

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: July 1, 2010 – September 30, 2010

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:
\$6,453.79
- 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):
\$6,453.79

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.

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):

0

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):

<u>Reported total 6/30/10 = \$30,853.85</u>	\$183,049.11
<u>Unreported total 6/30/10 = \$145,741.47</u>	
<u>Corrected total 9/30/10 (\$145,741.47 + \$6,453.79) = \$152,195.26</u>	

5. Project Schedule:

Please state the anticipated end date of this funded 2008 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

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
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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.

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

2008 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Petersburg Medical Center Clinic Expansion	\$893,298.00	\$6,453.79 \$183,049.11	June 24, 2011	Architectural revisions/change orders.
Totals:	\$893,298	\$6,453.79		

\$183,049.11 ^{PK}
(see page 2 explanation)

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

14 Oct 2010
Date

John F Bringhurst, CEO
Printed Name and Official Title

Petersburg Medical Center
 Box 589
 Petersburg, AK 99833

REMITTANCE ADVICE

038836

VENDOR NO.: 101210

VENDOR NAME: JENSEN YORBA LOTT, INC.

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
08/24/10	CLINIC 77400020	3,163.50	.00	3,163.50
08/24/10	CLINIC 77400021	3,290.29	.00	3,290.29
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
09/03/10	000038836	6,453.79	.00	6,453.79

On Register #: 1144

Description					
42 REVISED DESIGN DEVELOPMENT PHASE	21,123.00	100.00	21,123.00	21,123.00	0.00
50 CONSTRUCTION DOCUMENTS PHASE	65,645.00	100.00	65,645.00	65,645.00	0.00
52 REVISED CONSTRUCTION DOCUMENTS PHASE	30,248.00	100.00	30,248.00	30,248.00	0.00
60 BIDDING & NEGOTIATIONS	3,515.00	100.00	351.50	3,515.00	3,163.50
70 CONSTRUCTION ADMINISTRATION	25,770.00	0.00	0.00	0.00	0.00
Total	146,301.00	82.39	117,367.50	120,531.00	3,163.50

Invoice total 3,163.50

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W

*OK per
 J. Baynor
 Sieballe #7*

*cc: Leon
 Carol*

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

Invoice number 077400020
Date 08/24/2010

Project: 0774 PETERSBURG HOSPITAL CLINIC

For Services Through July 31, 2010

Description	Contract Amount	Percent Complete	Prior Billed	Total Billed	Current Billed
42 REVISED DESIGN DEVELOPMENT PHASE	21,123.00	100.00	21,123.00	21,123.00	0.00
50 CONSTRUCTION DOCUMENTS PHASE	65,645.00	100.00	65,645.00	65,645.00	0.00
52 REVISED CONSTRUCTION DOCUMENTS PHASE	30,248.00	100.00	30,248.00	30,248.00	0.00
60 BIDDING & NEGOTIATIONS	3,515.00	100.00	351.50	3,515.00	3,163.50
70 CONSTRUCTION ADMINISTRATION	25,770.00	0.00	0.00	0.00	0.00
Total	146,301.00	82.39	117,367.50	120,531.00	3,163.50

Invoice total 3,163.50

1580001

cc: Leon
Carol

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

Invoice number 077400021
Date 08/24/2010

Project: 0774 Petersburg Hospital Clinic

For Services Through July 31, 2010

Reimbursable Expense
Reimbursables

	Units	Cost Amount	Multiplier	Billed Amount
Reprographics				
Digital Blueprint		65.60	1.10	72.16
Postage				
Kidd Curry Express		23.48	1.10	25.83
Miscellaneous Reimbursable Exp		836.64		836.64
Miscellaneous Expense at Cost				
Juneau Empire		1,185.66		1,185.66
Ketchikan Daily News		1,170.00		1,170.00
				3,290.29
				3,290.29
				3,290.29

1280001

CC: Leon
Carol

Form 642 – Parts A & B

ASHNHA's Quarterly Reporting Form

Covering 2008 Denali Commission Approved Projects Projects No. 1004 – C or 1004 – N

Please Use this Form to File the Quarterly Narrative Progress Report And / Or Make a Fund Disbursement Request

Project Name: Petersburg Medical Center Clinic Expansion

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

Reporting Period: July 1, 2010 – September 30, 2010

Sub-Recipient Grant No.: 1004 - C

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

- 1. What is the status of your 2008 "Primary Care Improvements in Hospitals" project as of September 30, 2010? (Please list all project phases completed or milestones achieved during the report period.)**

Bidding process for the project has been completed and awarded to Alaska Commercial Contractors, Inc. Phase I of construction began on September 27, 2011. Construction includes demolition of the interior and exterior areas of the ground/lower floor. This included excavation for the exterior elevator.

- 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 6/30/2011?**

Construction of the project has begun and has a scheduled completion date of June 24, 2011. This is within the nine month timeframe projected by the architectural firm.

- 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?**

As mention last quarter, the project budget is over budget due to the architect re-design plan costs. Cost of the project may increase from the initial proposal due to increases in material costs. Costs over budget will be absorbed by PMC or by other funding sources.

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

None - other than previously noted.

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:*

- a request for an *Advance* against our Project Grant Award Funds; **or**
- 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).