

Attachment F

**Denali Commission Quarterly
Project Narrative and Funds Disbursement Request**

Project Name: _____

Agency: Maniilaq EMS Reporting Period: 3/26/08

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?

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

4. Other comments/problems and solutions:

Working on purchasing oxygen generating system @
this time as well as IV stands etc.

Attachment G

**Denali Commission
Quarterly Project Financial Report**

Project Name: _____

Agency: Maniilaq EMS

Reporting Period: 3/26/08

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.

This project will be completed before August 31, 2008.

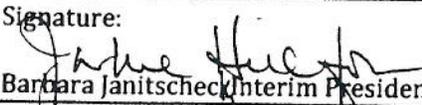
Form 641A

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

Project Name: EMS Code Blue Phase VII Capital
 Agency: Maniilaq EMS Reporting Period 7/1/07-3/31/08
 Grant#: 65C-07-411

NOTE: Include Denali commission Grant Funds Only on this form

Line Items	Approved Budget Budget	Actual Cost to Date	Schedule of Completion Date	Actual Work Performed
Please see attached list				
Totals:	56,833	0		

Signature:  Date: April 22, 2008
 Barbara Janitschek, Interim President/CEO

Print Name and Title:
 Department of Health and Social Services
 Facilities Section

Form 641B