

Attachment F

**Denali Commission Quarterly
Project Narrative and Funds Disbursement Request**

Project Name: New Stuyahok Healthcare Facility

Agency: ANTHC, DEHE Reporting Period: 01-01-07 to 03-31-07

Grant #: 06-4-C-5020 Amount of Funds Requested \$None at this time

1. What is the status of the project; include portions completed?

Architectural Firm hired, initial site visit and meeting completed, conceptual plan drafted and comments solicited.

2. Is the project on schedule; if not, how will this be dealt with?

Yes, the project is on schedule.

3. Is the project on budget; if not, how will this be dealt with?

Estimate for surveying work to be accomplished was approximately \$9,000 higher than estimated. Sufficient funds remain in the grant to pay for this expense when it is incurred.

4. Other comments/problems and solutions:

No other problems

**Denali Commission
Quarterly Project Financial Report**

New Stuyahok healthcare Facility

Project Name: _____

Agency: ANTHC, DEHE Reporting Period: 01-01-07 to 03-31-07

Grant #:06-4-C-5020

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined \$245,000
2. The total project expenditures as of the end of the most recent quarter No invoices have yet been received or paid
3. The total amount of Denali Commission funds committed to the project \$245,000
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period No funds have yet been spent, although costs are being incurred
5. The percentage of expenditures to the total budget 0%
6. Project Performance Analysis (use PPA form on page2 of 641)

Project Schedule:

Show the project schedule with milestone dates for design and construction.

Attachment G

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

Project Name: New Stuyahok Healthcare Facility

Agency: ANTHC

Reporting Period: 01-01-07 to 03-31-07

Grant #: 06-4-C-5020

NOTE: Include Denali Commission Grant Funds Only on this form.

Line Items:	Approved Budget:	Actual Cost to Date:	Scheduled Completion Date:	Actual Work Performed:
No Money has been spent on this project at this time.	0			
Totals:				

Signature: _____

ENGINEER

Print Name and Title: _____

Date: _____

4/6/07

Form 641B