

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 of Blood Chemistry Analyzer

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

Reporting Period: January 1 – March 31, 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

ii. Amount of Facility Cost Share Match (CSM): \$52,500

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$105,000

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:

\$0

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:

\$0

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):

\$0

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	6/30/2011	Equipment ordered this quarter
Totals:	\$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

4/13/11

 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 of Blood Chemistry Analyzer System

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

Reporting Period: January 1, 2011 – March 31, 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 blood chemistry analyzer was ordered in February 2011 and will arrive in June 2011.

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 completion date slipped from June 1st to June 30th due to other urgent competing equipment install priorities with lab equipment. The equipment is scheduled to be installed in June. This will not extend the project 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 \$52,500.00 in Denali Commission Grant Funds for our project at this time. *This funding request is:*

1. X 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.

Purchase Order #: 051542

Hospital: BARTLETT REGIONAL HOSPITAL
3260 HOSPITAL DRIVE
JUNEAU, ALASKA 99801

Vendor: B4392
DO NOT USE* SIEMANS
SIEMANA HEALTHCARE DIAG
PO BOX 121102
DALLAS, TX 75312-1102

Date: 02/23/11
Status: OPEN
Buyer: BRMM SJG - Gardner, Susan J
Type: REGULAR CAPITAL

Page: 1

Ship To: 3260 HOSPITAL DRIVE
JUNEAU, ALASKA 99801
ATT: RECEIVING

VIA: Exp Del: 03/01/11

Invoice To: 3260 HOSPITAL DRIVE
JUNEAU, ALASKA 99801
ATT: ACCOUNTS PAYABLE

Vendor Acct #:

Terms: INV NET 30
FOB: HOSPITAL

Contact:
Phone:
AK EXEMPT PURCH CERT #: 92-0118538

LINE ITEM #	VEND'S CATLG MFR'S CATLG	DESCRIPTION	PACKAGING MANUFACTURER	QTY UP	PRICE	EXT COST	DEPT or INVEN DELIVER TO	G/L ACCOUNT
1	03771	765000.911	CAPITAL EQUIPMENT	EA	105060.0000	105000.00	BRH LAB	01.1860.1050
			11L4B11					
			XPAND PLUS W/HM AND XPAND PLUS OCC POWERPAK FIELD UPGRADE XPAND MILLIPORE SYSTEM WITH 2 YEAR BUSINES HOURS SERVICE ON XPAND PLUS AS PER QUOTE 4SQ-20A					

Comments:

*** QUOTE 4SQ-20A

TOTAL: 105000.00

Vendor:

1. INCLUDE IN ALL SHIPMENTS A PACKING SLIP SHOWING CONTENTS AND PURCHASE ORDER NUMBER.
2. SHOW OUR ORDER NUMBER ON ALL INVOICES, PACKAGES, SHIPPING PAPERS, AND CORRESPONDENCE.
3. RENDER INVOICES IN DUPLICATE.
4. PURCHASE ORDER IS SUBJECT TO ALL TERMS AND CONDITIONS AS PROVIDED TO THE VENDOR.

By: _____


Authorized Signature

Siemens Healthcare
 Diagnostics Inc.
 Glasgow Business Community
 Building 500 Mailbox 540
 P.O. Box 6101
 Newark, DE 19714-6101

**EQUIPMENT
 SALE
 AGREEMENT**

Customer Name:	BARTLETT REGIONAL HOSPITAL	Group Purchasing Organization:	HEALTHTRUST PURCHASING GROUP
		Federal ID #:	
Legal Name:	JUNEAU, CITY & BOROUGH OF	Ship To Customer #:	
Address:	3260 HOSPITAL DR	Sold To Customer #:	106027
City, State, Zip:	JUNEAU, AK 99801	Payment Terms:	Net 30 days from date of invoice
Phone:	(907) 796-8860	Shipping & Handling:	Prepaid and added
Date:	11/20/2009		

JUNEAU, CITY & BOROUGH OF ("Buyer") agrees to purchase and Siemens Healthcare Diagnostics Inc. ("Seller") agrees to sell the equipment listed below ("Equipment") at the price(s) listed below.

QTY	Catalog Number	Description	Price	Extended Price
1	765000.911	Xpand Plus w/HM	\$105,000.00	\$105,000.00
1	765025.901	XpandPlus QCC PowerPak® Field Upgrade Kit	Included	Included
1		Xpand Millipore System	Included	Included

Total:	\$105,000.00
Shipping & Handling:	Included
Total Price:	\$105,000.00

Information about service and training associated with the Equipment purchased hereunder is set forth on the Attachment A to the Consumables Agreement entered into between the parties, if applicable. This Equipment Sale Agreement is subject to the Terms and Conditions attached hereto and made a part hereof.

If Customer is returning on-site equipment in conjunction with this Agreement ("Returned Equipment"), such equipment shall be identified by instrument type(s) and serial number(s) in the table below. Customer represents that there are no liens or encumbrances on the Returned Equipment. Customer agrees to deliver the Returned Equipment to Siemens within sixty (60) days after the installation of the Equipment purchased hereunder. In the event any item(s) of Returned Equipment is/are omitted from the table below, Customer makes the same representations and agreements regarding such omitted Returned Equipment.