

**Form 641 – Parts A, B & C
ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form**

**For All Remaining 2008 Denali Commission Approved Projects:
Projects No. 1004 – C or 1004 – N**

Project Name: Diagnostic Sleep Disorder Center

Name of Hospital / Grant Sub-Recipient: Ketchikan General Hospital

Reporting Period: January 1 – March 31, 2011

Sub-Recipient Grant No.: 1004 – N

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: \$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 (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):

\$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):

\$39,546.97

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 start and end dates of the funded 2009 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: June 2008

End date: May 2011

<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.	August 2009
6. DC Funding Plaque installed.	October 2009
7. Install air conditioning / ventilation for sleep rooms complete.	March 2011
8. Receive final invoices and submit final requests for reimbursement.	June 2011
9. Submit grant project close-out report.	July 2011

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

2009 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 April 2011	Patch, paint walls, renovate for ADA accessible bathroom, install wiring as needed, and install unit doors. Install additional air ventilation and conditioning units in patient 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		

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.

Karen Wolfred
Signature

4-13-11
Date

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

Project Fund Disbursement Request

Form 642 – Parts A & B
ASHNHA's Quarterly Project Reporting Form

**For All Remaining 2008 Denali Commission Approved Projects:
Projects No. 1004 – C or 1004 – N**

Please Use this Form to Make a Fund Disbursement Request

Project Name: Diagnostic Sleep Disorder Center (DSDC)

Name of Hospital / Grant Sub-Recipient: Ketchikan General Hospital

Reporting Period: January 1, 2011 – March 31, 2011

Sub-Recipient Grant No.: 1004 - N

Part 642 – A. Project Narrative (use additional pages as necessary) :

1. What is the status of your D/C 2008 "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)

The air conditioning and ventilation units for the patient rooms have been installed and are fully operational. See Attachment A for photographs of the installed units and completed patient rooms.

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 9/30/2011?

The project work has been completed. Project close-out is pending final invoicing from and payment to the vendor. The project will be complete prior to 9/30/2011.

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?

The project will be completed under budget.

4. Other comments, problems and solutions:

None at this time.

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

We are requesting ASHNHA to release \$ 0 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.

Attachment A Photos

