

**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 – September 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:

\$74,375.68

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):

\$74,375.68

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):

\$1,264,245.73

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. Actual completion was September 29, 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	\$1,710,974.73		Completion of Phase II & near completion of Phase III (within 1-2 week period).
Totals:	\$893,298	\$1,710,974.73		

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.

Elizabeth Woodyard
Signature

October 14, 2011
Date

Elizabeth Woodyard, 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: July 1 – September 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 complete and has been fully operational for two months. Minor construction projects were completed during the past two months, but did not impact the function of clinic. The exterior windows and entrance canopy have been completed.

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 III concerning the exterior walkway/entrance and exterior windows. This was caused by the crew being reassigned on another project out of town. Completion of minor projects were placed on hold (which did not interfere with the operation and interior structure) of the clinic.

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
CLINIC REMODEL EXPENDITURES
07/01/2011 TO 09/30/2011**

Alaska Commercial Contractors	\$36,203.00
Alaska Commercial Contractors	\$37,902.68
Jensen Yorba Lott	\$210.00
Jensen Yorba Lott	<u>\$60.00</u>
Total	<u>\$74,375.68</u>

Invoice

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

Date	Invoice #
10/7/2011	7709

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		10/7/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request # 13 for Petersburg Medical Center Clinic and Remodel Final Billing	36,203.00	36,203.00

			Total	36,203.00
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Pay Request #13

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	100.0%	69,871	69,871	-	69,871	-
2	Mobilization	39,030	100.0%	39,030	39,030	-	39,030	-
3	Demolition/Disposal	49,298	100.0%	49,298	49,298	-	49,298	-
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	27,860	-	27,860	-
10	Mechanical Rough-In	158,675	100.0%	158,675	158,675	-	158,675	-
11	Electrical Rough-In	188,833	100.0%	188,833	188,833	-	188,833	-
12	Insulation/Vapor Barrier	14,580	100.0%	14,580	14,580	-	14,580	-
13	Sheetrock	26,125	100.0%	26,125	26,125	-	26,125	-
14	Taping/Painting/EIFS	69,300	100.0%	69,300	69,300	-	69,300	-
15	Casework/Finish Carp	79,500	100.0%	79,500	79,500	-	79,500	-
16	Doors/Windows	50,545	100.0%	50,545	50,545	-	50,545	-
17	Acoustical Ceilings	19,285	100.0%	19,285	19,285	-	19,285	-
18	Flooring	47,620	100.0%	47,620	47,620	-	47,620	-
19	Sprinklers	28,360	100.0%	28,360	28,360	-	28,360	-
20	Elevator	70,500	100.0%	70,500	70,500	-	70,500	-
21	Mechanical Trim Out	158,675	100.0%	158,675	158,675	-	158,675	-
22	Electrical Trim Out	188,833	100.0%	188,833	188,833	-	188,833	-
	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 SITEMORK	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	100.0%	10,849	10,849	-	10,849	-
RFP#6	Brick Upgrade	623	100.0%	623	623	-	623	-
RFP#7	As #1 Canopy	51,270	100.0%	51,270	51,270	-	51,270	-
RFP#8	Moisture Mitigation	16,203	100.0%	16,203	-	16,203	16,203	-
	TOTALS	1,537,931		1,537,930.61			1,537,930.61	
	Less Retentions					20,000.00		(0)
	Retention TOTALS				1,501,728.00	36,203	1,537,931.00	

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

041129

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
10/07/11	PAY REQUEST #13 7709	36,203.00	.00	36,203.00
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
10/14/11	000041129	36,203.00	.00	36,203.00

On Register #: 1247

100104

Invoice

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

Date	Invoice #
8/19/2011	7691

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		8/19/2011			

Quantity	Item Code	Description	Price Each	Amount
1	BASE BID	Pay Request #11 for Petersburg Medical Center Renovation <i>OK</i> <i>Jan</i> <i>W</i> <i>1280000</i>	37,902.68	37,902.68

			Total	37,902.68
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Pay Request #11

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	100.0%	69,871	69,871	-	69,871	-
2	Mobilization	39,030	100.0%	39,030	39,030	-	39,030	-
3	Demolition/Disposal	49,298	100.0%	49,298	49,298	-	49,298	-
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	27,860	-	27,860	-
10	Mechanical Rough-in	158,675	100.0%	158,675	158,675	-	158,675	-
11	Electrical Rough-in	188,833	100.0%	188,833	188,833	-	188,833	-
12	Insulation/Vapor Barrier	14,580	100.0%	14,580	14,580	-	14,580	-
13	Sheetrock	26,125	100.0%	26,125	26,125	-	26,125	-
14	Taping/Painting/EIFS	69,300	100.0%	69,300	55,440	13,860	69,300	-
15	Casework/Finish Carp	79,500	100.0%	79,500	79,500	-	79,500	-
16	Doors/Windows	50,545	100.0%	50,545	50,545	-	50,545	-
17	Acoustical Ceilings	19,285	100.0%	19,285	19,285	-	19,285	-
18	Flooring	47,620	100.0%	47,620	47,620	-	47,620	-
19	Sprinklers	28,360	100.0%	28,360	28,360	-	28,360	-
20	Elevator	70,500	100.0%	70,500	70,500	-	70,500	-
21	Mechanical Trim Out	158,675	100.0%	158,675	158,675	-	158,675	-
22	Electrical Trim Out	188,833	100.0%	188,833	188,833	-	188,833	-
	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	100.0%	10,849	10,849	-	10,849	-
RFP#6	Sink Upgrade	623	100.0%	623	623	-	623	-
RFP#7	Alt #1 Canopy	51,270	100.0%	51,270	51,270	-	51,270	-
	TOTALS	1,521,728		1,521,727.61		13,859.61	1,521,727.61	(0)
	Less Retention							
	Retention							
	TOTALS	1,521,728		1,521,727.61	1,463,825.32	37,902.68	1,501,728.00	20,000.00

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

040886

VENDOR NO.: 100104

VENDOR NAME: AK COMMERCIAL CONTRACTORS

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
08/19/11	7691	37,902.68	.00	37,902.68
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
08/26/11	000040886	37,902.68	.00	37,902.68

On Register #: 1237

101210

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

John Bringham
Petersburg Medical Center
Box 589
Petersburg, AK 99833

Invoice number 077400030
Date 06/16/2011

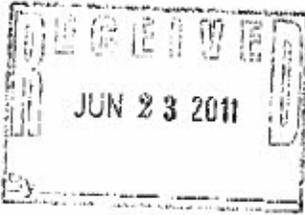
Project 0774 Petersburg Hospital Clinic

For Services Through May 31, 2011

Construction Administration
Professional Fees

Principal/Project Manager

Hours	Rate	Billed Amount
1.50	140.00	210.00
Invoice total		210.00



OK
from

1280001

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

040587

VENDOR NO.: 101210

VENDOR NAME: JENSEN YORBA LOTT, INC.

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
06/16/11	077400030	210.00	.00	210.00
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
07/01/11	000040587	210.00	.00	210.00

On Register #: 1221

Petersburg Medical Center
Box 589
Petersburg, AK 99833

REMITTANCE ADVICE

407059

VENDOR NO.: 101210

VENDOR NAME: JENSEN YORBA LOTT, INC.

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
07/20/11	077400031	60.00	.00	60.00
CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
07/29/11	000407059	60.00	.00	60.00

On Register #: 1229