

**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: _____ April 1 – June 30, 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:

_____ \$246,115.83 _____

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):

_____ \$246,115.83 _____

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):

\$1,189,870.05

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, 2011

End date: July 7, 2011

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: July 7, 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	\$1,636,599.05		Completion of Phase II & near completion of Phase III (within 1-2 week period).
Totals:	\$893,298	\$1,636,599.05		

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

7/5/2011

 Date

Leon Walsh, Acting 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: _____ April 1, 2011 – June 30, 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.)

The project is near completion. Phase II is complete and during Phase III, construction progressed smoothly and the contractor was able to make up some time lost during Phase II. Phase II completed the upper floor nurses station, reception room, business office, and several exam rooms. Phase III will complete the remaining exam rooms and physician offices.

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 project was delayed during Phase II concerning the exterior walkway/entrance. Issues associated with those areas were resolved and the majority of the schedule delay has been made up during Phase III. The final completion date appears to be in early July 7, 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 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. The new remodeled/construction areas of the facility are welcomed by the public and the staff. The additional room and privacy has been appreciated and provides better quality patient services.

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

06/30/2011 14:36

G/L ACTIVITY LIST

PAGE 1

SORTED BY G/L NUMBER

G/L ACCT #'S FROM: 1280001 TO: 1280001
 PERIODS FROM : 10 TO: 12
 DOES NOT INCLUDE NON-ACTIVE ACCOUNTS

ENTRY_NO	DATE	DESCRIPTION	POSTED?	CODE	DEBIT	CREDIT
G/L ACCOUNT: 1280001 CONST IN PROGRESS CLINIC						
BEGINNING BALANCE: 1390483.22						
740_10	04/15/11	101762 CONTRACT HARDWARE	YES	P	471.18	
2033_10	04/29/11	100104-AK COMMERCIAL CONT	YES	P	61171.85	
2834_10	04/29/11	101210-JENSKN YORBA LOTT	YES	P	219.80	
309_11	05/13/11	101762-CONTRACT HARDWARE	YES	P	362.88	
704_11	05/20/11	100104-AK COMMERCIAL CONT	YES	P	59010.51	
840_12	06/17/11	100104-AK COMMERCIAL CONT	NO	P	104479.61	

246,115.83

G/L ACCOUNT: 1280001 CONST IN PROGRESS - CLINIC
 ENDING BALANCE: 1636599.05

TOTAL ACTIVITY 246115.83 .00
 GENERAL LEDGER GRAND TOTALS 1636599.05 .00

Petersburg Medical Center
 Box 589
 Petersburg, AK 99833

REMITTANCE ADVICE

040185

VENDOR NO.: 101762

VENDOR NAME: CONTRACT HARDWARE INC

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
04/05/11	SPI-008559	471.18	.00	471.18
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
04/22/11	000040185	471.18	.00	471.18

On Register #: 1201

Ordered	Shipped	Number	Item/Description		
8	8	40880	NSCY 32K2201-26-7DS KEYMARK SCHLAGE CORE	43.00	344.00
8	8	40880	KEYING - MEDECO Keying Charge - Medeco AC	11.00	88.00
1	1	40880	UPS 04/04/11	39.18	39.18

W

1280001

*OK
 for new drive
 doors*

Amount Subject to Sales Tax	0.00	Amount Exempt from Sales Tax	471.18	Subtotal:	471.18
				Invoice Discount:	0.00
				Total Sales Tax:	0.00
				Total:	471.18

Petersburg Medical Center
 Box 589
 Petersburg, AK 99833

REMITTANCE ADVICE

040300

VENDOR NO.: 101762

VENDOR NAME: CONTRACT HARDWARE INC

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
05/03/11	SPI-008958	362.88	.00	362.88
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
05/13/11	000040300	362.88	.00	362.88

On Register #: 1206

Ordered	Shipped	Number	Item/Description	Unit Price	Total Price
6	6	40880	NSCY 32K2201-26-7DS KEYMARK SCHLAGE CORE	43.00	258.00
6	6	40880	KEYING - MEDECO Keying Charge - Medeco AC	11.00	66.00
1	1	40880	UPS 05/03/11	38.88	38.88

10008001

OK
 TMS
 Clinic
 Remitted

W

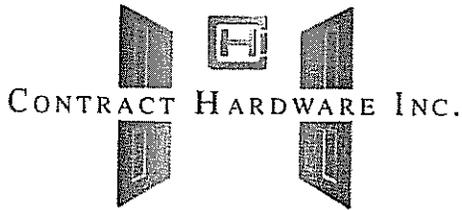


Amount Subject to
 Sales Tax
 0.00

Amount Exempt
 from Sales Tax
 362.88

Subtotal: 362.88
 Invoice Discount: 0.00
 Total Sales Tax: 0.00

Total: 362.88



Contract Hardware Inc.
 12100 NE 195th St
 Suite 250
 Bothell, WA 98011
 Phone: 206-298-4770
 Fax: 206-298-4777

Invoice Number: SPI-008958

Invoice Date: 05/03/11

Page: 1

Invoice

Bill Customer ID C00503
 To: PETERSBURG MEDICAL CENTER
 PO BOX 589
 Petersburg, AK 99833

Job Name:
 Ship
 To: PETERSBURG MEDICAL CENTER
 MIKE BOGGS
 103 FRAM STREET
 PETERSBURG, AK 99833

Ship Via UPS 2ND DAY AIR
 Due Date 06/02/11
 Terms NET 30 DAYS
 Contract No: -

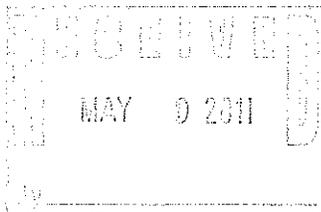
P.O. Number MIKE
 Our Order No. SO-009355
 SalesPerson Lockshop

Ordered	Shipped	Item Number	Item/Description	Unit Price	Total Price
6	6	40880NSCY	32K2201-26-7DS KEYMARK SCHLAGE CORE	43.00	258.00
6	6	40880KEYING - MEDECO	Keying Charge - Medeco AC	11.00	66.00
1	1	40880	UPS 05/03/11	38.88	38.88

1280001

*OK TMS
 Clinic
 Reminder!*

W



Amount Subject to
 Sales Tax
 0.00

Amount Exempt
 from Sales Tax
 362.88

Subtotal: 362.88
 Invoice Discount: 0.00
 Total Sales Tax: 0.00
 Total: 362.88

100104

Invoice

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

Date	Invoice #
4/26/2011	7628

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		4/26/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Rquest #9 for Petersburg Medical Center Addition and Remodel	81,371.85	81,371.85
<p><i>OK</i></p> <p><i>fean</i></p> <p><i>1280001</i></p> <p><i>W</i></p>				
			Total	\$81,371.85

Pay Request #9

Project: Petersburg Medical Center Clinic Remodel & Addition

Item ID #	Description	Total Item Value	Percentage Complete	Total Value Completed	Billed Prior	Billed Current Period	Total Billed To Date	Remainder To Bill
1	General Conditions	69,871	90.0%	62,884	59,390	3,484	62,884	6,987
2	Mobilization	39,030	90.0%	35,127	33,176	1,951	35,127	3,903
3	Demolition/Disposal	49,298	90.0%	44,368	39,438	4,930	44,368	4,930
4	Underground Piping	9,350	100.0%	9,350	9,350	-	9,350	-
5	Concrete Slabs/Stairs	18,860	100.0%	18,860	18,860	-	18,860	-
6	Elevator Pit	19,630	100.0%	19,630	19,630	-	19,630	-
7	Exterior Rough Carpentry	37,900	100.0%	37,900	37,900	-	37,900	-
8	Thermal/Moisture Protection	56,370	100.0%	56,370	56,370	-	56,370	-
9	Interior Framing	27,860	80.0%	22,288	22,288	-	22,288	5,572
10	Mechanical Rough-In	158,675	98.0%	155,502	150,741	4,761	155,502	3,174
11	Electrical Rough-In	188,833	98.0%	185,056	179,391	5,665	185,056	3,777
12	Insulation/Vapor Barrier	14,580	80.0%	11,664	11,664	-	11,664	2,916
13	Sheetrock	26,125	80.0%	20,900	20,900	-	20,900	5,225
14	Taping/Painting/EIFS	69,300	70.0%	48,510	48,510	-	48,510	20,790
15	Casework/Finish Carp	79,500	80.0%	63,600	63,600	-	63,600	15,900
16	Doors/Windows	50,545	80.0%	40,436	40,436	-	40,436	10,109
17	Acoustical Ceilings	19,285	75.0%	14,464	14,464	(0)	14,464	4,821
18	Flooring	47,620	75.0%	35,715	23,810	11,905	35,715	11,905
19	Sprinklers	28,360	80.0%	22,688	17,016	5,672	22,688	5,672
20	Elevator	70,500	100.0%	70,500	70,500	-	70,500	-
21	Mechanical Trim Out	158,675	90.0%	142,808	134,874	7,934	142,808	15,868
22	Electrical Trim Out	188,833	90.0%	169,950	160,508	9,442	169,950	18,883
	BASE A GENERATOR	16,300	100.0%	16,300	16,300	-	16,300	-
RFP#1	SPRINKLER CHANGE	638	100.0%	638	638	-	638	-
RFP#2	ADDITIONAL SITEWORK	2,950	100.0%	2,950	2,950	-	2,950	-
RFP#3	TELEPHONE/DATA JACKS	4,474	100.0%	4,474	4,474	(0)	4,474	-
RFP#4	T&M File Room	5,624	100.0%	5,624	5,624	0	5,624	-
RFP#5	Second Floor Underlayment	10,849	65.0%	7,052	-	7,052	7,052	3,797
RFP#6	Sink Upgrade	623	100.0%	623	-	623	623	-
RFP#7	Alt #1 Canopy	51,270	35.0%	17,945	-	17,945	17,945	33,326
	TOTALS	1,521,728		1,344,173.85	-	81,371.85	1,344,173.85	177,553.76
	Less Retention							(0)
	Retention TOTALS							
	TOTALS	1,521,728		1,344,173.85	1,218,763.35	81,371.85	1,294,463.20	227,264.80

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

040339

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
05/17/11	7642	59,010.51	.00	59,010.51
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
05/20/11	000040339	59,010.51	.00	59,010.51

On Register #: 1207

Invoice

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

Date	Invoice #
5/17/2011	7642

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		5/17/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request #10 for Petersburg Medical Center Remodel	59,010.51	59,010.51
<i>OK</i> <i>John J</i> <i>1280001</i> <i>W</i>				
			Total	\$59,010.51

Pay Request #10

Project: Petersburg Medical Center Clinic Remodel & Addition

Item ID #	Description	Total Item Value	Percentage Complete	Total Value Completed	Billed Prior	Billed Current Period	Total Billed To Date	Remainder To Bill
1	General Conditions	69,871	90.0%	62,884	62,884	(0)	62,884	6,987
2	Mobilization	39,030	90.0%	35,127	35,127	-	35,127	3,903
3	Demolition/Disposal	48,298	98.0%	48,312	44,368	3,944	48,312	986
4	Underground Piping	9,350	100.0%	9,350	9,350	-	9,350	-
5	Concrete Slabs/Stairs	18,860	100.0%	18,860	18,860	-	18,860	-
6	Elevator Pit	19,630	100.0%	19,630	19,630	-	19,630	-
7	Exterior Rough Carpentry	37,900	100.0%	37,900	37,900	-	37,900	-
8	Thermal/Moisture Protection	56,370	100.0%	56,370	56,370	-	56,370	-
9	Interior Framing	27,860	100.0%	27,860	22,288	5,572	27,860	-
10	Mechanical Rough-In	158,675	100.0%	158,675	155,502	3,173	158,675	-
11	Electrical Rough-In	188,833	100.0%	188,833	185,056	3,777	188,833	-
12	Insulation/Vapor Barrier	14,580	100.0%	14,580	11,664	2,916	14,580	-
13	Sheetrock	26,125	100.0%	26,125	20,900	5,225	26,125	-
14	Taping/Painting/EIFS	69,300	80.0%	55,440	48,510	6,930	55,440	13,860
15	Casework/Finish Carp	79,500	80.0%	63,600	63,600	-	63,600	15,900
16	Doors/Windows	50,545	90.0%	45,491	40,436	5,055	45,491	5,055
17	Acoustical Ceilings	19,285	75.0%	14,464	14,464	(0)	14,464	4,821
18	Flooring	47,620	80.0%	38,096	35,715	2,381	38,096	9,524
19	Sprinklers	28,360	90.0%	25,524	22,668	2,856	25,524	2,838
20	Elevator	70,500	100.0%	70,500	70,500	-	70,500	-
21	Mechanical Trim Out	158,675	92.0%	145,981	142,808	3,173	145,981	12,694
22	Electrical Trim Out	188,833	92.0%	173,726	169,950	3,776	173,726	15,107
	BASE A GENERATOR	16,300	100.0%	16,300	16,300	-	16,300	-
RFP#1	SPRINKLER CHANGE	638	100.0%	638	638	-	638	-
RFP#2	ADDITIONAL SITEWORK	2,950	100.0%	2,950	2,950	-	2,950	-
RFP#3	TELEPHONE/DATA JACKS	4,474	100.0%	4,474	4,474	(0)	4,474	-
RFP#4	T&M File Room	5,624	100.0%	5,624	5,624	0	5,624	-
RFP#5	Second Floor Underlayment	10,849	65.0%	7,052	7,052	(0)	7,052	3,797
RFP#6	Sink Upgrade	623	100.0%	623	623	-	623	-
RFP#7	Alt #1 Canopy	51,270	55.0%	28,199	17,945	10,254	28,199	23,072
	TOTALS	1,521,728		1,403,186.51	1,300,135.20	59,010.51	1,403,186.51	118,541.10
	Less Retention							(0)
	Retention TOTALS	1,521,728		1,403,186.51	1,300,135.20	59,010.51	1,359,145.71	162,582.29

Petersburg Medical Center
 Box 589
 Petersburg, AK 99833

REMITTANCE ADVICE

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS
 040494

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
06/14/11	7655	104,679.61	.00	104,679.61
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
06/17/11	000040494	104,679.61	.00	104,679.61

On Register #: 1217

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	pay request #11 for Petersburg Medical Center Clinic Remodel and Addition	104,679.61	104,679.61
			Total	\$104,679.61

OK from 1280001

Invoice

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

Date	Invoice #
6/14/2011	7655

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		6/14/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	pay request #11 for Petersburg Medical Center Clinic Remodel and Addition <i>OK from J 12800001</i>	104,679.61	104,679.61

Total	\$104,679.61
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Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

040222

VENDOR NO.: 101210

VENDOR NAME: JENSEN YORBA LOTT, INC.

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
04/18/11	077400029	219.80	.00	219.80
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
04/29/11	000040222	219.80	.00	219.80

On Register #: 1203

Statement

101210

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

John Bringhurst
 Petersburg Medical Center
 Box 589
 Petersburg, AK 99833

Statement date: 4/20/2011

	Invoice Number	Invoice Date	Amount
John Bringhurst			
0774 Petersburg Hospital Clinic			
	077400028	3/17/2011	<i>pd</i> 80.00
	077400029	4/18/2011	219.80
	Client Outstanding		299.80

John Bringhurst							
Outstanding	Current	31-60 Days	61-90 Days	91-120 Days	121+ Days	Prepayment	
299.80	219.80	80.00	0.00	0.00	0.00	0.00	

W

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 077400029
Date 04/18/2011

Project 0774 Petersburg Hospital Clinic

For Services Through March 31, 2011

Construction Administration

Professional Fees

Principal/Project Manager
Consultant

Hours	Rate	Billed Amount
0.50	140.00	70.00

Mechanical Engineers
Murray & Associates, P.C.

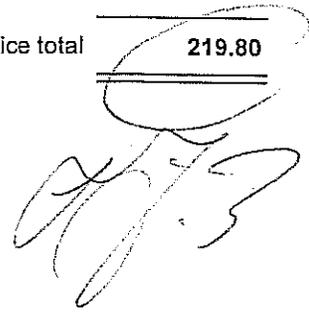
Cost Amount	Multiplier	Billed Amount
140.00	1.07	149.80

Phase subtotal

219.80

Invoice total

219.80



0774

Murray & Associates, P. C.

Consulting Engineers

INVOICE#04-2011

PO Box 21081, Juneau, Alaska 99802-1081 (907) 780-6151 Fax: (907) 780-6182

To: Jensen Yorba Lott, Inc.
522 West 10th Street
Juneau, Alaska 99801

Date: April 5, 2011

Project: Petersburg Clinic

Job No.: 10-244.1 - 033111

RECEIVED
APR 05 2011
Jensen Yorba Lott

0774-70
mech

APRIL 2011 INVOICE

Construction Services
Time & Expense
Billed to Date: \$2,820.00

MECHANICAL ENGINEERING

Construction Services - Coordination

Principal Engineer

Subtotal: 1 Hour @ \$140.00/Hour

\$ 140.00

TOTAL AMOUNT DUE:

\$ 140.00

PLEASE PAY UPON RECEIPT TO: MURRAY & ASSOCIATES, P. C., P. O. BOX 21081, JUNEAU, ALASKA 99802-1081. THANK YOU. DOUGLAS MURRAY.

IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS FROM ABOVE INVOICE DATE, AMOUNT PAST DUE WILL INCUR A MONTHLY FINANCE CHARGE OF 1.5%.

T F E