

**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: _____ April 1 – June 30, 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:

_____ \$6,360.15 _____

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:

_____ \$6,360.14 _____

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):

_____ \$12,720.29 _____

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):

\$45,907.24

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.	April 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	\$26,639.95	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	\$91,814.35		

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

July 14, 2011
Date

Karen Wolfred, Grants and Special Projects
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 _____

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

Reporting Period: _____ April 1, 2011 – June 30, 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 project is now fully complete and along with the Forms 641 and 642 we are filing a Close-Out Report.

2. Is your 2008 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? What is the expected date of completion?

The overall project schedule was extended in order to install air ventilation and conditioning units in the sleep rooms – an issue identified once the Diagnostic Sleep Disorder Center was opened and operational. The timing of this work had to be coordinated with another project to install a new HVAC unit for the operating suites on the same roof.

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 came in \$22,795.65 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 \$ 6,360.14 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. X 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.



INVOICE

Invoice Number: K060487-IN
 Invoice Date: 5/26/2011
 Order Number: K011021
 Order Date: 11/15/2010
 Customer No: 01-0015690

P.O. Box 8756
 949 STEDMAN STREET
 KETCHIKAN, AK 99901
 (907) 225-6648 P / (907) 225-6627 F

Bill To:

KETCHIKAN GENERAL HOSPITAL
 ATTN: ACCOUNTS PAYABLE
 3100 TONGASS AVE
 KETCHIKAN, AK 99901

Ship To:

KETCHIKAN GENERAL HOSPITAL
 3100 TONGASS AVE
 MIKE YONKER
 KETCHIKAN, AK 99901

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	TERMS
KRC				NET 30

COMMENTS: WO#K011021 / SM17523 / SM17716

Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
05700026 NASHUA NASHUA DUCT TAPE - GRAY 333 2	EA	2.000	2.000	0.000	8.96	17.92
/KTNSHOP KTN Shop Supplies 127746 GLASS CUTTER 01-122-02ACP		3.000	3.000	0.000	5.59	16.77
/KTNSHOP KTN Shop Supplies 2x6x8 .40 TREATED LUMBER		1.000	1.000	0.000	8.32	8.32
21350016 VINYL TUBE BRAIDED 1/2 ID FDA	FT	12.000	12.000	0.000	1.78	21.36
05990011 SS POP RIVET 1/8 GRIP 1/8 HOLE MED	EA	30.000	30.000	0.000	0.14	4.20
66102669 E-Z ANCHOR DRYWALL ANCHOR 50 PER BOX	EA	8.000	8.000	0.000	0.35	2.80
05040025 SS METAL T-304 20 GA 48X120 #4 MILL FINISH	SF	37.000	37.000	0.000	11.94	441.93
05040015 SS METAL T-304 24 GA 48X120 #4 MILL FINISH	SF	8.000	8.000	0.000	7.47	59.79
43050410 UNISTRUT 1-5/8 3424513	FT	15.000	15.000	0.000	3.42	51.30
05020060 BLACK METAL 3/16 PLATE	SF	0.500	0.500	0.000	9.51	4.76
05700075 ALCOA GUTTERSEAL SEALANT	TB	1.000	1.000	0.000	20.66	20.66
/KSO Ketchikan Special Order MITPKAA18HA ID WALL MOUNT HP/AC S/N 92A01553B & S/N 92A01555B	EA	2.000	2.000	0.000	992.32	1,984.64

Continued

RECEIVED BY

No Signature

INVOICE

INVOICE NUMBER:

K060487-IN

Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
/KSO Ketchikan Special Order MITPUYA18NHA3 1-1/2 TOM OD UNIT S/N 93U01871B & S/N 93U01872B	EA	2.000	2.000	0.000	1,955.82	3,911.64
/KSO Ketchikan Special Order MITMS50-408-1/2FN 50' LINESET	EA	2.000	2.000	0.000	196.19	392.38
/KSO Ketchikan Special Order MITWB-PA1 WIND BAFFLE SMALL	EA	2.000	2.000	0.000	107.06	214.12
/KTNSHOP KTN Shop Supplies 587354 .75x350 FOAM MNT TAPE		2.000	2.000	0.000	14.29	28.58
/KTNSHOP KTN Shop Supplies 152564 LN-901 10oz HD LIQ NAILS		1.000	1.000	0.000	4.17	4.17
/KTNSHOP KTN Shop Supplies 06520 FAST CURE 5200 WHIT CAULK		2.000	2.000	0.000	20.89	41.78
/KF Ketchikan Freight FREIGHT IN						69.17
/KAL Ketchikan Appliance Labor NATHAN BROOKS 1/19/11 .5 HR, 2/17/11 5 HR, 2/18/11 6 HR, 2/22/11 7 HR, 2/23/11 5 HR, 2/24/11 2 HR, 2/25/11 8 HR, 2/28/11 5 HR, 3/1/11 2.5 HR, 3/21/11 2 HR BOB EAST 1/28/11 1.5 HR, 2/17/11 2 HR	HR	46.500	46.500	0.000	96.00	4,464.00
/KSL Ketchikan Sheetmetal Labor TOM BARRETT 2/18/11 2 HR, 2/22/11 2.5 HR FRED BLEY 2/18/11 3.5 HR, 2/22/11 1.75 HR, 3/21/11 .25 HR	HR	10.000	10.000	0.000	96.00	960.00
						0.00
						0.00

INSTALL TWO MITSUBISHI WALL HUNG A/C UNITS IN KGH SLEEP LABS.

1/19 LOOKED AT ROOMS.

1/28 PICKED UP LITERATURE ON UNITS. REVIEWED INSTALLATION PROCEDURES.

2/17-3/21 INSTALLED UNIT IN SLEEP ROOMS. OPERATION CHECK GOOD.

2/18-2/22 MEASURE WINDOWS TO FAB SS WINDOW COVERS. CUT HOLES IN PANELS FOR LINE SET. FAB

UNITRUT STANDS FOR AIR COND. SM17523

3/21 ENCLOSURE FOR HOOD BOTTOMS. SM17716

SLEEP LAB #1 MITSUBISHI

INDOOR UNIT MOD. PKA-A18HA S/N 92A01553B 208/230 1PH R410

OUTDOOR UNIT MOD. PUY-A18NHA3 S/N 93U01871B

R410 FACTORY CHARGE 3 LB 12oz 280 MICRON

SLEEP LAB #2 MITSUBISHI

INDOOR UNIT MOD. PKA-A18HA S/N 92A01555B 208/230 1PH R410

OUTDOOR UNIT MOD. PUY-A18NHA3 S/N 93U01872B

R410 FACTORY CHARGE 3 LB 12oz 265 MICRON

10% RESTOCKING CHARGE ON ALL RETURNED MERCHANDISE
- NO MERCHANDISE RETURNED AFTER 10 DAYS.
ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED
BY THIS BILL.

PAYMENT TYPE: None

Net Invoice: 12,720.29
Less Discount: 0.00
Freight: 0.00
Sales Tax: 0.00
Invoice Total: 12,720.29

RECEIVED BY

No Signature

PAID
6-24-11 CHK# 3004029

103513-SCHMOLCK MECHANICAL, CONTRACTORS INC, PO BOX 8756, KETCHIKAN AK 99901

Invoice/Credit	Date	P.O. Number	Gross Amount	Discount Amount	Net Amount Paid
K059682	05/12/11		56.89	0.00	56.89
K060429	05/25/11		100.47	0.00	100.47
K060487	05/26/11		12,720.29	0.00	12,720.29
TOTALS:			\$12,877.65	\$0.00	\$12,877.65

Detach at Perforation Before Depositing Check

Go to [HTTP://WWW.PEACEHEALTH.ORG/INFO/POLICY](http://WWW.PEACEHEALTH.ORG/INFO/POLICY) to learn about the deficit reduction act of 2005.



PeaceHealth

Ketchikan General Hospital
3100 Tongass Avenue
Ketchikan AK 99901



East Grand Forks Minnesota 56721
75-1592/912

Check Date
06/23/2011

Number
3004029

PAY VOID VOID VOID VOID VOID VOID VOID

Amount
\$ *****12877.65
Void After 90 Days

PAY TO THE ORDER OF
SCHMOLCK MECHANICAL CONTRACTORS INC
PO BOX 8756
KETCHIKAN AK 99901

NON-NEGOTIABLE