



209 Moller Drive
Sitka, AK 99835

FAX COVER SHEET

To: Randall

Company: _____

At FAX #: _____

Date: 4/15/09 # Pages Including Cover 14

Comments: Report and draw request.
If you need anything else or
have questions let me know.

Thanks

[Signature]

Sent by: _____
 name department

Phone: _____ Fax _____

**Denali Commission Quarterly
Project Narrative &
Funds Disbursement Request
Form 642**

Project Name: Cat Scan Replacement

Agency: Sitka Community Hospital

Reporting Period: First Quarter (January – March) 2009

Grant No.: 01004-NJ

A. Disbursement Request

We are requesting ASHNHA to release \$ 97,074.00 in Denali Commission Grant Funds for our project at this time.

B. Project Narrative

- 1. What is the status of your 2008 HNHFIP project (include portions completed) as of 3/31/2009?** The main CT unit has been ordered. The Bone Densitometer was ordered 4/13/09. Additional options and service are under negotiations.
- 2. Is the project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?** Transmission issue has been resolved but due to departmental staffing and the upcoming maternity leave of one of our full time Rad Techs the installation has been delayed until August or September. New deadline for up and fully operational is 9/30/09 which is well within timeframe limitations.
- 3. Is the project on budget? Over or under budget? If over budget, how will this be dealt with?** Currently appears the project will be under budget.
- 4. Other comments, problems and solutions:** The involvement of the Denali Commission in assisting the small hospitals in Alaska to provide state of the art healthcare to the residents and visitors of Alaska is greatly appreciated.

CT Scan	\$ 92,674	2% of Total Cost @ \$ 463,372 ⁰⁰
Production	4,400	10% of Total Cost @ \$ 44,000 ⁰⁰
	<u>\$ 97,074</u>	→

Attachment G

**Denali Commission
Quarterly Project Financial Report
Form 641(A)**

Project Name: Cat Scan Replacement

Agency: Sitka Community Hospital

Reporting Period: First Quarter (January – March) 2009

Grant No.: 01004-11

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined: \$854,000.00
2. The amount of Denali Commission funds awarded / committed to the project: \$422,800.00
3. The total project expenditures as of March 31, 2009: None
4. The amount of Denali Commission funds expended for the project as of the end March 31, 2009: None
5. The percentage of total expenditures to-date compared to the projected total project cost: N/A
6. **Project Schedule:**

Show the project schedule with milestone dates for major design and construction phases:

The main CT unit has been ordered. Still negotiating on some of the options, additional equipment and service agreement. Due to departmental staffing and the upcoming maternity leave of one of the radiology techs the installation has been delayed until August or September. New deadline for up and fully operational is 9/30/09. This is still well within timeframe limitations.

7. **The Project Performance Analysis (PPA)** [please use the Form 641(B) attached]

Attachment G

**Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form 641(B)**

Project Name: Cat Scan Replacement

Agency: Sitka Community Hospital

Reporting Period: First Quarter (January – March) 2009

Grant No.: 01004-11

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Cat Scan Replacement	\$854,600.00	None	9/30/09	Main Unit has been ordered Negotiating options/service
Totals:	\$854,600.00			

Lee W. Bennett
Signature

4/15/09
Date

Lee W. Bennett Interim CEO/CFO
Print Name and Title

Form 641B

DATE PRINTED 03/27/09 14:20:13	DATE EXPECTED
DEPT NUMBER AND DESCRIPTION 705 RADIOLOGY	

PURCHASE ORDER

SITKA COMMUNITY HOSPITAL
209 MOLLER AVE
SITKA, ALASKA 99835
907-747-1712
FAX 907-747-1760

PURCHASE ORDER NUMBER 11009

VEND # : 100022	PHONE	MAIL	DATE	DATE	DATE
VENDOR : GE MEDICAL SYSTEMS	FAX	LOCAL	ENT	ENT	ENT
ADDR 1 : PO BOX 843553	TERMINAL	SALESPERSON	BY	BY	BY
ADDR 2 :					
CITY/ST : DALLAS, TX 75284-3553	DATE/TIME	A P			
ACCOUNT#: 84819	CUST/SERV				
CONTRACT:	VEND REF#				
MIN/ORD :					
REP. :					
FAX # :					
PHONE # : 800-558-5102					
CUST/SRV:					

LINE	ORD	QTY	ITEM	DESCRIPTION/SIZE	G/L	DEL	DATE	DATE	DATE	
VEND	MFG	MFG	QTY	USE	UNIT	COST	EXTENDED	DEP	REC	REC

1)	1.00	EA	NON	BRIGHTSPEED/ELITE SYSTEM		1280290	705			
			AGREEMENT	1/EA	63371.810	463371.81				
				TERM 20% DCWN 60% DELIVERY						
				20% INSTALLATION OR PATIENT USE						

Per quote # P4-C51243 V10
BA

463,372	92,674
X.20	4,400
<u>92,674</u>	<u>97,074</u>

REQUESTED BY _____

PURCHASING *SL*
Terrel Bennett
APPROVED 3/27/09

ORIGINAL ORDER

PO SUBTOTAL : 463371.81
FREIGHT : .00
DISCOUNT : .00
PO TOTAL : 463371.81

GE Healthcare

QUOTATION

Quotation Number: P4-C51243 V 10

Sitka Community Hospital
209 Moller Ave
Sitka AK 99835

Attn: Ronda Anderson

Date: 03-27-2009

This Agreement is by and between the Customer and the GE Healthcare entity (referred to herein as "GE Healthcare"), each as identified in this Quotation. GE Healthcare agrees to provide and Customer agrees to pay for the Products and/or Services set forth in this Agreement, in accordance with the terms and conditions set forth in the Governing Agreement identified below. If a Governing Agreement is not identified below on this page, this Agreement shall be governed by the following terms and conditions:

- 1) This GE Healthcare Quotation (together with any applicable schedules referred to herein) that identifies the Product and/or Service offerings purchased or licensed by Customer;
- 2) The attached (i) GE Healthcare Warranty documentation; (ii) GE Healthcare Additional Terms and Conditions documentation; and (iii) GE Healthcare Statement of Service Deliverables documentation, as applicable; and
- 3) The attached GE Healthcare Standard Terms and Conditions Sales and Service.

In the event of conflict among the foregoing items, the order of precedence is as numbered above.

This Agreement constitutes the complete and final agreement of the parties relating to the Products and/or Services identified in the Quotation. No agreement or understanding, oral or written, in any way purporting to modify these terms and conditions or the Quotation, whether contained in Customer's purchase order or shipping release forms, or elsewhere, shall be binding unless hereafter made in writing and signed by each party's authorized representative.

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Quotation (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

- | | |
|------------------------------|---------------------------------------|
| • Terms of Delivery: | CIF |
| • Quotation Expiration Date: | 03-27-2009 |
| • Billing Terms: | 20% down / 60% delivery / 20% install |
| • Payment Terms: | UPON RECEIPT |
| • Governing Agreement: | AmeriNet |

Each party has caused this agreement to be signed by an authorized representative on the date set forth below. Please submit purchase orders to GE Healthcare

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

GE HEALTHCARE

Eddie Johnson
Sales Representative

Date

CUSTOMER

Lee V. Bennett 3/27/09
Authorized Customer

Date

LEE V. BENNETT INTERIM CEO/COO
Print Name and Title

11009
PO #

INDICATE FORM OF PAYMENT:

(If there is potential to finance with a lease transaction, GE HFS or otherwise, select lease.)

Cash * Lease HFS Loan

If financing please provide name of finance company below*:

*Selecting Cash or not identifying GE HFS as the finance company declines option for GE HFS financing.

1/28



GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division
3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

GE Healthcare

QUOTATION

Quotation Number: P4-C51243 V 10

Qty	Catalog No.	Description	Contract Price	Discount	Ext Sell Price
		of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 CT technologists from the initial visit complete the session with a modified patient schedule. This training program must be scheduled and completed within 12 months after the date of product delivery.			
1	W0003CT	3 Days CT TIP Onsite Training Three Days CT Onsite Training provided from 8AM to 5PM, Monday through Friday. Includes T&L expenses. Days provided consecutively. This training program must be scheduled and completed within 12 months after the date of product delivery.	\$5,800.00	0.00%	\$5,800.00
3	W0007HC	TIP HQ Class CT LightSpeed 16 or BrightSpeed Level 1 - Full Service 3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses. This course will provide the technologists information on basic CT physics, image quality, multi-slice theory, basic scanning, reformat and system functions. This training program must be scheduled and completed within 12 months after the date of product delivery.	\$3,800.00	0.00%	\$11,400.00
		Configuration Discount: (55.63%)			(\$593,469.19)
		Discounted Configuration Price			\$473,371.81
		Quote Summary:			
		Total Contract List Price:			\$1,066,841.00
		Total Discount: (55.63%)			(\$593,469.19)
		Total Extended Selling Price:			\$473,371.81
		Fxi Trade-In			(\$10,000.00)
		Total Quote Net Selling Price			\$463,371.81

22/28



GE Healthcare Confidential and Proprietary
General Electric Company, GE Healthcare Division
3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

DATE PRINTED 04/13/09 11:23:38	DATE EXPECTED
DEPT NUMBER AND DESCRIPTION 710 PHYSICAL THE	

PURCHASE ORDER

SITKA COMMUNITY HOSPITAL
209 MOLLER AVE
SITKA, ALASKA 99835
907-747-1712
FAX 907-747-1760

PURCHASE ORDER NUMBER 11062

VEND # : 100022	PHONE: _____	MAIL _____	DATE DATE DATE
VENDOR : GE MEDICAL SYSTEMS	FAX _____	LOCAL _____	ENT ENT ENT
ADDR 1 : PO BOX 843553	TERMINAL _____	SALESPERSON _____	BY BY BY
ADDR 2 :			-----
CITY/ST : DALLAS, TX 75284-3553	DATE/TIME _____	A P	-----
ACCOUNT# : 84819	CUST/SERV _____		-----
CONTRACT:			
MIN/ORD :			
REP. :			
FAX # :	VEND REF# _____		
PHONE # : 800-558-5102			
CUST/SRV:			

LINE	ORD QTY	ITEM	DESCRIPTION	SIZE	UNIT	GL	DEL DATE	DATE	DATE
		VEND MFG	MFG		UNIT	COST	EXTENDED	DEPT	REC

1)	1.00	EA	NON	PRODIGY PRO FULL		1280290	710		
				H8600PR	1/EA	44000.000	44000.00		

TERMS: 10% DOWN/70% DELIV/20% INSTALL
AMERINET

\$ 44,000
X .10

\$ 4,400

REQUESTED BY _____

PURCHASING CL
Derek Bennett

APPROVED _____ REPRINTED ORIGINAL

PO SUBTOTAL : 44000.00
FREIGHT : .00
DISCOUNT : .00
PO TOTAL : 44000.00

Quotation Number: P3-C67207 Version 1

Sitka Community Hospital
209 Moller Ave
Sitka AK 99835

Attn: Ronda Anderson
Director of Radiology
209 Moller Ave.
Sitka AK 99835

Date: 04-10-2009

This Agreement is by and between the Customer and the GE Healthcare entity (referred to herein as "GE Healthcare"), each as identified in this Quotation. GE Healthcare agrees to provide and Customer agrees to pay for the Products and/or Services set forth in this Agreement, in accordance with the terms and conditions set forth in the Governing Agreement identified below. If a Governing Agreement is not identified below on this page, this Agreement shall be governed by the following terms and conditions:

- 1.) This GE Healthcare Quotation (together with any applicable schedules referred to herein) that identifies the Product and/or Service offerings purchased or licensed by Customer;
- 2) The attached (i) GE Healthcare Warranty documentation; (ii) GE Healthcare Additional Terms and Conditions documentation; and (iii) GE Healthcare Statement of Service Deliverables documentation, as applicable; and
- 3) The attached GE Healthcare Standard Terms and Conditions Sales and Service.

In the event of conflict among the foregoing items, the order of precedence is as numbered above.

This Agreement constitutes the complete and final agreement of the parties relating to the Products and/or Services identified in the Quotation. No agreement or understanding, oral or written, in any way purporting to modify these terms and conditions or the Quotation, whether contained in Customer's purchase order or shipping release forms, or elsewhere, shall be binding unless hereafter made in writing and signed by each party's authorized representative.

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Quotation (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

- Terms of Delivery: FOB DESTINATION
- Quotation Expiration Date: 06-19-2009
- Billing Terms: 10% down / 70% delivery / 20% install
- Payment Terms: Net Due in 30 Days
- Governing Agreement: AmeriNet

RETURN TO: GE Lunar OTR, 726 Heartland Trail, Madison, WI 53717, Fax: 608-826-7108

Each party has caused this Agreement to be signed by an authorized representative on the date set forth below.
www.gehealthcare.com

GE HEALTHCARE

William Barna _____ Date _____
 BMD Territory Manager
 5016 50th Ave Sw
 Seattle, WA 98136
 US
 Phone: 206-225-1568
 Fax: 206-299-4183
 William.Barna@ge.com

INDICATE FORM OF PAYMENT:

(If there is potential to finance with a lease transaction, GE HFS or otherwise, select lease.)

Cash * Lease HFS Loan

If financing please provide name of finance company below*:

CUSTOMER

Lee W. Bennett _____ Date *4/13/09*
 Authorized Customer
 LEE W. BENNETT
 Print or Type Name
 INTERIM CEO/CFD
 Title

*Selecting Cash or not identifying GE HFS as the finance company declines option for GE HFS financing.

Quotation Number: P3-C67207 Version 1

Item No.	QTY	CATALOG	DESCRIPTION	Ext Sell Price
	1		PRODIGY PRO FULL USA	
1	1	H8600PR	<p>Prodigy Pro Full with AP Spine, Femur, Total Body BMD, DualFemur, Forearm, OneVision, 1 Day Training</p> <p>A high performance, direct-digital, fan-beam DXA densitometer to assist physicians in the diagnosis and monitoring of osteoporosis. The standard package includes:</p> <ul style="list-style-type: none"> • enCORE Windows XP Professional-based software platform. enCORE software can automatically determine the precision of your operators, on your system, for a more accurate detection of true change in BMD when monitoring patients • Estimated Total Body Composition: Estimate total body % fat, with reference values, from combined spine & femur BMD exams • AP Spine • Femur • HIPAA SecureView: HIPAA SecureView aids with HIPAA compliance, masking personal patient information on both the screen and reports • Identify significant change: Automatic identification of least significant change • Expanded Multimedia Help: Online "show me" tutorials and case studies describe key steps in common acquisition & analysis. It's like having an applications expert available 24 hours a day • Report Center: Send multiple copies of any report, with a single click, to any local or remote location • Multi-Point Calibration: A matrix of six BMD & soft tissue points ensure accuracy of all combinations of high, average, & low BMD, and high, average & low tissues levels • Manual Scan Import • Advanced Database Tools • AutoAnalysis: no operator intervention required, Exclusive enCORE software automatically analyzes each scan upon completion of the acquisition, reducing operator intervention and improving throughput time • Direct-digital BMD detector: High quality image, at reduced exam times and lower patient dose than scintillating fan 	\$44,000.00

Quotation Number: P3-C67207 Version 1

Item No.	QTY	CATALOG	DESCRIPTION	Ext Sell Price
			<p>beam systems. Direct x-ray detection provides the best precision available & unsurpassed image quality</p> <ul style="list-style-type: none"> • Smart Fan-beam Technology: The only fan-beam system capable of locating, centering & tracking bone to reduce exam & irradiation time. SmartFan eliminates fan-beam magnification error and lowers the radiation dose to both patient and operator • Installation • QA/Calibration Phantom • Spine Phantom • Marketing Patient Pamphlets • One Year Warranty 	
2	1	H8604SD	<p>Computer, Prodigy Standard</p> <p>Prodigy Computer, Lunar Direct - Standard Performance (1.7 GHz Intel, 512 MB RAM, 20 GB HD, 64 MB Video RAM, Archos External HD, 56K Modem, 10/100 NIC, Windows XP)</p>	Incl.
3	1	H8625LB	<p>17" LCD Monitor</p> <p>17" Flat Panel LCD Monitor</p>	Incl.
4	1	H8625SD	<p>Lunar Standard Printer</p> <p>Color Ink Jet Printer</p>	Incl.
5	1	H8699SD	<p>Computer Table, Lunar Assembled</p> <p>Computer Table, Factory Direct, 2 Tier, 64 cm W x 74 cm D x 72 cm T.</p>	Incl.
6	1	H8650PK	<p>(Prodigy Pro Full Feature Set (AP Spine, Femur, Total Body BMD, DualFemur, Forearm, OneVision, Training</p> <ul style="list-style-type: none"> • DualFemur: Automated acquisition and analysis of bi-lateral femurs for better patient monitoring and additional diagnostic confidence • Forearm: Potential third exam site with easy patient positioning at the edge of the table top • OneVision: Pre-defined, and/or custom measurement and analysis protocols for minimal operator intervention 	Incl.

Quotation Number: P3-C67207 Version 1

Item No.	QTY	CATALOG	DESCRIPTION	Ext Sell Price
			<ul style="list-style-type: none"> Total Body BMD: Provides overall skeletal assessment at a fraction of the dose of other scan sites 1 day of Training Consecutive to Installation: Comprehensive on-site education and training for up to 8 hours of Continuing Education Units (CEUs) Applaud CD: self-paced training and exam for new operators for up to 4 CEUs 	
7	1	H8650CM	<p>Composer Physician's Reporting Software</p> <p>Quickly create printed or electronic reports customized for the patient or physician. Includes 10-year Fracture Risk probability calculator. Eliminates dictation for the reading physician. Easily integrates with your EMR system via HL7 or into your PACS via color or black & white DICOM reports.</p>	Incl.
8	1	H8650DA	<p>DVA: Dual-energy Vertebral Assessment</p> <p>enCORE Dual Vertebral Assessment Software Kit provides both dual- &/or single-energy views of lumbar & thoracic vertebrae in one fast acquisition. The automated analysis reports the type and severity of deformities based on patient height. Both AP and lateral imaging included.</p>	Incl.
9	1	H8650CD	<p>ScanCheck</p> <p>ScanCheck, formerly known as Computer-Assisted Densitometry (CAD), assists the user in detecting Spine, Femur, Forearm and Total Body abnormalities. ScanCheck provides guidelines to minimize operator error through automatic identification of potential measurement and/or analysis errors. ScanCheck assesses consistency of the current scan to the previous scan. When potential anomalies are identified, helpful instructions are displayed as well as multimedia help.</p> <p>A checklist of measurement and analysis tasks is available to ensure correct analysis, facilitate interpretation by doctor, and make an integrated assessment.</p>	Incl.
10	1	H8650SC	<p>OneScan Software</p> <p>Simplified exam process & improved precision. Both AP Spine & DualFemur exams in a single acquisition, eliminating patient repositioning.</p>	Incl.

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Quotation Number: P3-C67207 Version 1

Item No.	QTY	CATALOG	DESCRIPTION	Ext Sell Price
11	1	H8650HL	SW, Ambassador HL7 enCORE Ambassador HL7 Worklist Interface	Incl.
12	1	H8650PS	UPS (110v) Uninterruptible Power Supply (110v)	Incl.
	1		Lunar Parts	
13	1	H8650DC	DICOM Complete DICOM package with store, worklist, and printing capabilities. Send customized DICOM patient and physician reports, or separate bone images. Color reports standard. IHE compliant.	Incl.

Quote Summary:**Total Extended Selling Price:****\$44,000.00****Total Quote Net Selling Price****\$44,000.00**

(Quoted prices do not reflect state and local taxes if applicable.)

Pricing and communications promotion requires purchase and installation prior to 6/26/2009.

If the Terms of Delivery as set forth on Page 1 of this Quotation are FOB Shipping Point, freight charges of \$950 will be added to the order for Lunar DXA Bone Mineral Densitometers; freight charges will be waived for other products. GE Healthcare shall contract with and pay the freight carrier and shall arrange for or provide insurance on behalf of the Customer against property damage or loss until delivery to Customer's site, subject to payment of above-stated freight charges by Customer to GE Healthcare, if applicable. Title and risk of ownership passes to Customer at FOB point. Further, freight charges will not apply to orders under any pre-existing contracts stating different delivery/freight payment terms for Enterprise Accounts, Corporate Accounts, Buying Groups, or Government Customers.

OPTIONS

Not included in the total contract amount. Prices shown are extended list prices with applicable contractual discounts.

Item No.	QTY	CATALOG	DESCRIPTION
14	1	H8650DC	DICOM Complete DICOM package with store, worklist, and printing capabilities. Send customized DICOM patient and physician reports, or separate bone images. Color reports standard. IHE compliant.

5/6

Quotation Number: P3-C67207 Version 1

Item No.	QTY	CATALOG	DESCRIPTION
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(Quoted prices do not reflect state and local taxes if applicable.)

