

**Denali Commission Quarterly
Project Narrative &
Funds Disbursement Request
Form 642**

Project Name: Cat Scan Replacement

Agency: Sitka Community Hospital

Reporting Period: Third Quarter (July - September) 2009

Grant No.: 01004-*HS*

A. Disbursement Request

We are requesting ASHNHA to release \$ 27,529.24 in Denali Commission Grant Funds for our project at this time.

B. Project Narrative

1. **What is the status of your 2007 HNHFIP project (include portions completed) as of 9/30/2009?** Cat Scan is installed and operational. Some training still needs to be conducted and a piece of software still needs to be installed.
2. **Is the project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?** A little behind due to some technical issues but that has not caused any problems.
3. **Is the project on budget? Over or under budget? If over budget, how will this be dealt with?** Yes and may be under budget.
4. **Other comments, problems and solutions:**
As before in that we greatly appreciate the Denali Commission's financial support of healthcare in Alaska.

Attachment G

**Denali Commission
Quarterly Project Financial Report
Form 641(A)**

Project Name: Cat Scan Replacement

Agency: Sitka Community Hospital

Reporting Period: Third Quarter (July - September) 2009

Grant No.: 01004-11

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total approved project budget: \$854,600.00
 - a. Denali Commission cost share match: \$422,800
 - b. Facility cost share match: \$422,800.00
 - c. Total project cost: \$854,600.00

2. Total Project Expenditures as of September 30, 2009:
 - a. Amount of facility CSM expended to date: \$188,691.54
 - b. Amt of Denali Commission CSM received (previously reimbursed) to date: \$97,074.00
 - c. Amt of Denali Commission CSM requested for reimbursement this quarter: \$149,091.55

3. The amount of Denali Commission funds expended for the project as of the end of September 30, 2009 (add lines 2b. and 2c. above for this figure): \$246,165.55

4. The percentage of total expenditures to-date compared to the projected total project cost: 50.9%

5. **Project Schedule:**

Show the project schedule with milestone dates for major design and construction phases:
Cat Scanner is installed and functional. Some training still needs to occur and a piece of software still needs to be installed
Bone Densitometry Machine is installed and functional.

Attachment G

**Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form 641(B)**

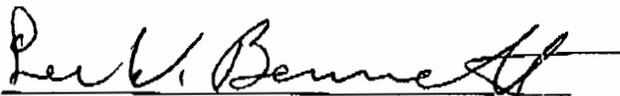
Project Name: Cat Scan Replacement

Agency: Sitka Community Hospital

Reporting Period: Second Quarter (April - June) 2009

Grant No.: 01004-11

Line Items	Approved Budget	Actual Cost	Scheduled Completion Date	Actual Work Performed
Cat Scan Replacement	\$854,600.00		10/31/09	Cat Scan Unit is installed Bone Densitometry is installed
Totals:	\$854,600.00			



Signature

October 7, 2009

Date

Lee W. Bennett CFO

Print Name and Title

Form 641B

Oct. 7, 2009

The invoice totals \$99,394.36 but I am only requesting \$27,529.24 from Denali funds. The balance of this invoice plus the electricians invoice for \$13,138.14 is coming out of the facility matching funds.

Hopefully will be requesting our final draw within a couple of weeks.

Thanks,

Lee W. Bennett CFO
Sitka Community Hospital

$$\begin{array}{r} 99,394.36 \\ - 27,529.24 \\ \hline \$ 71,865.12 \end{array}$$



209 Moller Drive
Sitka, AK 99835

FAX COVER SHEET

To: Debbie,

Company: _____

At FAX #: 907-646-3964

Date: 10/8/09 # Pages Including Cover 7

Comments: Debbie,

Have you got any questions

on the draw request let

me know

Thanks,

Lee

Sent by: Lee W. Bennett

name department

Phone: 907-747-1264 Fax 907-747-1792

GE Healthcare



SHIP TO:
SITKA COMMUNITY HOSPITAL
209 MOLLER AVE
SITKA AK 99835
UNITED STATES

INVOICE NUMBER : 500358057
INVOICE DATE : 25-SEP-09
CUSTOMER ACCT : 293936
GE SALES ORDER : 2808256
GE SERVICE LOC : 024081

REMIT TO:
G. E. MEDICAL SYSTEMS
P. O. Box 843553
DALLAS TX 75284-3553
United States

AMOUNT DUE : (US Dollar)
USD 99,394.36

SOLD TO:
SITKA COMMUNITY HOSPITAL
ACCOUNTS PAYABLE
209 MOLLER AVE
SITKA, AK 99835
UNITED STATES

Page 1 Of 2

To ensure proper credit - Detach and return above portion with your remittance

Please do not staple or fold

PURCHASE ORDER: 11009	INVOICE NUMBER: 500358057	INVOICE DATE: 25-SEP-09	AMOUNT DUE: USD 99,394.36
TRANSPORTATION: DESTINATION	BILLING TERMS: 20% down / 60% delivery / 20% install	DATE SHIPPED: 29-SEP-09	

QTY	GE IDENTIFIER	DESCRIPTION	TOTAL EXTENDED NET SELLING PRICE	EXTENDED AMOUNT DUE
		Invoice for total amounts due at Final Acceptance(S - 7). This invoice is Due and Payable		
		PO# 11009		
1	S7916DF	1R UPG TO BSD ELITE (V)		
1	E4502AB	380/400/415/480V, 90A, 50/60Hz System Main		
1	E8016AM	CT Table Slicker for LS/HSA/CTI CT Systems		
1	E8016AE	CT Footswitch Slicker (EA)		
1	E6328BH	Wide Patient Transfer Board (EA)		
1	E6328BF	Transfer Board Hanger (EA)		
1	E8100JJ	GE CT Patient Log Books (BX1)		
1	W0700CT	6 DAY LIGHTSPEED UPGRADE		
1	W0003CT	3 DAYS CT ONSITE		
3	W0007HC	LIGHTSPEED LEVEL 1FULLSRV		
-1	TI_CT_TRADE_IN	TI_CT_TRADE_IN		
1	B7800EN	ENGLISH KYBD&LABEL'G KIT		
1	B7870JC	AVA XPRESS - VV3.1 ON OC		
1	B7870JD	AUTOBONE FOR VV3.1 ON OC		
1	E8007ND	Medrad Stellant D CT Injector with Counterp		

Direct Questions On this Invoice to:
Contact: GE Healthcare
T #: 1-800-581-5600

GE Healthcare



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SITKA AK 99835
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QTY	GE IDENTIFIER	DESCRIPTION	TOTAL EXTENDED NET SELLING PRICE	EXTENDED AMOUNT DUE
1	E8007PJ	DCS III Mounting Plate for Medrad Ceiling M		
1	B7816PS	H-POWER STANDARD CABLE SET		
1	B7999ZA	ZPH UPS & KIT/IS 1.X-5.X		
1	R4390JC	CT SEISMIC ANCHORAGE(ALL)		
TOTAL BILLING			USD 496,971.81	

Include This Invoice Number For Proper Credit: 500358057 Tax: USD 0.00
Internal Use Only cannot Total Amount Billed: USD 99,394.36

Direct Questions On this Invoice to:
Contact: GE Healthcare
T @: 1-800-581-5600