	
Clinical Software Hardware	80,000	0	0	0	0	0	\$80,000
Hospital Beds	54,000	0	0	0	0	0	\$54,000
Medical Equipment	17,000	0	0	640,000	0	0	\$657,000
Building Siding	60,000	0	0	0	0	0	\$60,000
Replace Carpet	75,000	0	0	0	0	0	\$75,000
		0	0		0	0	\$0
Phone Install	4,000	0	0	0	0	0	\$4,000
Total Direct Expense	290,000	0	0	640,000	0	0	\$930,000
Indirect Cost	0	0	0	0	0	0	\$0
TOTAL Costs	\$290,000	\$0	\$0	\$640,000	\$0	\$0	\$930,000

Agencies expending \$500,000 or more total federal financial assistance in a fiscal year, may be required to comply with the Federal Single Audit Act. This grant contains \$290,000 in federal funds, identified by CFDA number below.

I certify that I am authorized to negotiate, execute, and administer this agreement on behalf of the agency named above, and hereby consent to the terms and conditions of this agreement including all articles of this amended agreement and all appendices and attachments.

Name/Title of Authorized Grantee Representative:

Signature of Authorized Grantee Representative:

Dennis Murray

Date:

1/3/06

Name/Title of Authorized DHSS Representative:

Signature:

Jaret Clarke

Date:

1/9/06

Summary of Funding (Dept. Use Only)

Program Name	Fund Source	Collo Code	Amount	CFDA#	(RDU/Component)	(Acct)
FAA 0101-DC-2003-114	FED	06-25-9-537	\$290,000	90.100		

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
AMENDMENT TO GRANT AGREEMENT

Grant No. 06-4-C-4897

The Alaska Department of Health & Social Services (hereinafter termed the grantor) and Heritage Place, (hereinafter termed the grantee) hereby stipulate that:

The grant agreement for grant number 06-4-C-4897 is amended by the following conditions. The Period of Performance will be extended to March 31, 2006. All other conditions of the original grant agreement remain effective for the term of the agreement.



December 28, 2005

Mike Frawley, Grant Administrator
Dept. of Health and Social Services
Div. of Administrative Services
P.O. Box 110650
Juneau, Ak. 99811-0650

Re: Denali Commission Grant Funds
Grant #06-4-C-4897

Dear Mike:

This letter is to follow up my email concerning the need to request additional time to complete the projects identified by Heritage Place in our most recent amendments to the Denali Commission Grant. Please accept this letter as my formal request that Heritage Place be granted an additional 3 months to complete our projects. The new date for completion would be 3/31/06. I am submitting a revised timeline for the various projects.

I realize and appreciate the state's advocacy with the Denali Commission in allowing our small nursing home the opportunity to complete our projects over an extended period of time. Our agency has encountered several barriers in prudently using these resources to enhance our program services and physical environment to better serve our residents.

Please let me know if you have any questions. Is there any chance you will be in Soldotna this spring? I would love to be able to share the results of the funding.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dennis Murray", is written over the typed name.

Dennis Murray, Administrator
Encl. Revised Timeline for Completion

cc.. Michealene Schiffman, HP Finance