

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: _____ Petersburg Medical Center Clinic Expansion _____

Name of Hospital / Grant Sub-Recipient: _____ Petersburg Medical Center _____

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

Sub-Recipient Grant No.: 1004 – C

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: _____ \$446,649.00 _____

ii. Amount of Facility Cost Share Match (CSM): _____ \$446,649.00 _____

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: _____ \$893,298.00 _____

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:

_____ \$699,201.68 _____

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):

_____ \$699,201.68 _____

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):

\$446,649.00

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):

\$943,754.22

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, 2010

End date: June 24, 2010

Description of Milestone Or Activity	Anticipated Completion Date
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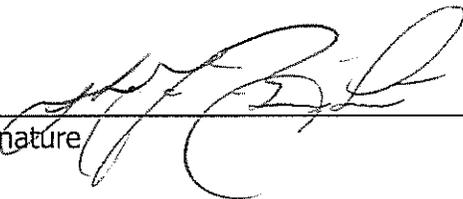
1. Receive final architectural designs with requested modifications; May, 2010.
2. Bidding for construction contract; June, 2010. Delayed to July, 2010.
3. Begin construction; August, 2010. Delayed to September, 2010.
4. Phase I – demolish lower floor and begin construction of lower floor; begin construction of external elevator; September 27, 2010.
5. Phase II – demolish and remodel half of the main/upper floor of the current clinic; January 11, 2011.
6. Phase III – demolish and remodel remaining half of the main/upper floor of the current clinic; April 7, 2011.
7. Project completion: June 24, 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:
PMC Clinic Expansion	\$893,298	\$1,390,412.20		Completion of lower/basement construction; exterior elevator and near completion of Phase II
Totals:	\$893,298	\$1,390,412.20		

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.

Signature 

6 June 2011
Date

John F Bringhurst, CEO
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: Petersburg Medical Center Clinic Expansion

Name of Hospital / Grant Sub-Recipient: Petersburg Medical Center

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

Sub-Recipient Grant No.: 1004 - C

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.)

Phase I of construction (the lower/basement floor) is complete and being utilized. Phase II began and is progressing well. Phase II consists of the new waiting area, the nurse's station, reception/business area, manager's office and exam/procedure rooms. The exterior elevator is installed, inspected and functional. Transition from Phase I to Phase II has placed the nurse's station temporarily in the conference room on the lower floor.

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?

There was a delay with the completion of Phase I. Construction time has been gained with Phase II, however the exterior walk-way and canopy for the new entrance has been delayed. Heating coils for the walk-way may require an electrical engineer consultation. This may lead to an additional delay of two to four weeks moving the projected completion date of June 24, 2011 to July 24, 2011. It does not appear that the project will extend beyond September 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 is over budget as mentioned in the previous reports. Cost over budget will be absorbed by Petersburg Medical Center or by other funding sources.

4. Other comments, problems and solutions:

None – other than previously mentioned.

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.

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

VENDOR NO.: 101210

VENDOR NAME: JENSEN YORBA LOTT, INC.

039863

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
01/25/11	077400026	12,740.95	.00	12,740.95
02/18/11	077400027	200.00	.00	200.00
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
03/01/11	000039863	12,940.95	.00	12,940.95

On Register #: 1184

Jensen Yorba Lott, Inc.
522 West 10th Street
Juneau, AK 99801
907-586-1070

John Bringhurst
Petersburg Medical Center
Box 589
Petersburg, AK 99833

Invoice number 077400027
Date 02/18/2011

Project 0774 Petersburg Hospital Clinic

For Services Through January 31, 2011

Construction Administration
Professional Fees

	Hours	Rate	Billed Amount
Intern/Designer II	2.50	80.00	200.00
			<hr/>
		Invoice total	<u>200.00</u>



1280001*

Jensen Yorba Lott, Inc.
 522 West 10th Street
 Juneau, AK 99801
 907-586-1070

John Bringhurst
 Petersburg Medical Center
 Box 589
 Petersburg, AK 99833

Invoice number 077400026
 Date 01/25/2011

Project 0774 Petersburg Hospital Clinic

For Services Through December 31, 2010

Construction Administration

Professional Fees

	Hours	Rate	Billed Amount
Intern/Designer II	70.00	80.00	5,600.00
Principal/Project Manager	4.50	140.00	630.00
Consultant			
	Cost Amount	Multiplier	Billed Amount
Structural Engineers			
PND Engineers, Inc.	1,965.00	1.07	2,102.55
Mechanical Engineers			
Murray & Associates, P.C.	2,680.00	1.07	2,867.60
Electrical Engineers			
Morris Engineering Group, LLC	1,440.00	1.07	1,540.80
Phase subtotal			12,740.95
Invoice total			<u>12,740.95</u>

OK [Signature]

128000

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

039517

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
12/28/10	7577	205,796.46	.00	205,796.46
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
01/10/11	000039517	205,796.46	.00	205,796.46

On Register #: 1170

Invoice

Alaska Commercial Contractors, Inc.
 P.O. Box 32878
 Juneau, Alaska
 99803

Date	Invoice #
12/28/2010	7577

Bill To
Petersburg Medical Center P.O. Box 589 Petersburg, AK 99833

Ship To
Alaska Commercial Contractor's Inc. P.O. Box 32878 Juneau, AK 99803

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 15		12/28/2010			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request #4 for Petersburg Medical Center Clinic Remodel and Addition	205,796.46	205,796.46
			<i>OK</i> <i>Jan</i> <i>1280001</i>	
			Total	\$205,796.46

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

039672

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
01/24/11	7588	134,552.56	.00	134,552.56
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
02/11/11	000039672	134,552.56	.00	134,552.56

On Register #: 1179

100104

Invoice

Alaska Commercial Contractors, Inc.
P.O. Box 32878
Juneau, Alaska
99803

Date	Invoice #
1/24/2011	7588

Bill To
Petersburg Medical Center P.O. Box 589 Petersburg, AK 99833

Ship To
Alaska Commercial Contractor's Inc. P.O. Box 32878 Juneau, AK 99803

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 15		1/24/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request #5 for Petersburg Medical Center Clinic Remodel and Addition <i>W</i> <i>OK</i> <i>Plan</i> <i>1280001</i>	134,552.56	134,552.56

Total	\$134,552.56
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Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

039747

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
02/16/11	PYMT REQUEST 7594	#6 CLINIC REMODEL 144,761.44	.00	144,761.44
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
02/18/11	000039747	144,761.44	.00	144,761.44

On Register #: 1180

Invoice

Alaska Commercial Contractors, Inc.
 P.O. Box 32878
 Juneau, Alaska
 99803

Date	Invoice #
2/16/2011	7594

Bill To
Petersburg Medical Center P.O. Box 589 Petersburg, AK 99833

Ship To
Alaska Commercial Contractor's Inc. P.O. Box 32878 Juneau, AK 99803

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Nct 15		2/16/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request #6 for Petersburg Medical Center Clinic Remodel and Addition <div style="text-align: center;"> <p><i>OK</i></p> <p><i>Flon</i></p> <p><i>1280001</i></p> </div>	144,761.44	144,761.44

W

Total \$144,761.44

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

039876

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
02/26/11	7600	90,324.26	.00	90,324.26
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
03/11/11	000039876	90,324.26	.00	90,324.26

On Register #: 1185

Invoice

Alaska Commercial Contractors, Inc.
 P.O. Box 32878
 Juneau, Alaska
 99803

Date	Invoice #
2/26/2011	7600

Bill To
Petersburg Medical Center P.O. Box 589 Petersburg, AK 99833

Ship To
Alaska Commercial Contractor's Inc. P.O. Box 32878 Juneau, AK 99803

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 15		2/25/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request #7 for Petersburg Medical Center Clinic Remodel	90,324.26	90,324.26

*OK
 from J
 1280001*

Total			\$90,324.26
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Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

040019

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
03/22/11	PAY REQUEST #8 7608	110,826.01	.00	110,826.01
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
03/25/11	000040019	110,826.01	.00	110,826.01

On Register #: 1191

Invoice

Alaska Commercial Contractors, Inc.
 P.O. Box 32878
 Juneau, Alaska
 99803

Date	Invoice #
3/22/2011	7608

Bill To
Petersburg Medical Center P.O. Box 589 Petersburg, AK 99833

Ship To
Alaska Commercial Contractor's Inc. P.O. Box 32878 Juneau, AK 99803

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 15		3/22/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request #8 for Petersburg Medical Center Remodel and Addition <div style="text-align: center;"> <p><i>OK</i></p> <p><i>Florn</i></p> <p><i>10800001</i></p> <p><i>W</i></p> </div>	110,826.01	110,826.01

			Total	\$110,826.01
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