

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: May 1, 2010 – September 30, 2010

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 5 Month Reporting Period:

- a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:
\$0.00
- 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: \$0.00
- 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):
\$0.00

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):

\$0.00

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):

\$0.00

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: 7/29/2010

End date: 2/21/2011

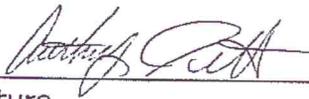
Description of Milestone Or Activity	Anticipated Completion Date
1. Begin On-site Demolition	10/19/2010
2. Final Clean & Final Inspection	2/3/2011
3. Delivery and Begin Install of Siemens CT Scan Equipment	2/4/2011
<i>(This 2/4/2011 date is also the date we will be required to pay the first 80%, totaling \$473,902)</i>	
4. Complete Installation of Siemens CT Scan Equipment	2/17/2011
5. Complete Siemens Application Training	2/21/2011
6.	

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		2/21/2011	
Totals:	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

10/7/2010

 Date

ANTHONY JETT - PROJECT ENGINEER

 Printed Name and Official Title

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 File the Quarterly Narrative Progress Report And / Or Make a Fund Disbursement Request

Project Name: Kanakanak Hospital C.T. Scan Equipment Project

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

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

Sub-Recipient Grant No.: 1265 - E

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 as of September 30, 2010? (Please list all project phases completed or milestones achieved during the reporting period.)**

Response: Project has a completed design and an agreement has been executed with the supplier for delivery and installation of the equipment. Work is scheduled to begin 2/4/2011.

- 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?**

Response: Yes, the project is on schedule.

- 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?**

Response: At the time we submitted our Project Application, we utilized a preliminary proposal from the equipment manufacturer (\$816,130). Since then, negotiations have been completed and the final agreement with SIEMENS has a lower total project cost (\$592,377).

- 4. Other comments, problems and solutions:**

Response: No comments at this time.

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

We are requesting ASHNHA to release \$ _____ 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).

REQUEST WILL BE SUBMITTED IN DECEMBER 2010
FOR ANTICIPATED PAYMENT TO SIEMENS ON
2/4/2011

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: 3140
 Siemens Hlthcare Solutions USA Inc.
 * Mellon Bank
 Dept LA 21536
 Pasadena, CA 91185-1536

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
01/11/2010	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	14403069	Patient Table , 2000 mm 0% down 80 % upon delivery 20% Installation	12,800.00 .00 .00 .00	12,800.00
			Customer # 8000074565		
			866-486-3602		

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
 ALL GOVERNMENT DISCOUNTS SHOULD APPLY.

SIGNATURE: *Helen Frith*
 NOT VALID UNLESS SIGNED BY AUTHORIZED AGENT