

**Denali Commission Quarterly  
Project Narrative &  
Funds Disbursement Request  
Form 642**

**Project Name:** CT Implementation and Renovation Project

**Agency:** Norton Sound Health Corporation

**Reporting Period:** Second Quarter (April - June) 2009

**Grant No:** 01004-E

**A. Disbursement Request**

We are requesting ASHNHA to release \$ 16,157.00 in Denali Commission Grant Funds for our project at this time.

**B. Project Narrative**

1. **What is the status of your 2008 HNHFIP project (include portions completed) as of 6/30/2009?**
  - The decision was made that the renovation and reconstruction of the former HIM room for CT Scan installation would be contracted out rather than done force account.
  - At this time the contracts have been issued for Project Management, General Contractor, Electrical installation, Mechanical installation. Provisions for contracting out sprinkler installation, fire alarm systems and quality controls are in process.
  - The Project Management team has developed the revised scope of work and schedule for project completion and coordinated the overall organization between the G.C. and other contracted installers.
  - The building permit has been purchased.
  - The HIM department is in the process of moving to their new location and demo/reconstruction of the new CT Scan room is slated to begin July 28, 2009
  
2. **Is the project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?**

The project is on schedule at this time.
  
3. **Is the project on budget? Over or under budget? If over budget, how will this be dealt with?**
  - The budget was revised to accommodate the increased cost of contracting out the work, as reflected in attachments G641A.

- The increase in cost will be covered by Norton Sound Health Corporation contribution to the project.
- In accordance with the revised budget numbers the project is slightly under budget.

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

None

Attachment G

**Denali Commission  
Quarterly Project Financial Report  
Form 641(A)**

Project Name: **CT Renovation and Implementation Project**

Agency: **Norton Sound Health Corporation**

Reporting Period: **2nd Qtr (April - June) FY2009**

Grant No: **01004-E**

Budget Information:

1. The total project budget – Denali Commission and other funds combined:

- \$ 550,218.00 Denali Commission
- \$ 382,203.74 NSHC
- \$ 531,000.00 Other
- \$ 1,463,421.74 Total Budget as of June 30, 2009**

2. The amount of Denali Commission funds awarded/committed to the project:

**\$ 550,218.00.**

3. The total project expenditures as of June 30, 2009:

- \$ 55,000.00 (3<sup>rd</sup> Qtr 08)
- \$ 396,000.00 (4<sup>th</sup> Qtr 08)
- \$ 0.00 (1<sup>st</sup> Qtr 09)
- \$ 32,314.60 (2<sup>nd</sup> Qtr 09)
- \$ 483,314.60 Total as of June 30, 2009**

4. The amount of Denali Commission funds expended for the project as of the end of June, 2009:

- \$ 25,000.00 (reimbursed 3<sup>rd</sup> Qtr 08)
- \$ 198,000.00 (reimbursed 4<sup>th</sup> Qtr 08)
- \$ 0.00 (reimbursed 1<sup>st</sup> Qtr 09)
- \$ 16,157.00 (1/2 of \$51,958.10- to be reimbursed)
- \$ 239,157.00 Total as of June 30, 2009**

5. The percentage of total expenditures to-date compared to the projected total project cost: **33 %.**

6. Project Schedule:

Handwritten calculations and notes:

483,314.60  
 239,157.00  
 -----  
 244,158

N/D total

Handwritten calculations:

30,000.00  
 198,000.00  
 -----  
 228,000.00  
 16,157.00  
 -----  
 244,157.00

Show the project schedule with milestone dates for major design and construction phases:

- Designated area for CT Scan room, control room and bathroom demo and reconstruction begins July 28, 2009
- Reconstruction complete no later than October 30, 2009.
- CT Scan installed by December 15, 2009
- Employee training completed by December 31, 2009

Form 641A

## Attachment G

**Denali Commission**  
**Quarterly Project Financial Report**  
**Project Performance Analysis (PPA) Form 641(B)**

Project Name: CT Implementation and Renovation Project

Agency: Norton Sound Health Corporation

Reporting Period: April 1, 2009 to June 30, 2009

Grant # 01004-E

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
CT Scan	\$ 550,000.00	\$ 550,000.00	12/31/2009	80% Payment
Renovation	\$ 799,984.74	\$ 799,984.74	10/30/2009	
Ancillary Equipment	\$ 20,300.00	\$ 20,300.00	12/31/2009	
Service Agreement	\$ 93,137.00	\$ 93,137.00	12/31/2009	
Totals:	<b>\$1,463,421.74</b>	<b>\$1,463,421.74</b>		

Wick Chambers  
Signature

July 14, 2009  
Date

Wick Chambers, Grants Accountant II  
Print Name and Title

Form 641B

Wick Chambers  
Grants Accountant II  
907-443-3283 tel.  
907-443-3723 fax  
wchambers@nshcorp.org

**NORTON SOUND  
HEALTH  
CORPORATION**

# Fax

**To:** Randall Burns & Debbie Silva      **From:** Wick Chambers  
**Fax:** (907) 646-3964      **Date:** 7-14-2009  
**Phone:** (907) 646-1444      **Pages:** 16 including cover  
**Re:** 2<sup>nd</sup> Qtr Reports 01004-E      **CC:** Angie Gorn, Russ Barnes, Files

Urgent     For Review     Please Comment     Please Reply     Please Recycle

**•Comments:**

Hello Debbie and Randall,

Please find the included documents pertaining to Norton Sound Health Corporation's ASH/NHA/Denali Grant 01004-E "CT Renovation and Implementation Project" covering the period April 1, 2009 through June 30, 2009:

**Quarterly Project Financial Report Form 641 (A)**

**Quarterly Project Financial Report Project Performance Analysis (PPA) Form 641 (B)**

**Expenditure verification/documentation: 6/1/09 \$16,755.00 Winchester Alaska (3pgs)**

**4/14/06 \$3,030.00 Winchester Alaska (3pgs)**

**4/9/09 \$12,529.60 Winchester Alaska (3pgs)**

**Project Report Update on CT Scan and HIM Move    July 13, 2009**

If you have questions, comments or need further information please let me know.

Hard copies follow in the mail.

Thank you.



Wick Chambers

NORTON SOUND HEALTH CORPORATION  
OPERATING ACCOUNT

CHECK DATE 06/05/09

VENDOR NO. 0115728

CHECK NO. 0282909

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAID
39964-1	06/01/09		\$19,755.00	\$0.00	\$19,755.00
<i>16,755.00 = CT SCAN</i> <i>3,000.00 = HIM</i>					
<b>TOTALS</b>			\$19,755.00	\$0.00	\$19,755.00



**NORTON SOUND HEALTH CORPORATION**  
OPERATING ACCOUNT  
P.O. BOX 966  
NOME, AK 99762

CHECK NO. 0282909

WELLS FARGO BANK ALASKA, N.A.  
ANCHORAGE, ALASKA  
89-5/1252

AMOUNT  
\*\*\$19,755.00

**COPY**

DATE 06/05/09 VENDOR NO. 0115728

PAY NINETEEN THOUSAND SEVEN HUNDRED FIFTY FIVE 00/100

TO THE WINCHESTER ALASKA, INC.  
ORDER OF: 645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501



**NORTON SOUND HEALTH CORPORATION**  
P.O. BOX 966  
NOME, AK 99762

WINCHESTER ALASKA, INC.  
645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501

**Winchester Alaska, Inc.  
APPLICATION FOR PAYMENT  
PROFESSIONAL SERVICES**

Project Client	Norton Sound Health Corporation	Contract #:	NSHC 09-1
Project Name	CT Scanner - HIM renovation CM/GC Contract	Pay Application #:	1
Project Manager	Cliff Gray	Contractor Invoice #	39964
Name of Contractor:	Winchester Alaska, Inc.	Application date:	6/1/2009
Address:	645 G St., Ste 100-613	Period to:	6/1/2009

**COMPUTATION OF PAYMENT DUE**

Phase/Description (List amendments as separate items)	Fee	% Complete	Total Fee Earned	Previously Invoiced	Invoiced This Period	Balance
Construction Management For CT Scanner Installation and HIM Renovation and Move Project						
CT Scanner Installatin CM Fee	111,700.00	15.00%	16,755.00		16,755.00	94,945.00
HIM Renovation/Move CM Fee	20,000.00	15.00%	3,000.00		3,000.00	17,000.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
<b>Total</b>	<b>131,700.00</b>		<b>19,755.00</b>	<b>0.00</b>	<b>19,755.00</b>	<b>111,945.00</b>

**CERTIFICATION OF DESIGN CONTRACTOR**

According to the best of my knowledge and belief, I certify that all items and amounts shown above for Payment are correct; that all work has been performed in full accordance with the requirements of the referenced Contract; and that no part of the amount invoiced for this period has been received.

Winchester Alaska, Inc.  
Contractor

By: *Cliff Gray*  
Signature of Authorized Representative

6/1/2009  
Date

Title: President

**APPROVED FOR PAYMENT**

Amount Approved for Payment:

**\$ 19,755.00**

June 2 09  
Date

*Cliff Gray*  
NSHC Project Manager

NORTON SOUND HEALTH CORPORATION

CHECK REQUEST

No 44577

Vendor #		Vendor Name: <i>Winchester Alaska Inc</i>
Invoice #		Address: <i>645 G ST Ste 100-613</i>
Date:	Ref Date:	<i>ANCHORAGE AK 99501</i>
Ref #: CR-		

Check Description		
GL Account #	Account Description	Dollar Amount
<i>2.1.16.124.0</i>	<i>- CT SCAN - GRANT Funding</i>	<i>\$16,735.00</i>
<i>2.1.16.124.1</i>	<i>H.m - BDA</i>	<i>-3,000.00</i>
	Check Total	<i>\$19,735.00</i>

Reason for Request: <i>Progress Payment</i>	
Request by: <i>[Signature]</i>	Department: <i>C-90</i> Ext:
Approved by: <i>[Signature]</i>	Date: <i>June 2 09</i>
Instructions for Accounts Payable:	

NORTON SOUND HEALTH CORPORATION  
CPO ACCOUNT

CHECK DATE 05/29/09

VENDOR NO. 0115728

CHECK NO. 0000460

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAID
41409-1	04/14/09		\$3,030.00	\$0.00	\$3,030.00
<b>TOTALS</b>			\$3,030.00	\$0.00	\$3,030.00



**NORTON SOUND HEALTH CORPORATION**

CPO ACCOUNT  
P.O. BOX 966  
NOME, AK 99762

US FINANCIAL SERVICES, INC.  
BANK ONE, NA  
COLUMBUS, OH 43271  
25-80-440

CHECK NO. 0000460

AMOUNT  
\*\*\$3,030.00

DATE 05/29/09 VENDOR NO. 0115728

PAY THREE THOUSAND THIRTY 00/100  
TO THE WINCHESTER ALASKA, INC.  
ORDER OF: 645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501



**NORTON SOUND HEALTH CORPORATION**

P.O. BOX 966  
NOME, AK 99762

WINCHESTER ALASKA, INC.  
645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501

**Winchester Alaska, Inc.  
APPLICATION FOR PAYMENT  
PROFESSIONAL SERVICES**

Project Client	Norton Sound Health Corporation	Contract #:	NSHC 91
Project Name	CT Scanner Construction Study and Assistance	Pay Application #:	1
Project Manager	Cliff Gray	Contractor Invoice #	41409
Name of Contractor:	Winchester Alaska, Inc.	Application date:	4/14/2009
Address:	645 G St., Ste 100-613	Period to:	4/14/2009

**COMPUTATION OF PAYMENT DUE**

Phase/Description (List amendments as separate items)	Fee	% Complete	Total Fee Earned	Previously Invoiced	Invoiced This Period	Balance
Assist with CT Scanner Location, relocation of file storage, study and decision	8,500.00		0.00		0.00	8,500.00
One Day trip and Airfare.			2,184.00		2,184.00	-2,184.00
Plans/discussion for New File Storage			846.00		846.00	-846.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
<b>Total</b>	<b>8,500.00</b>		<b>3,030.00</b>	<b>0.00</b>	<b>3,030.00</b>	<b>5,470.00</b>

**CERTIFICATION OF DESIGN CONTRACTOR**

According to the best of my knowledge and belief, I certify that all items and amounts shown above for Payment are correct; that all work has been performed in full accordance with the requirements of the referenced Contract; and that no part of the amount invoiced for this period has been received.

Winchester Alaska, Inc.  
Contractor

By: *Cliff Gray*  
Signature of Authorized Representative

4/14/2009  
Date

Title: President

**APPROVED FOR PAYMENT**

Amount Approved for Payment:

**\$ 3,030.00**

May 22 09  
Date

*Cliff Gray*  
NSHC Project Manager

NORTON SOUND HEALTH CORPORATION

CHECK REQUEST

39851

Vendor #		Vendor Name: <i>Winchester ALASKA</i>	
Invoice #		Address: <i>645 G ST STE 100-613</i>	
Date:	Ref Date:	<i>Anchorage AK</i>	
Ref #: CR-			
Check Description			
GL Account #	Account Description	Dollar Amount	
<i>21161240</i>	<i>CT SCAN</i>	<i>\$3030.00</i>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Check Total			<u><i>\$3030.00</i></u>
Reason for Request: <i>Progress Billing</i>			
Request by: <i>Chiff Gray</i>		Department: <i>ACPO</i>	Ext:
Approved by: <i>Theresa Lock</i>		Date: <i>MAY 22 09</i>	
Instructions for Accounts Payable:			

NORTON SOUND HEALTH CORPORATION  
OPERATING ACCOUNT

CHECK DATE 09/12/08

VENDOR NO. 0115728

CHECK NO. 0275510

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAID
2	04/09/08		\$12,529.60	\$0.00	\$12,529.60
8/1/2001-4	04/25/08		\$13,194.00	\$0.00	\$13,194.00
<b>TOTALS</b>			\$25,723.60	\$0.00	\$25,723.60



**NORTON SOUND HEALTH CORPORATION**  
OPERATING ACCOUNT  
P.O. BOX 966  
NOME, AK 99762

WELLS FARGO BANK ALASKA, N.A.  
ANCHORAGE, ALASKA  
89-5/1282

CHECK NO. 0275510

AMOUNT  
\*\*\$25,723.60

**COPY**

DATE 09/12/08 VENDOR NO. 0115728

PAY TWENTY-FIVE THOUSAND SEVEN HUNDRED TWENTY-THREE 60/100  
TO THE WINCHESTER ALASKA, INC.  
ORDER OF: 645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501



**NORTON SOUND HEALTH CORPORATION**  
P.O. BOX 966  
NOME, AK 99762

WINCHESTER ALASKA, INC.  
645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501

**Winchester Alaska, Inc.  
APPLICATION FOR PAYMENT  
PROFESSIONAL SERVICES**

Project Client	Norton Sound Health Corporation	Contract #:	NSHC-03
Project Name	Elect Power Coord Study; WO - NSHC -07-D-5001	Pay Application #:	2
Project Manager	Bud Chard ANTHC - Cyril Lyon NSHC	Contractor Invoice #	
Name of Contractor:	Winchester Alaska, Inc.	Application date:	4/9/2008
Address:	645 G St., Ste 100 # 613	Period to:	4/9/2008

**COMPUTATION OF PAYMENT DUE**

Phase/Description (List amendments as separate items)	Fee	% Complete	Total Fee Earned	Previously Invoiced	Invoiced This Period	Balance
<b>Basic Services:</b>						
Phase A Completion - 32%	<del>\$12,530</del>	100%	<del>12529.60</del>	0.00	12529.60	0.00
Phase B and 95% Sub - 40%	\$15,662		0.00		0.00	15662.00
Receipt of Final Report - 28%	\$10,963		0.00		0.00	10963.40
<b>Total</b>	<b>\$39,155.00</b>		<b>\$12,529.60</b>	<b>\$0.00</b>	<b>\$12,529.60</b>	<b>\$26,625.40</b>

1162 \* 7040

**CERTIFICATION OF DESIGN CONTRACTOR**

According to the best of my knowledge and belief, I certify that all items and amounts shown above for Payment are correct; that all work has been performed in full accordance with the requirements of the referenced Contract; and that no part of the amount invoiced for this period has been received.

Winchester Alaska, Inc.  
Contractor

By: *[Signature]*  
Signature of Authorized Representative

4/9/2008  
Date

Title: President

**APPROVED FOR PAYMENT**

Amount Approved for Payment:

**\$12,529.60** \*

\_\_\_\_\_ Date

\_\_\_\_\_ ANTHC or NSHC Project Manager

**Winchester Alaska, Inc.  
APPLICATION FOR PAYMENT  
PROFESSIONAL SERVICES**

Project Client Norton Sound Health Corporation  
 Project Name CT Scanner Renovation; WO - NSHC -07-D-5000  
 Project Manager Bud Chard ANTHC - Cyril Lyon NSHC  
 Name of Contractor: Winchester Alaska, Inc.  
 Address: 645 G St., Ste 100 # 613

Contract #: NSHC-02  
 Pay Application #: 4  
 Contractor Invoice # 8/1/2001  
 Application date: 4/25/2008  
 Period to: 4/25/2008

**COMPUTATION OF PAYMENT DUE**

Phase/Description (List amendments as separate items)	Fee	% Complete	Total Fee Earned	Previously Invoiced	Invoiced This Period	Balance
<b>Basic Services:</b>						
Site Visit - Investigation 11% of Fee	\$9,676	100%	9,676	9,676	(0)	-
Approval of 65% - 44% of Fee	\$38,703	100%	38,703	38,703	0	-
Approval of 95% - 30% of Fee	\$26,389	100%	26,389	26,389	(0)	-
Receipt of Final Report - 15%	\$13,194	100%	13,194		13,194	-
<b>Total</b>	<b>\$87,962</b>		<b>87,962.00</b>	<b>74,768.00</b>	<b>13,194.00</b>	<b>-</b>

1162 \* 7040

**CERTIFICATION OF DESIGN CONTRACTOR**

According to the best of my knowledge and belief, I certify that all items and amounts shown above for Payment are correct; that all work has been performed in full accordance with the requirements of the referenced Contract; and that no part of the amount invoiced for this period has been received.

Winchester Alaska, Inc.  
 Contractor

By: [Signature]  
 Signature of Authorized Representative

4/25/2008  
 Date

Title: President

**APPROVED FOR PAYMENT**

Amount Approved for Payment:

**\$13,194.00**

\* [Signature]

\_\_\_\_\_ Date

\_\_\_\_\_ ANTHC or NSHC Project Manager

PO Box 966  
Nome, AK 99762  
(907) 443-3311 phone  
(907) 443-3139 fax



## NORTON SOUND HEALTH CORPORATION

To: Cliff Gray  
From Russ Barnes

July 13, 2009

### Update on CT Scan And HIM Move

Today we had a preconstruction meeting with NSHC staff, Winchester Alaska, PK Electric, Lake View General Contracting and Mechanical Specialties to discuss remodeling of room 505 and 503 for the new HIM room and the remodeling of the existing HIM room to accommodate the new CT scan. All carpet, cove base and shelving for the new HIM room is in Nome and the demolition of old carpet and cove base will begin tomorrow. This portion of the project should only take a couple of days and the contractor will assemble the new shelving while waiting for the carpet layer to arrive on Monday, July 20. If all goes as planned the movement of files from the current HIM room to the new should begin on Thursday the 23<sup>rd</sup> and be completed over the weekend of July 25 and 26 using HIM employees to move the files and Lake View to move existing work stations, roll tables and desks. The new lighting for the new HIM room was installed last week by PK Electric. Demolition of the current HIM for installation of the CT scan should begin on July 27. We have 2 items that are long lead on this project. One is the transfer switch to disconnect that allows us to disconnect either the CT or X-ray if we are on emergency power. This disconnect is required because we do not have enough power, when on generated power, to run the hospital, X-ray and CT scan at the same time. The other is the air-conditioning unit for the CT scab room. Both have been ordered and are scheduled to be in Nome within the required time to install. The other item that is of concern is the actual shipment of the CT machine from Europe to Nome. Winchester Alaska and Angie Gorn are to make final arrangements before August 1 to insure it is here to install in the required time. We are currently on schedule and slightly under the budget limit at this time.



# NORTON SOUND HEALTH CORPORATION

P.O. BOX 966  
NOME, ALASKA 99762  
(907) 443-3311

July 14, 2009

ASHNHA  
Debbie Silva and Randall Burns  
943 W. 6<sup>th</sup> Ave. Suite 120  
Anchorage, AK 99762

Re: NSHC 2<sup>nd</sup> Qtr 01004-E Grant Reports

Dear Debbie and Randall,

Please find the included documents pertaining to Norton Sound Health Corporation's ASHNHA/Denali Grant 01004-E "CT Renovation and Implementation Project" covering the 2<sup>nd</sup> Quarter period April 1, 2009 through June 30, 2009:

- Quarterly Project Financial Report Form 641 (A)
- Quarterly Project Financial Report Project Performance Analysis (PPA) Form 641 (B)
- Expenditure verification/documentation:
  - 6/1/09 \$16,755.00 Winchester Alaska (3pgs)
  - 4/14/06 \$3,030.00 Winchester Alaska (3pgs)
  - 4/9/09 \$12,529.60 Winchester Alaska (3pgs)
- Project Report Update on CT Scan and HIM Move July 13, 2009

If you have questions, comments or need further information please let me know.

Thank you.

Sincerely,

Wick Chambers

Grants Accountant II

CC: Angie Gorn  
Russ Barnes  
Files

**Denali Commission  
Quarterly Project Financial Report  
Form 641(A)**

Project Name: **CT Renovation and Implementation Project**

Agency: **Norton Sound Health Corporation**

Reporting Period: **2nd Qtr (April - June) FY2009**

Grant No: **01004-E**

Budget Information:

1. The total project budget – Denali Commission and other funds combined:
  - \$ 550,218.00 Denali Commission
  - \$ 382,203.74 NSHC
  - \$ 531,000.00 Other
  - \$ 1,463,421.74 Total Budget as of June 30, 2009**
  
2. The amount of Denali Commission funds awarded/committed to the project:  
**\$ 550,218.00.**
  
3. The total project expenditures as of June 30, 2009:
  - \$ 55,000.00 (3<sup>rd</sup> Qtr 08)
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  - \$ 32,314.60 (2<sup>nd</sup> Qtr 09)
  - \$ 483,314.60 Total as of June 30, 2009**
  
4. The amount of Denali Commission funds expended for the project as of the end of June, 2009:
  - \$ 25,000.00 (reimbursed 3<sup>rd</sup> Qtr 08)
  - \$ 198,000.00 (reimbursed 4<sup>th</sup> Qtr 08)
  - \$ 0.00 (reimbursed 1<sup>st</sup> Qtr 09)
  - \$ 16,157.00 (1/2 of \$51,958.10- to be reimbursed)
  - \$ 239,157.00 Total as of June 30, 2009**
  
5. The percentage of total expenditures to-date compared to the projected total project cost:  
**33 %.**

6. Project Schedule:

Show the project schedule with milestone dates for major design and construction phases:

- Designated area for CT Scan room, control room and bathroom demo and reconstruction begins July 28, 2009
- Reconstruction complete no later than October 30, 2009.
- CT Scan installed by December 15, 2009
- Employee training completed by December 31, 2009

Form 641A

Attachment G

**Denali Commission  
Quarterly Project Financial Report  
Project Performance Analysis (PPA) Form 641(B)**

Project Name: **CT Implementation and Renovation Project**

Agency: **Norton Sound Health Corporation**

Reporting Period: **April 1, 2009 to June 30, 2009**

Grant # **01004-E**

<b>Line Items:</b>	<b>Approved Budget:</b>	<b>Actual Cost:</b>	<b>Scheduled Completion Date:</b>	<b>Actual Work Performed:</b>
CT Scan	\$ 550,000.00	\$ 550,000.00	12/31/2009	80% Payment
Renovation	\$ 799,984.74	\$ 799,984.74	10/30/2009	
Ancillary Equipment	\$ 20,300.00	\$ 20,300.00	12/31/2009	
Service Agreement	\$ 93,137.00	\$ 93,137.00	12/31/2009	
Totals:	<b>\$1,463,421.74</b>	<b>\$1,463,421.74</b>		

Wick Chambers  
Signature

July 14, 2009  
Date

Wick Chambers, Grants Accountant II  
Print Name and Title

Form 641B

**Denali Commission Quarterly  
Project Narrative &  
Funds Disbursement Request  
Form 642**

**Project Name:** CT Implementation and Renovation Project

**Agency:** Norton Sound Health Corporation

**Reporting Period:** Second Quarter (April - June) 2009

**Grant No:** 01004-E

**A. Disbursement Request**

We are requesting ASHNHA to release \$ 16,157.00 in Denali Commission Grant Funds for our project at this time.

**B. Project Narrative**

**1. What is the status of your 2008 HNHFIP project (include portions completed) as of 6/30/2009?**

- The decision was made that the renovation and reconstruction of the former HIM room for CT Scan installation would be contracted out rather than done force account.
- At this time the contracts have been issued for Project Management, General Contractor, Electrical installation, Mechanical installation. Provisions for contracting out sprinkler installation, fire alarm systems and quality controls are in process.
- The Project Management team has developed the revised scope of work and schedule for project completion and coordinated the overall organization between the G.C. and other contracted installers.
- The building permit has been purchased.
- The HIM department is in the process of moving to their new location and demo/reconstruction of the new CT Scan room is slated to begin July 28, 2009

**2. Is the project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?**

The project is on schedule at this time.

**3. Is the project on budget? Over or under budget? If over budget, how will this be dealt with?**

- The budget was revised to accommodate the increased cost of contracting out the work, as reflected in attachments G641A.

- The increase in cost will be covered by Norton Sound Health Corporation contribution to the project.
- In accordance with the revised budget numbers the project is slightly under budget.

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

None

NORTON SOUND HEALTH CORPORATION  
OPERATING ACCOUNT

CHECK DATE 06/05/09

VENDOR NO. 0115728

CHECK NO. 0282909

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAID
39964-1	06/01/09		\$19,755.00	\$0.00	\$19,755.00
<p><i>16,755.00 = CT SCAN</i></p> <p><i>3,000.00 = HIM</i></p>					
<b>TOTALS</b>			\$19,755.00	\$0.00	\$19,755.00



**NORTON SOUND HEALTH CORPORATION**

OPERATING ACCOUNT  
P.O. BOX 966  
NOME, AK 99762

WELLS FARGO BANK ALASKA, N.A.  
ANCHORAGE, ALASKA  
89-5/1252

CHECK NO. 0282909

AMOUNT  
\*\*\$19,755.00

DATE 06/05/09 VENDOR NO. 0115728

PAY NINETEEN THOUSAND SEVEN HUNDRED FIFTY-FIVE 00/100

TO THE WINCHESTER ALASKA, INC.  
ORDER OF: 645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501



**NORTON SOUND HEALTH CORPORATION**

P.O. BOX 966  
NOME, AK 99762

WINCHESTER ALASKA, INC.  
645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501

**Winchester Alaska, Inc.  
APPLICATION FOR PAYMENT  
PROFESSIONAL SERVICES**

Project Client Norton Sound Health Corporation  
 Project Name CT Scanner - HIM renovation CM/GC Contract  
 Project Manager Cliff Gray  
 Name of Contractor: Winchester Alaska, Inc.  
 Address: 645 G St., Ste 100-613

Contract #: NSHC 09-1  
 Pay Application #: 1  
 Contractor Invoice # 39964  
 Application date: 6/1/2009  
 Period to: 6/1/2009

**COMPUTATION OF PAYMENT DUE**

Phase/Description (List amendments as separate items)	Fee	% Complete	Total Fee Earned	Previously Invoiced	Invoiced This Period	Balance
Construction Management For CT Scanner Installation and HIM Renovation and Move Project						
CT Scanner Installatin CM Fee	111,700.00	15.00%	16,755.00		16,755.00	94,945.00
HIM Renovation/Move CM Fee	20,000.00	15.00%	3,000.00		3,000.00	17,000.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
<b>Total</b>	<b>131,700.00</b>		<b>19,755.00</b>	<b>0.00</b>	<b>19,755.00</b>	<b>111,945.00</b>

**CERTIFICATION OF DESIGN CONTRACTOR**

According to the best of my knowledge and belief, I certify that all items and amounts shown above for Payment are correct; that all work has been performed in full accordance with the requirements of the referenced Contract; and that no part of the amount invoiced for this period has been received.

Winchester Alaska, Inc.  
 Contractor

By: *Cliff Gray*  
 Signature of Authorized Representative

6/1/2009  
 Date

Title: President

**APPROVED FOR PAYMENT**

Amount Approved for Payment:

**\$ 19,755.00**

June 2 09  
 Date

*Cliff Gray*  
 NSHC Project Manager

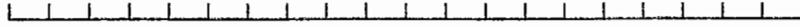
NORTON SOUND HEALTH CORPORATION

CHECK REQUEST

№ 44577

Vendor #		Vendor Name: <i>Winchester Alaska Inc</i>
Invoice #		Address: <i>645 G ST Ste 100-613</i>
Date:	Ref Date:	<i>Anchorage AK 99501</i>
Ref #: CR-		

Check Description



GL Account #	Account Description	Dollar Amount
<i>2,1,1,6,1,2,4,0</i>	<i>- CT SCAN - GRANT Funding</i>	<i>\$16,735.00</i>
<i>2,1,1,6,1,2,4,1</i>	<i>Him - BDA</i>	<i>-3,000.00</i>
_____	_____	_____
_____	_____	_____
Check Total		<i>\$19,735.00</i>

Reason for Request: <i>Progress Payment</i>	
Request by: <i>[Signature]</i>	Department: <i>C PD</i> Ext:
Approved by: <i>[Signature]</i>	Date: <i>June 2 09</i>
Instructions for Accounts Payable:	

NORTON SOUND HEALTH CORPORATION  
CPO ACCOUNT

CHECK DATE 05/29/09

VENDOR NO. 0115728

CHECK NO. 0000460

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAID
41409-1	04/14/09		\$3,030.00	\$0.00	\$3,030.00
<b>TOTALS</b>			\$3,030.00	\$0.00	\$3,030.00



**NORTON SOUND HEALTH CORPORATION**

CPO ACCOUNT  
P.O. BOX 966  
NOME, AK 99762

UBS FINANCIAL SERVICES, INC.  
BANK ONE, NA  
COLUMBUS, OH 43271  
25-80-440

CHECK NO. 0000460

AMOUNT  
\*\*\$3,030.00

DATE 05/29/09 VENDOR NO. 0115728

PAY THREE THOUSAND THIRTY 00/100  
TO THE WINCHESTER ALASKA, INC.  
ORDER OF: 645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501



**NORTON SOUND HEALTH CORPORATION**

P.O. BOX 966  
NOME, AK 99762

WINCHESTER ALASKA, INC.  
645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501

**Winchester Alaska, Inc.  
APPLICATION FOR PAYMENT  
PROFESSIONAL SERVICES**

Project Client	Norton Sound Health Corporation	Contract #:	NSHC 91
Project Name	CT Scanner Construction Study and Assistance	Pay Application #:	1
Project Manager	Cliff Gray	Contractor Invoice #	41409
Name of Contractor:	Winchester Alaska, Inc.	Application date:	4/14/2009
Address:	645 G St., Ste 100-613	Period to:	4/14/2009

**COMPUTATION OF PAYMENT DUE**

Phase/Description (List amendments as separate items)	Fee	% Complete	Total Fee Earned	Previously Invoiced	Invoiced This Period	Balance
Assist with CT Scanner Location, relocation of file storage, study and decision	8,500.00		0.00		0.00	8,500.00
One Day trip and Airfare.			2,184.00		2,184.00	-2,184.00
Plans/discussion for New File Storage			846.00		846.00	-846.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
			0.00		0.00	0.00
<b>Total</b>	<b>8,500.00</b>		<b>3,030.00</b>	<b>0.00</b>	<b>3,030.00</b>	<b>5,470.00</b>

**CERTIFICATION OF DESIGN CONTRACTOR**

According to the best of my knowledge and belief, I certify that all items and amounts shown above for Payment are correct; that all work has been performed in full accordance with the requirements of the referenced Contract; and that no part of the amount invoiced for this period has been received.

Winchester Alaska, Inc.  
Contractor

By:   
Signature of Authorized Representative

4/14/2009  
Date

Title: President

**APPROVED FOR PAYMENT**

Amount Approved for Payment:

**\$ 3,030.00**

May 22 09  
Date

  
NSHC Project Manager

NORTON SOUND HEALTH CORPORATION

CHECK REQUEST

39851

Vendor #		Vendor Name: <i>Winchester ALASKA</i>	
Invoice #		Address: <i>645 G ST STE 100-613</i>	
Date:	Ref Date:	<i>ANCHORAGE AK</i>	
Ref #: CR-			
Check Description			
GL Account #	Account Description	Dollar Amount	
<i>21161240</i>	<i>CT SCAN</i>	<i>\$3030.00</i>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Check Total			<u><i>\$3030.00</i></u>
Reason for Request: <i>Progress Billing</i>			
Request by: <i>Cliff Gray</i>		Department: <i>ACPO</i>	Ext:
Approved by: <i>Teresa Book</i>		Date: <i>MAY 22 09</i>	
Instructions for Accounts Payable:			

NORTON SOUND HEALTH CORPORATION  
OPERATING ACCOUNT

CHECK DATE 09/12/08

VENDOR NO. 0115728

CHECK NO. 0275510

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAID
2	04/09/08		\$12,529.60	\$0.00	\$12,529.60
8/1/2001-4	04/25/08		\$13,194.00	\$0.00	\$13,194.00
<b>TOTALS</b>			\$25,723.60	\$0.00	\$25,723.60



**NORTON SOUND HEALTH CORPORATION**  
OPERATING ACCOUNT  
P.O. BOX 966  
NOME, AK 99762

WELLS FARGO BANK ALASKA, N.A.  
ANCHORAGE, ALASKA  
89-5/1252

CHECK NO. 0275510

AMOUNT  
\*\*\$25,723.60

DATE 09/12/08 VENDOR NO. 0115728

PAY TWENTY-FIVE THOUSAND SEVEN HUNDRED TWENTY-THREE 60/100

TO THE WINCHESTER ALASKA, INC.  
ORDER OF: 645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501



**NORTON SOUND HEALTH CORPORATION**  
P.O. BOX 966  
NOME, AK 99762

WINCHESTER ALASKA, INC.  
645 G ST., STE. 100 #613  
ANCHORAGE, AK 99501



**Winchester Alaska, Inc.  
APPLICATION FOR PAYMENT  
PROFESSIONAL SERVICES**

Project Client	Norton Sound Health Corporation	Contract #:	NSHC-02
Project Name	CT Scanner Renovation; WO - NSHC -07-D-5000	Pay Application #:	4
Project Manager	Bud Chard ANTHC - Cyril Lyon NSHC	Contractor Invoice #	8/1/2001
Name of Contractor:	Winchester Alaska, Inc.	Application date:	4/25/2008
Address:	645 G St., Ste 100 # 613	Period to:	4/25/2008

**COMPUTATION OF PAYMENT DUE**

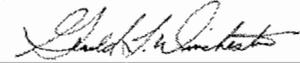
Phase/Description (List amendments as separate items)	Fee	% Complete	Total Fee Earned	Previously Invoiced	Invoiced This Period	Balance
Basic Services:						
Site Visit - Investigation 11% of Fee	\$9,676	100%	9,676	9,676	(0)	-
Approval of 65% - 44% of Fee	\$38,703	100%	38,703	38,703	0	-
Approval of 95% - 30% of Fee	\$26,389	100%	26,389	26,389	(0)	-
Receipt of Final Report - 15%	\$13,194	100%	13,194		13,194	-
<b>Total</b>	<b>\$87,962</b>		<b>87,962.00</b>	<b>74,768.00</b>	<b>13,194.00</b>	<b>-</b>

1162 \* 7040

**CERTIFICATION OF DESIGN CONTRACTOR**

According to the best of my knowledge and belief, I certify that all items and amounts shown above for Payment are correct; that all work has been performed in full accordance with the requirements of the referenced Contract; and that no part of the amount invoiced for this period has been received.

Winchester Alaska, Inc.  
Contractor

By:   
Signature of Authorized Representative

4/25/2008  
Date

Title: President

**APPROVED FOR PAYMENT**

Amount Approved for Payment:

**\$13,194.00**



\_\_\_\_\_ Date

\_\_\_\_\_ ANTHC or NSHC Project Manager

PO Box 966  
Nome, AK 99762  
(907) 443-3311 phone  
(907) 443-3139 fax



# NORTON SOUND HEALTH CORPORATION

To: Cliff Gray  
From Russ Barnes

July 13, 2009

## Update on CT Scan And HIM Move

Today we had a preconstruction meeting with NSHC staff, Winchester Alaska, PK Electric, Lake View General Contracting and Mechanical Specialties to discuss remodeling of room 505 and 503 for the new HIM room and the remodeling of the existing HIM room to accommodate the new CT scan. All carpet, cove base and shelving for the new HIM room is in Nome and the demolition of old carpet and cove base will begin tomorrow. This portion of the project should only take a couple of days and the contractor will assemble the new shelving while waiting for the carpet layer to arrive on Monday, July 20. If all goes as planned the movement of files from the current HIM room to the new should begin on Thursday the 23<sup>rd</sup> and be completed over the weekend of July 25 and 26 using HIM employees to move the files and Lake View to move existing work stations, roll tables and desks. The new lighting for the new HIM room was installed last week by PK Electric. Demolition of the current HIM for installation of the CT scan should begin on July 27. We have 2 items that are long lead on this project. One is the transfer switch to disconnect that allows us to disconnect either the CT or X-ray if we are on emergency power. This disconnect is required because we do not have enough power, when on generated power, to run the hospital, X-ray and CT scan at the same time. The other is the air-conditioning unit for the CT scab room. Both have been ordered and are scheduled to be in Nome within the required time to install. The other item that is of concern is the actual shipment of the CT machine from Europe to Nome. Winchester Alaska and Angie Gorn are to make final arrangements before August 1 to insure it is here to install in the required time. We are currently on schedule and slightly under the budget limit at this time.