Attachment F

Denali Commission Quarterly
Project Narrative and Funds Disbursement Request

Project Name: _____

Agency: Maniilaq EMS Reporting Period: January 15, 2008

Grant #: 65C-07-411 Amount of Funds Requested $ 0

1. What is the status of the project; include portions completed?

No activity this quarter.

2. Is the project on schedule; if not, how will this be dealt with?

Some of theequipment to be purchased require bid process.

3. Is the project on budget; if not, how will this be dealt with?

Some of the equipment to be purchased require match.

4. Other comments/problems and solutions:

The Program Manager will immediately start working on the project.

Attachment G

Denali Commission
Quarterly Project Financial Report

Project Name: _____

Agency: Maniilaq EMS Reporting Period: 1/15/08

Grant #: 65C-07-411

Please include the following information:
(Use additional pages as necessary)

Budget Information:

1. The total project budget - Denali Commission and other funds combined
2. The total project expenditures as of the end of the most recent quarter
3. The total amount of Denali Commission funds committed to the project
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period
5. The percentage of expenditures to the total budget
6. Project Performance Analysis (use PPA form on page2 of 641)

Project Schedule:

Show the project schedule with milestone dates for design and construction.

Form 641A

Attachment G

Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form

Project Name: _____

Agency: Maniilaq EMS Reporting Period: 1/15/08

Grant #: 65C-07-411

NOTE: Include Denali Commission Grant Funds Only on this form.

Line Items	Approved Budget	Actual Cost to Date	Scheduled Completion Date	Actual Work Performed
Please see Attached List				
Totals:	$55,803.00			

Signature: _____ Date: 1/25/2008

Helen A. Bolen, President/CEO
Print Name and Title:

Form 641B

Line Items:	Village	Costs
Hypothermia Bag	Amber Clinic	$720.00
	Buckland Clinic	$720.00
	Deering Clinic	$720.00
	Kiana Clinic	$720.00
	Kivalina Clinic	$720.00
	Kobuk Clinic	$720.00
	Noatak Clinic	$720.00
	Shungnak Clinic	$400.00
Patient Wrap w/Insert Blanket	Selawik Clinic	$720.00
IV Stands & Heater	Amber Clinic	$270.00
	Buckland Clinic	$270.00
	Deering Clinic	$270.00
	Kiana Clinic	$270.00
	Kivalina Clinic	$270.00
	Kobuk Clinic	$270.00
	Noatak Clinic	$270.00
	Noorvik Clinic	$150.00
	Selawik Clinic	$270.00
	Shungnak Clinic	$210.00
C-PAP	Kotzebue EMS/Air Ambulance	$1,890.00
Bauman Bags	Kotzebue EMS/Air Ambulance	$4,320.00
Emergency Care Simulator	Kotzebue EMS/Air Ambulance	$4,125.00
Oxygen Generating System	Kotzebue EMS/Air Ambulance	$29,340.00
Portable Suction Unit	Kotzebue VFD	$720.00
Stryker Chair – Pro-6252	Kotzebue VFD	$2,790.00
Legacy Smart Charger and Portable Radio	Selawik Ikayuktit First Responder Team	$2,610.00
Pulse Oximeter DD-704	Selawik Ikayuktit First Responder Team	$1,008.00
Basket Sled	Noorvik Clinic	$1,350.00

Total Request: $56,833.00