

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

PROGRAM NAME: Denali Commission Financial Assistance Award 0101-DC-2003-I14		Grant Number: 06-4-C-4899 Amendment Number: 1 State Fiscal Year: 2004	
Amended Service Description: This grant is amended to reflect the addition of matching funds inadvertently left out of the original grant agreement.			
Approved Grant Project Budget Period: Beginning: November 4, 2003 Ending: December 31, 2004		Issue Date: November 1, 2004 Current Award: \$264,400 Amended Award: \$264,400	
Year of Multi-year Duration Grant		No. of FTE Positions supported by this grant	
Name and Mailing Address of Grantee Cordova Community Medical Center PO Box 160 Cordova, AK 99507		Facility/Project Location: Cordova Community Medical Center PO Box 160 Cordova, AK 99507	
Phone Number: 907-424-8222 Fax Number:		Email Address:	

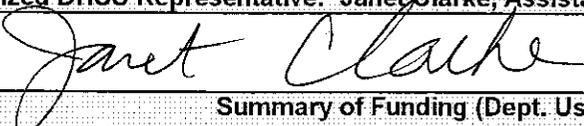
TOTAL APPROVED GRANT PROJECT BUDGET WITH AMENDMENT

Cost Category	THIS GRANT AWARD	All Other Grant Project Funding Sources					TOTAL PROJECT COST
		Match					
		Grant Income	Local Cash	Local In-Kind	Other	Other	
Major Medical Equipment	264,400	0	0	420,803	0	0	\$685,203
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
	0	0	0	0	0	0	\$0
Total Direct Expense	264,400	0	0	420,803	0	0	\$685,203
Indirect Cost	0	0	0	0	0	0	\$0
TOTAL Costs	\$264,400	\$0	\$0	\$420,803	\$0	\$0	\$685,203

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 \$264,400 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:	Date:
Attachment C initialed by the grantee attached.	

Name/Title of Authorized DHSS Representative: Janet Clarke, Assistant Commissioner	
Signature: 	Date: 11/11/2004

Summary of Funding (Dept. Use Only)						
Program Name	Fund Source	Collo Code	Amount	CFDA#	(RDU/Component)	(Acct)
FAA 0101-DC-2003-I14	FED	06-25-9-535	\$264,400	90.100		

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

Grant No. 06-4-C-4899

The Alaska Department of Health & Social Services (hereinafter termed the grantor) and Cordova Community Medical Center, (hereinafter termed the grantee) hereby stipulate that:

The grant agreement for grant number 06-4-C-4899 is amended by the following conditions. All other conditions of the original grant agreement remain effective for the term of the agreement.

Amendment # 1 Grant Award 06-4-C-4899

All changes to the award conditions are noted below.

ATTACHMENT C, ARTICLE 3. BUDGET SCHEDULE

Work Activity	DHSS Grant	Other	Total Project
Major Medical Equipment	\$264,400	\$420,803	\$685,203
Total:	\$264,400	\$420,803	\$685,203

There are no other changes to the original grant agreement, as amended.

ATTACHMENT C
FINANCIAL PROVISIONS

ARTICLE 1. TOTAL GRANT AMOUNT

In full consideration of the GRANTEE's satisfactory performance of the tasks stated in Attachment C, and in accordance with other conditions of this grant agreement, the GRANTOR shall pay the GRANTEE a sum not to exceed two hundred, sixty four thousand, four hundred dollars (\$264,400) based on the schedule identified below in Article 3 (Budget Schedule).

ARTICLE 2. TASKS REQUIRED PRIOR TO INITIAL DISBURSEMENTS

Prior to any payments being made under this Agreement, the GRANTEE shall provide the following:

- A. Evidence of all applicable licenses, including a current business license;
- B. Bonding and insurance requirements as specified in Attachment A, Article 22 (Insurance);
- C. A Work Plan as specified in Attachment B, Article 3 (Tasks Required Prior to First Disbursement);
- D. Evidence of the commitment (approval) of at least 50% cost share match of project cost from a source or sources besides the grant provided in this agreement.

ARTICLE 3. BUDGET SCHEDULE

The GRANTEE shall use grant funds only with direct costs associated with eligible budget categories as identified in the approved work plan based on Attachment B, Article 1 (Purpose and Special Conditions). The budgeted costs associated with the work items to be completed with grant funds, as identified in the approved work plan, are as follows:

<u>Work Activity</u>	<u>DHSS Grant</u>	<u>Other</u>	<u>Total Project</u>
Major Medical Equipment	\$264,400	\$420,803	\$685,203
Total:	\$264,400	\$420,803	\$685,203

The GRANTOR shall not be obligated to disburse grant funds in excess of the Budgeted Cost for each activity identified above. Grant funds which are not needed to satisfy obligations associated with an above identified budgeted activity may be used to pay for the cost associated with other above identified activities, or for other eligible activities, as approved in writing by the GRANTOR.

ARTICLE 4. PAYMENTS

Payment requests should be sent to the attention of the Department of Health and Social Services Program Administrator identified in the Grant Agreement, utilizing the Request For Advance Or Reimbursement (Federal SF270) provided as an Attachment I.

ARTICLE 5. RETAINAGE AMOUNT

The GRANTOR will retain an amount equal to approximately ten percent (10%) of the total grant amount pending receipt and approval by GRANTORS of the Final Cost Certification and any other final reports required under Attachment B, Article 5 (Report Requirements). Upon approval of the final reports required under Attachment B, Article 5 (Report Requirements), GRANTORS will disburse the retainage amount, in accordance with Attachment C, Article 4 (Payments). Any unexpended grant funds which remain undisbursed upon completion of the project, approval of the Final Cost Certification, and payment of all eligible costs, shall be retained by the GRANTOR.

ARTICLE 6. DEPOSITS AND INTEREST INCOME

Payments resulting from this agreement shall be used by the GRANTEE for the project and for no other purpose without prior written approval of the GRANTOR. No interest will be accrued on these grant funds.

Any interest income that may be earned by the GRANTEE from grant funds provided to the GRANTEE by the GRANTOR remains the property of the GRANTOR. Interest income earned, if any, shall be deducted from the final ten percent (10%) retainage fee. The retainage amount shall be increased commensurate with any interest earned exceeding ten percent (10%) of the total grant amount, as evidenced by data supplied as part of the quarterly reports required under Attachment B, Article 5 (Report Requirements).

ARTICLE 7. FUNDING SOURCE RESTRICTION

Funds provided to the GRANTEE by the GRANTOR under this Grant Agreement may only be used for eligible activities as identified in Attachment B, Scope of Work, or other eligible expenses, as approved in writing by the GRANTOR.