

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: Bedside Medication Verification

Name of Hospital / Grant Sub-Recipient: Central Peninsula Hospital

Reporting Period: May 1, 2010 – September 30, 2010

Sub-Recipient Grant No.: 1265 – I

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: \$97,976

ii. Amount of Facility Cost Share Match (CSM): \$200,000

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$297,976

2. Actual Project Costs Recorded During the Current 5 Month Reporting Period:

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

 In planning stage – no funds expended during the reporting period.

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

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):

None

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):

None

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 25, 2010

End date: April 1, 2011

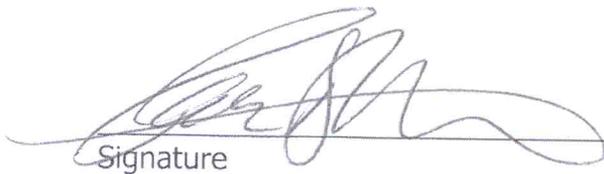
Description of Milestone Or Activity	Anticipated Completion Date
1. Project Preliminary Planning	10-25-10
2. Project Official Start	10-29-10
3. Hardware Trial	11-15-10
4. Order Hardware	11-20-10
5. Core Team System eMAR/BMV Admin Training	12-3-10
6. eMAR Configuration and Testing	12-10-10
7. eMAR OB User Training	12-13-10
8. eMAR Live in OB	12-20-10
9. BMV Configuration and Testing	02-14-11
10. BMV Policy and Procedure Development	02-14-11
11. eMAR/BMV Med/Surg & ICU User Training (BMV for OB Users)	02-25-11
12. eMAR/BMV Live in Med/Surg & ICU (BMV for OB)	03-15-11
13. Live Support/Project Completion	04-01-11

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:
N/A until direct expenses are incurred beginning in November				
Totals:				

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

October 11, 2010

 Date

Jason Paret, Chief Financial Officer

 Printed Name and Official Title

