

Form 641 – Parts A, B & C

ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form

For All 2008 Denali Commission Approved Projects –
Projects No. 1004 – A through N

Project Name: Diagnostic Sleep Disorder Center (DSDC)

Name of Hospital / Grant Recipient: Ketchikan General Hospital

Reporting Period: **April 1, 2010 through June 30, 2010**

Grant No.: 1004 – N

641-A. Project Budget Summary (provide the following information; use additional pages as necessary):

1. Original Project Budget Information:

a. The *original total* approved project budget:

i. Amount of Denali Commission Grant Award: \$57,305.00

ii. Amount of Facility Cost Share Match (CSM): \$57,305.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$114,610.00

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:

\$1,600

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 to reimburse your hospital for its project expenditures: \$1,600

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):
\$3,200

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):

\$37,946.97 ASHNHA check #122X dated 5/1/09 for \$3,024.60, ASHNHA check #1252 dated 9/28/09 for \$35,766, and KGH reimbursement check #251891 dated 11/19/09 for (\$843.63).

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):

\$39,547.09

5. Project Schedule:

Please state the anticipated end date of this funded 2008 Denali Commission Primary Care in current Hospitals project, and provide a list appropriate milestone dates for the major phases or activities of your project.

Start date: June 2008

End date: September 2010

Description of Milestone Or Activity	Anticipated Completion Date
1. Sleep monitoring equipment installed	April 2009
2. Staff training complete.	June 2009
3. Minor remodel complete.	July 2009
4. Sleep room beds and furnishings installed.	July 2009
5. DSDC operational.	Aug. 2009
6. DC Funding Plaque installed.	Oct. 2009
7. Purchase and install air conditioning / ventilation for sleep rooms.	Sept. 2010

641-B. Project Performance Analysis (add line items to the chart as appropriate):

2008 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Sleep Monitoring System	\$80,718.00	\$48,868.87	April 2009	Equipment purchased, installed and tested.
Sleep Room Beds	\$7,556.00	\$5,596.00	July 2009	Beds purchased and installed.
Minor Remodel	\$12,000.00	\$13,919.66	July 2009 Sept. 2010	Patch and paint walls, renovate for ADA accessible bathroom, install wiring as needed, and install unit doors. Install additional air ventilation and conditioning units in patient sleep rooms.
Furnishings	\$5,040.00	\$7,020.39	June 2009	Purchase and install furnishings and fixtures.
Training	\$9,295.00	\$3,689.14	June 2009	Training of DSDC Coordinator, staff and physicians at KGH and St. Joseph Hospital, Bellingham, WA.
Totals:	\$114,609.00	\$79,094.06		

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.

Karen Wolfred
Signature

June 14, 2010
Date

Karen Wolfred, Grants and Special Projects Manager
Printed Name and Official Title

Form 642

**ASHNHA's Quarterly Reporting Form
Covering 2008 Denali Commission Projects
Numbered 1004 – A through N**

*Please Use this Form to File Your Facility's Quarterly Narrative Progress Report
And /Or Make a Fund Disbursement Request*

Project Name: Diagnostic Sleep Disorder Center (DSDC)

Hospital: Ketchikan General Hospital

Reporting Period: ***April 1, 2010 through June 30, 2010***

Denali Commission Grant No.: 1004 – N

A. Project Narrative (use additional pages as necessary):

1. What is the status of your 2008 "Primary Care in Hospitals" project as of December 31, 2009? (Please list all project phases completed or milestones achieved during the report period.)

The DSDC is operational. During the pilot testing and preliminary use of the sleep rooms, the need for air conditioning and / or additional cooling was identified. Appropriate equipment and system solutions were reviewed and selected. Equipment is now scheduled for installation by August 2010 and project is expected to be complete September 2010.

2. Is your 2008 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 6/30/2011?

Project timeline has been extended to address air-cooling needs for the sleep rooms but will be complete well before 6/30/2011.

3. Is the 2008 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?

Project is within budget. Cost of the air-cooling for the sleep rooms will be included as a minor remodel cost for the project.

4. Other comments, problems and solutions:

None at this time.

B. Project Fund Disbursement Request

We are requesting ASHNHA to release \$ 1,600.00 in Denali Commission Grant Funds for our project at this time. *This funding request is either:*

1. / a request for an Advance against Commission 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).



PeaceHealth
Ketchikan General Hospital
3100 Tongass Avenue
Ketchikan, AK 99901

75-1592
912



East Grand Forks, Minnesota 56721

00256638

\$ 3,200.00

PAY *Three Thousand Two Hundred and 00/100 Dollars*
TO THE ORDER OF

DATE	AMOUNT
7/01/10	\$*****3,200.00

FIRST CITY ELECTRIC LLC
918 WATER STREET
KETCHIKAN AK 99901

NON-NEGOTIABLE

278887 FIRST CITY ELECTRIC LLC CHECK DATE: **7/01/10** CHECK NUMBER: **256638**

PeaceHealth
Ketchikan General Hospital
3100 Tongass Avenue
Ketchikan, AK 99901

INVOICE/CREDIT	DESCRIPTION	GROSS	DISCOUNT	NET
9510	278887 CHECK DATED 7/01/10	3,200.00		3,200.00
			NET AMOUNT \$*****3,200.00	

First City Electric, Inc. 1
 918 Water St.
 Ketchikan, Ak.
 99901

Invoice

Date	Invoice #
6/28/2010	9510

Bill To
Ketchikan General Hospital 3100 Tongass Ave Ketchikan, AK 99901

Service No.	P.O. No.	Terms
10235		Net 15

Quantity	Description	Rate	Serviced	Amount
1	Quoted Job - Sleep Apnea HVAC project - install and supply necessary electrical provisions	3,200.00	6/28/2010	3,200.00

CIP... 12809


Thank you for your business.

Subtotal \$3,200.00

Sales Tax (0.0%) \$0.00

Total \$3,200.00

Phone #	Fax #
907-225-5688	907-225-8788