

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

PROGRAM NAME: Denali Commission Financial Assistance Award	Grant Number: 06-4-C-5015 Amendment Number: 2 State Fiscal Year: 2004
Amended Service Description: This grant is amended to increase the total award by the amount of \$44,413.00 this amendment will also reflect a previous change in the Federal Reporting requirements within the original grant agreement.	
Approved Grant Project Budget Period: Beginning: October 6, 2004 Ending: December 31, 2007	Issue Date: November 1, 2004 Current Award: \$882,738 Amended Award: \$927,151
1st Year of Multi-year Duration Grant	N/A No. of FTE Positions supported by this grant
Name and Mailing Address of Grantee: South Peninsula Hospital, Inc. 4300 Bartlett Street Homer, AK 99603	Facility/Project Location: South Peninsula Hospital, Inc. 4300 Bartlett Street Homer, AK 99603
Phone Number: 907-235-8101 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	
Construction	927,151	0	0	16,117,262	0	0	\$17,044,413
	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	927,151	0	0	16,117,262	0	0	\$17,044,413
Indirect Cost	0	0	0	0	0	0	\$0
TOTAL Costs	\$927,151	\$0	\$0	\$16,117,262	\$0	\$0	\$17,044,413

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 \$ 927151.00 in federal funds, identified by CFDA number below.

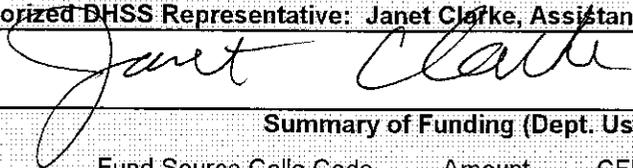
I certify that I am authorized to negotiate, execute, and administer this agreement on behalf of the agency named above, and hereby consent to the terms and conditions of this agreement including all articles of this amended agreement and all appendices and attachments.

Name/Title of Authorized Grantee Representative:

Signature of Authorized Grantee Representative: _____ **Date:** _____

Initialed amendments from grantee attached.

Name/Title of Authorized DHSS Representative: Janet Clarke, Assistant Commissioner

Signature:  **Date:** 11/1/2004

Summary of Funding (Dept. Use Only)

Program Name	Fund Source	Collo Code	Amount	CFDA#	(RDU/Component)	(Acct)
FAA 0136-DC-2004-I22	FED	06-25-9-659	\$882,738	90.100		
FAA 0101-DC-2003-114	FED		\$44,413	90.100		

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

Grant No. 06-4-C-5015

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

The grant agreement for grant number 06-4-C-5015 is amended by the following conditions. All other conditions of the original grant agreement remain effective for the term of the agreement.

All changes to the award conditions are noted below.

Grant # 06-4-C-5015

This Amendment reflects the additional funding allocated under Amendment 1 of Financial Assistance Award 0101-DC-2003-114. Please note that an additional \$44,413 has been added to this sub-award.

Original Award under Financial Assistance Award 0136-DC-2004-122	\$882,738
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Additional funding under Amendment 1 for Financial Assistance Award 0101-DC-2003-114	\$44,413
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Total Award from the Denali Commission for Grant # 06-4-C-5015	\$927,151
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Attachment B, Article 5. Reporting Requirements

In the event this project entails general construction labor, an Annual Labor Type, Residence, & Wage Report form 640, attachment H must be submitted to the GRANTOR annually. This must be completed prior to November 1st each year.

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

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

***OFFICE OF THE COMMISSIONER
FINANCE AND MANAGEMENT SERVICES***

FRANK H. MURKOWSKI, GOVERNOR

*P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499*

October 7, 2004

Amendment # 1 Grant Award 06-4-C-5015

All changes to the award conditions are noted below.

Attachment B, Article 5. Reporting Requirements

In the event this project entails general construction labor, an Annual Labor Type, Residence, & Wage Report form 640, attachment H must be submitted to the GRANTOR annually. This must be completed prior to November 1st each year.

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

 Initial

Denali Commission
Annual Labor Type, Residence, & Wage Report
Reporting Period: 11/1 – 10/31

Project Name: _____

Agency: _____ Grant #: _____

Position	Place of Primary Residence	Date of First Check	Date of Last Check	Rate of Pay Per Hour	Total Earnings from the Project to date:

Signature: _____

Date: _____

Print Name and Title: _____

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

*OFFICE OF THE COMMISSIONER
FINANCE AND MANAGEMENT SERVICES*

FRANK H. MURKOWSKI, GOVERNOR

*P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499*

October 20, 2004

Amendment # 2 Grant Award 06-4-C-5015

All changes to the award conditions are noted below.

Grant # 06-4-C-5015

This Amendment reflects the additional funding allocated under Amendment 1 of Financial Assistance Award 0101-DC-2003-I14. Please note that an additional \$44,413 has been added to this sub-award.

Original Award under Financial Assistance Award 0136-DC-2004-I22	\$882,738
Additional funding under Amendment 1 for Financial Assistance Award 0101-DC-2003-I14	\$44,413
Total Award from the Denali Commission for Grant # 06-4-C-5015	\$927,151

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

 Initial



Financial Assistance Award

DENALI COMMISSION
 510 "L" Street, Suite 410
 Anchorage, Alaska 99501
 (907) 271-1414 (phone)
 (907) 271-1415 (fax)
 www.denali.gov

Project Number 0101-DC-2003-I14 - Amendment # 1

Project Title State of Alaska – DHSS “Other Than Primary Care” Facilities

Performance Period 07/01/03 – 07/01/06

Authorizing Resolution 03-02

Recipient Organization & Address
 State of Alaska, Department of Health and Social Services
 PO Box 110601
 Juneau, AK 99811-0601
 Phone: (907) 465.3030
 Fax: (907) 465.3068

Authority
 112 Stat 1854

CFDA Number
 90.100

Denali Commission Finance Officer Certification

CEE

Recipient DUNS # 809386543-0000 TIN # 926001185

Cost Share Distribution Table

Current Obligations	Denali Commission	Other Contributors	Totals
FY03 Base funding			
Acct. Code 95670000	\$ 3,650,000.00	\$ 8,049,329.90	\$ 11,699,329.90
Amendment No. 1	\$0.00	\$0.00	\$0.00
Total Current Funding	\$ 3,650,000.00	\$ 8,049,329.90	\$ 11,699,329.90

This Amendment No. 1 to the Financial Assistance Award approved by the Federal Co-Chair of the Denali Commission is issued in triplicate and constitutes an obligation of federal funding. By signing the three documents, the Recipient agrees to comply with the Award provisions indicated below and attached. Upon acceptance by the Recipient, two signed Award documents shall be returned to the Federal Co-Chair of the Denali Commission and the Recipient shall retain the third document. If not signed and returned without modification by the Recipient within 30 days of receipt, the Federal Co-Chair may unilaterally terminate this Award.

This Amendment No. 1 to the Award documents the termination of one sub-project and the “reprogramming” of the funds for other purposes. Specifically:

1. The Palmer, Alaska, Valley Hospital (Radiography and Fluoroscopy Room) sub-project funded for \$299,500 has been terminated in a letter dated June 16, 2004 from A-DHSS to Valley Hospital in Palmer.
2. Attached is a spreadsheet entitled: “Department of Health and Social Services Denali Commission Grant Funds-Administration Budget Attachment to Amendment No. 1 to Project 0101-DC-2003-I14” that authorizes A-DHSS to charge a management fee of \$ 158,959 for management of the Commission’s “Other Than” Primary Care program. These administrative funds are available for A-DHSS use effective June 1, 2004.
3. The balance of available funding totaling \$140,541 will be applied as follows:
 - South Peninsula Hospital - \$44,413 (this is in addition to the funding authorized under Project 0136-DC-2004-122).
 - SEARHC Ravens Way - \$96,128 (this is in addition to the funding authorized under Project 0136-DC-2004-122).

Signature of Authorized Official - Denali Commission

Jeff Staser

Typed Name and Title
 Jeffrey B. Staser, Federal Co-Chair

Date
 7-8-2004

Signature of Authorized Official – State of Alaska, DHSS

Joel Gilbertson

Typed Name and Title
 Joel Gilbertson, Commissioner

Date
 7/29/04