

**Form 641 – Parts A, B & C  
ASHNHA Quarterly Project Budget Summary  
& Performance Analysis Reporting Form**

**For All 2010 Denali Commission Approved Projects –  
Projects No. 1265 – A through 1265 – L**

**Project Name:** Upgrade Blood Chemistry Analyzer System

**Name of Hospital / Grant Sub-Recipient:** Bartlett Regional Hospital

**Reporting Period:** April 1 – June 30, 2011

**Sub-Recipient Grant No.:** 1265 – B

**Part 641 – A. Project Budget Summary** (provide the following information requested; use additional pages as necessary):

**1. Original Project Budget Information:**

a. The *original total* approved project budget:

i. Amount of Denali Commission Grant Award: \$52,500.00

ii. Amount of Facility Cost Share Match (CSM): \$52,500.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$105,000.00

**2. Actual Project Costs Recorded During the Current Reporting Period:**

a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:

\$52,500.00

b. Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 (Part B) to reimburse your hospital for its project expenditures:

\$52,500.00 *Already received through an advance last quarter*

c. Total amount of project costs recorded during the reporting period, whether expended facility CSM or reimbursement for facility expenditures is being sought (add lines 2a & 2b):

\$105,000

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**For All 2010 Denali Commission Approved Projects –  
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**Project Name:** Upgrade Blood Chemistry Analyzer System

**Name of Hospital / Grant Sub-Recipient:** Bartlett Regional Hospital

**Reporting Period:** April 1 – June 30, 2011

**Sub-Recipient Grant No.:** 1265 – B

**Part 641 – A. Project Budget Summary** (provide the following information requested; use additional pages as necessary):

**1. Original Project Budget Information:**

a. The *original total* approved project budget:

i. Amount of Denali Commission Grant Award: \$52,500.00

ii. Amount of Facility Cost Share Match (CSM): \$52,500.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$105,000.00

**2. Actual Project Costs Recorded During the Current Reporting Period:**

a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:

\$52,500.00

b. Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 (Part B) to reimburse your hospital for its project expenditures:

\$52,500.00

c. Total amount of project costs recorded during the reporting period, whether expended facility CSM or reimbursement for facility expenditures is being sought (add lines 2a & 2b):

\$105,000

**3. Total Denali Commission Grant Funds Received to Date:**

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period (i.e., the total grant funds received to-date):

\$52,500.00

**4. Total Facility Cost Share Match Funds Expended to Date:**

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project *for which reimbursement was not and cannot be sought* from the Denali Commission) as of the end of the current reporting period (i.e., the total hospital matching funds expended to-date for which you did not seek reimbursement):

\$52,500.00

**5. Project Schedule:**

Please state the anticipated start and end dates of this funded 2010 Denali Commission Primary Care Improvements in Hospitals project, and provide a list of appropriate milestone dates for the major phases or activities of your project.

Start date: October 1, 2010

End date: August 5, 2011

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
1. Order blood chemistry analyzer system	2/23/11
2. Receive blood chemistry analyzer system	7/18/11
3. Coordinate with technical consultant for install	7/18/11
4. Concurrent with install, technical ap specialist on site	8/5/11
5. Project completion	8/5/11

**Part 641 – B. Project Performance Analysis** (add line items to the chart as appropriate):

2010 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Blood Chemistry Analyzer	\$105,000	\$105,000	8/5/2011	Equipment received in June arrived damaged, replacement will be installed July 18, 2011 and the technical ap specialist will be on site through the first week in August.
<b>Totals:</b>	\$105,000	\$105,000		

**Part 641 – C. Facility Certification:**

The preparer of this report, by signing below, certifies on behalf of his or her employer, that the information contained herein is accurate and complete to the best of his or her knowledge.

  
 \_\_\_\_\_  
 Signature

  
 \_\_\_\_\_  
 Date

Shawn D. Morrow, CEO

\_\_\_\_\_  
 Printed Name and Official Title

# Project Fund Disbursement Request

## Form 642 – Parts A & B

ASHNHA's Quarterly Project Reporting Form

Covering All 2010 Denali Commission Approved Projects  
Projects No. 1265 – A through 1265 – L

*Please Use this Form to Make a Fund Disbursement Request*

Project Name: Upgrade Blood Chemistry System

Name of Hospital / Grant Sub-Recipient: Bartlett Regional Hospital

Reporting Period: April 1 – June 30, 2011

Sub-Recipient Grant No.: 1265 - B

### **Part 642 – A. Project Narrative** (use additional pages as necessary) :

1. What is the status of your D/C 2010 "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)

**The equipment was ordered last quarter and received in June. Unfortunately, the equipment arrived damaged. A replacement unit has been ordered and will be installed July 18<sup>th</sup>.**

2. Is your 2010 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2012?

**The project has been delayed a month due to receipt of damaged equipment. The replacement equipment will be installed on July 18, 2011 and the technical ap specialist will be on site through August 5, 2011. The project will be complete by August 5, 2011. There will be no delay beyond 9/30/2012.**

3. Is the 2010 project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?

**The project is on budget.**

4. Other comments, problems and solutions:

### **Part 642 – B. Project Fund Disbursement Request (Advance or Reimbursement)**

We are requesting ASHNHA to release \$ 0 in Denali Commission Grant Funds for our project at this time. *This funding request is:*

1.      a request for an Advance against our Project Grant Award Funds; **or**

2. \_\_\_\_ a request for *Reimbursement* from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.

**Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance.**

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THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

CITY & BOROUGH OF JUNEAU  
**BARTLETT REGIONAL HOSPITAL**  
 3260 HOSPITAL DRIVE  
 JUNEAU, ALASKA 99801

1257 06  
 1252

First National Bank Alaska  
 JUNEAU BRANCH, JUNEAU, AK 99801

CHECK NO. 125756  
 VENDOR NO. B4392

DATE 06/15/11

ONE HUNDRED FIVE THOUSAND 00/100

PAY TO THE ORDER OF: SIEMANS DIAGNOSTIC  
 PO BOX 121102  
 DALLAS, TX 75312-1102

\*\*\*\$105000.00  
 VOID AFTER 90 DAYS  
 POSITIVE PAY

*Barbara J. Payne*

⑆ 125756⑆ ⑆ 125200060⑆ 0680 ⑈ 164 ⑆

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 06-22-2011 BNYMELLON  
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 ABS END GUAR

FOR DEPOSIT ONLY  
 MICR LINE  
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