

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: Kanakanak Hospital C.T. Scan Equipment Project

Name of Hospital / Grant Sub-Recipient: Kanakanak Hospital (Bristol Bay Area Health Corporation)

Reporting Period: January 1 – March 31, 2011

Sub-Recipient Grant No.: 1265 – E

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: \$100,000
 - ii. Amount of Facility Cost Share Match (CSM): \$492,377
 - iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$592,377

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:
\$492,377
- 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):
\$492,377

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):

\$100,000

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):

\$492,377

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: 7/29/2010

End date: 3/25/2010

Description of Milestone Or Activity		Anticipated Completion Date
1. Begin On-site Demolition	(actual) (originally anticipated date)	10/20/2010 10/19/2010
2. Final Clean & Final Inspection	(actual) (original anticipated date)	2/24/2011 2/3/2011
3. Delivery and Begin Install of Siemens CT Scan Equipment	(actual) (original anticipated date)	2/28/2011 2/3/2011
4. Complete Installation of Siemens CT Scan Equipment	(actual) (original anticipated date)	3/9/2011 2/17/2011
5. Complete Siemens Application Training	(actual) (original anticipated date)	3/25/2011 2/21/2011

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:
CT Scan Equipment	592,377	592,377	3/25/2011	
Totals:	592,377	592,377		

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

4/11/2011

 Date

ANTHONY JETT - PROJECT ENGINEER

 Printed Name and Official Title

INVOICE TO: BRISTOL BAY AREA HEALTH CORPORATION
 P.O. BOX 130 / ACCOUNTS PAYABLE
 DILLINGHAM, ALASKA 99576
 PHONE (907) 842-5201

PURCHASE ORDER
 NUMBER:

110334

VENDOR: 4134
 Siemens Medical Solutions
 22010 SE 51st Street
 Issaquah, WA 98029

SHIP TO:
 UPS / ADDRESS / REGULAR MAIL:
 Bristol Bay Area Health Corporation
 Kanakanak Road
 Dillingham, Alaska 99576

SHIP ATTENTION: MEDICAL IMAGING

DATE ORDERED	SHIPPING TERMS: Most Economical Way Unless Otherwise Specified Below
01/29/2010	Ship Via: :

Quantity	Unit	Stock / Catalog No.	Description of Item	PRICE	
				UNIT	TOTAL
1	ea	Q#1MSJMC re	Somatom AS 20-slice CT Scanner System	579,577.00	579,577.00
1	ea	14408069	Patient Table , 2000mm	12,800.00	12,800.00
			0% down	.00	
			80 % upon delivery	.00	
			20% Installation	.00	

Obligation : 195581	592,377.00	TOTAL ESTIMATED OBLIGATION:	592,377.00
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**SEND ALL INVOICES ATTENTION:
 ACCOUNTS PAYABLE**

**IMPORTANT: PURCHASE ORDER NUMBER MUST APPEAR
 ON ALL INVOICES, PACKAGES AND CORRESPONDENCE.**

THIS IS A FEDERALLY FUNDED NONPROFIT
 ORGANIZATION UNDER CONTRACT NO. 243.88.0006
 - GOVERNMENT DISCOUNTS SHOULD APPLY.

SIGNATURE: *Selen Fatch*
 NOT VALID UNLESS SIGNED BY AUTHORIZED AGENT

Description	Invoice number	PO #	Amount
214865 Somatom ct scanner/80% deliver 75011890		110334	473,902.
*** Total ***			473,902.

NOT-NEGOTIABLE

BRISTOL BAY AREA HEALTH CORP.

P.O. BOX 130
DILLINGHAM, ALASKA 99576

Wells Fargo Bank, N.A.
Anchorage, Alaska

89-5-1252

 5482-246505-37

03/04/2011 *****473,902.00

DATE

AMOUNT

*****473,902 Dollars and 00 Cents

PAY

TO THE
ORDER
OF

Siemens Medical Solutions USA, Inc.
PO Box 120001
Dats 0733
Dallas TX 75312-0733

NOT VALID AFTER 180 DAYS

Shaw
NOT-NEGOTIABLE
AUTHORIZED SIGNATURE.

⑈ 247939⑈ ⑆ 25200057⑆0022747739⑈

Siemens Medical Solutions USA Inc.
51 Valley Stream Parkway, Malvern PA 19355

03/04 FEB 23 2011

214865

**Siemens Medical Solutions
USA, INC.**

**Siemens Medical Solutions
Ultrasound Division**

DATE 02/16/2011	NUMBER 75011890	PAGE 1 of 1
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PLEASE INDICATE INVOICE NUMBER ON ALL REMITTANCES

SOLD TO:

BRISTOL BAY AREA HEALTH CORP
PO Box 130
DILLINGHAM AK 99576

SHIPPED TO:

SHIPPED ON:
BRISTOL BAY AREA HEALTH CORP
6000 KANAKANAK RD
DILLINGHAM AK 99576

YOUR PURCHASE ORDER

NUMBER: 110334

DATE: 01/11/2010

CUSTOMER NO.
74565

OUR REFERENCE NO.
0030138779

DISTRICT
57

DIVISION
03

FOB POINT FOB - Destination	CARRIER'S NAME, FREIGHT REMARKS	SHIPPED VIA
TERMS OF PAYMENT 00/80/20	TAX STATE AK	

DESCRIPTION/SERIAL NO.	TOTAL PRICE
Equipment Contract Total	592,377.00
EQUIPMENT TYPE: SOMATOM Definition AS 20-sliceConf. YMAT	
Portion Billed Previously	0.00
80 % Delivery Portion due	473,902.00
AMOUNT DUE NOW:	473,902.00

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc. PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program.

NOTICE: COMPLIANCE WITH LEGAL AND INTERNAL REGULATIONS IS AN INTEGRAL PART OF ALL BUSINESS PROCESSES AT SIEMENS. POSSIBLE INFRINGEMENTS CAN BE REPORTED TO OUR HELPDESK "TELL US" AT WWW.SIEMENS.COM/TELL-US
PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, EQUAL TO 18% PER YEAR APPLICABLE.
GOODS HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MERCHANDISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC. ALL MERCHANDISE REMAINS THE PROPERTY OF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN SEVEN (7) DAYS AFTER RECEIPT OF SHIPMENT.
THIS INVOICE IS FOR PAYMENT DUE PURSUANT TO THE TERMS OF THE EQUIPMENT SALES AGREEMENT BETWEEN SIEMENS AND CUSTOMER. PLEASE REFER TO THAT AGREEMENT FOR APPLICABLE TERMS AND CONDITIONS OF SALE AND THE SOFTWARE LICENSE SCHEDULE.

Helen Faith

From: Gobel, Nancy (H USA) (EXT) [nancy.gobel.ext@siemens.com]
Sent: Monday, March 14, 2011 8:21 AM
To: Helen Faith
Subject: PLS REVIEW: Siemens Final Invoice 90274726 Issued Under PO 110334 for Bristol Bay Area Health Corp (CN 74565)

Attachments: 90274726_BristolBayAreaHealth.pdf



90274726_BristolBa
yAreaHealth....

Good Morning Helen,

Hope your week is starting out a good one!

I wanted to let you know that last week Siemens finally did receive Check 247939 for \$473,902.00 as payment for Siemens Delivery Invoice 75011890 dated 02/16/11. Thank you for your help in getting this invoice payment issued.

Also last week, the attached Siemens Invoice 90274726 dated 03/11/2011 for \$118,475 was issued under PO 110334. This is the final invoice for the remaining 20% due for this equipment order.

Please let me know if there are questions or if any additional information is needed from Siemens to facilitate timely invoice payment.

Thanks again for your help!

Nancy

Nancy Gobel
Financial Customer Management
Siemens Healthcare

Siemens Medical Solutions USA, Inc
Customer Solutions Group
2501 N. Barrington Road
Hoffman Estates, Il 60192
Phone: 1-847-842-5248
Fax: 1-847-842-5088
nancy.gobel.ext@siemens.com

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Thank you

BRISTOL BAY AREA HEALTH CORP.

5502-246923-34

248391

Item Description	Invoice number	PO #	Amount
195581 Somatom ct scanner final pymt	90274726	110334	118,475.00
*** Total ***			118,475.00

NOT-NEGOTIABLE

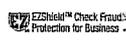
BRISTOL BAY AREA HEALTH CORP.

P.O. BOX 130
DILLINGHAM, ALASKA 99576

Wells Fargo Bank, N.A.
Anchorage, Alaska

89-5-1252

248391

 5502-246923-34

03/23/2011 *****118,475.00

DATE

AMOUNT

*****118,475 Dollars and 00 Cents

PAY

TO THE ORDER OF Siemens Medical Solutions USA, Inc.
PO Box 120001
Dets 0733
Dallas TX 75312-0733

NOT VALID AFTER 180 DAYS

Spaw
NOT-NEGOTIABLE
AUTHORIZED SIGNATURE

⑈ 248391 ⑈ ⑈ 25 2000 57⑈00 2 274,773 7⑈⑈

21134
3/23
195581

SIEMENS

FINAL INVOICE

Siemens Medical Solutions USA Inc.
51 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	90274726
INVOICE DATE	03/11/2011
CUSTOMER NO.	74565
SALES ORDER NO.	30138779
DISTRICT	57
DIVISION	03

BILL TO:

BRISTOL BAY AREA HEALTH CORP
PO Box 130
DILLINGHAM AK 99576

SHIP TO:

SHIPPED ON: 03/11/2011
BRISTOL BAY AREA HEALTH CORP
6000 KANAKANAK RD
DILLINGHAM AK 99576

YOUR PURCHASE ORDER

NUMBER: 110334 DATE: 01/11/2010

PAGE 1 of 2

FOB POINT	CARRIER'S NAME, FREIGHT REMARKS	SHIPPED VIA
FOB - Destination		
TERMS OF PAYMENT	TAX STATE	
00/80/20	AK	
DESCRIPTION/SERIAL NO.	TOTAL PRICE	
Equipment Contract Total	592,377.00	
EQUIPMENT TYPE: SOMATOM Definition AS 20-sliceConf. YMAT		
Portion Billed Previously	473,902.00-	
20.00 % Final Amount Due	118,475.00	
Taxes for Equipment Contract Total		
AMOUNT DUE NOW:	<u>118,475.00</u>	
PLEASE DIRECT ANY INQUIRIES REGARDING THIS BILLING TO:		

PLEASE REMIT TO:
Siemens Medical Solutions USA, Inc. PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

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PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, EQUAL TO 18% PER YEAR APPLICABLE.
GOODS HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MECHANISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC. ALL MERCHANDISE REMAINS THE PROPERTY OF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN SEVEN (7) DAYS AFTER RECEIPT OF SHIPMENT.
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Siemens Medical Solutions USA Inc.
1 Valley Stream Parkway, Malvern PA 19355

INVOICE NUMBER	90274726
INVOICE DATE	03/11/2011
CUSTOMER NO.	74565
SALES ORDER NO.	30138779
DISTRICT	57
DIVISION	03

BILL TO:
BRISTOL BAY AREA HEALTH CORP

DESCRIPTION/SERIAL NO.	TOTAL PRICE
csgsbillinginquirywestern.healthcare@siemens.com	

PLEASE REMIT TO:

Siemens Medical Solutions USA, Inc. PO Box 120001 - Dept. 0733, DALLAS, TX 75312-0733

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