

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: **October 1, 2009 through December 31, 2009**

Grant No.: 1004 – ~~OM~~^N (formerly 01004-12)

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:

\$0

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: \$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):

\$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):

\$37,947.09 (Reason for different amount than reported in 641-3: Requested \$3,024.64 and received \$3,024.60, requested \$35,766.16 and received \$35,766.00)

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: April 2010

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
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.	April 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	\$10,719.66	July 2009	Patch and paint walls, renovate for ADA accessible bathroom, install wiring as needed, and install unit doors.
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	\$75,894.06		

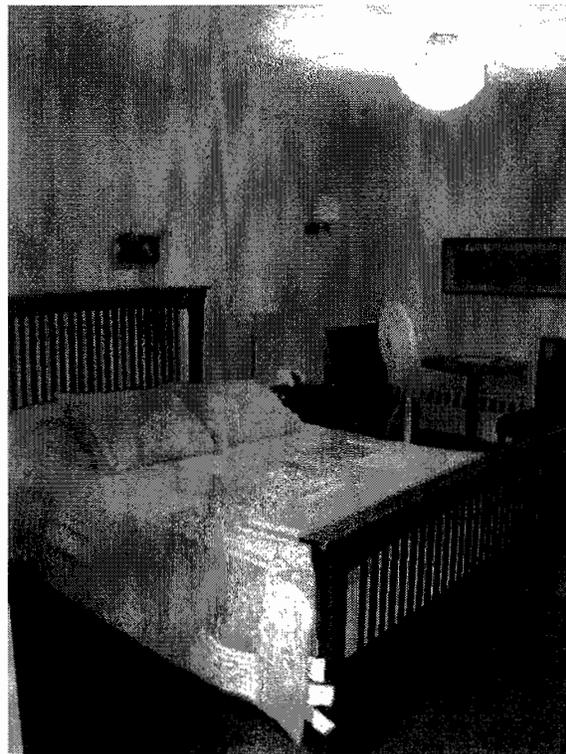
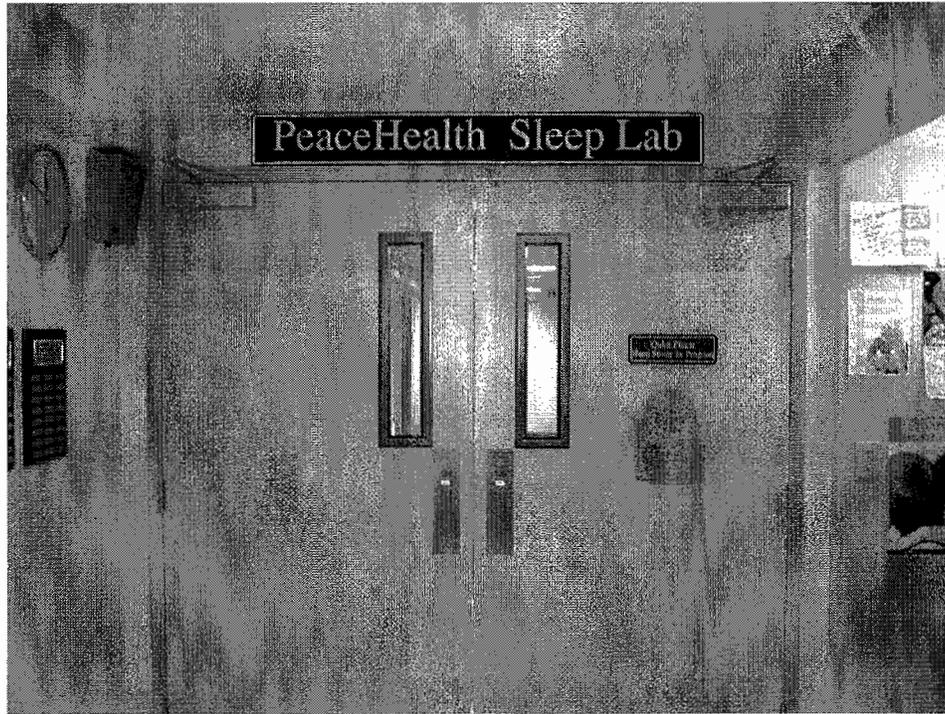
641-C. Facility Certification:

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.


Signature

January 15, 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: **October 1, 2009 through December 31, 2009**

Denali Commission Grant No.: 1004 – ~~01~~^N (formerly 01004-12)

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 are being reviewed and anticipate equipment to be purchased, installed and the issue resolved by April 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 extended to address air-cooling needs for the sleep rooms.

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 with a remaining grant budget of \$19,357.53. Cost of air cooling for the sleep rooms to be included as a minor remodel cost for the project.

4. Other comments, problems and solutions:

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 systems are being reviewed and anticipate the issue to be resolved by April 2010.

B. Project Fund Disbursement Request

We are requesting ASHNHA to release \$ 0 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).