

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

**Project Name:** Diagnostic Sleep Disorder Center (DSDC)

**Agency:** Ketchikan General Hospital / PeaceHealth Southeast Alaska (KGH)

**Reporting Period:** First Quarter (January – March) 2009

**Grant No.:** 01004-12

KGH  
D/C Funds Recd:  
3/2/09

— \$3,024.64 KGH  
3,024.64 Match  
Non-Denali

**A. Disbursement Request**

We are requesting ASHNHA to release \$ 3,024.64 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?**

- Minor Remodel: Prior occupants relocated within the hospital and / or lease space. Asbestos removal has occurred as required. Vacated area has been cleaned, painted and carpeted as needed. Next step will be installation of wiring and equipment. Please see Attachment A for photographs of the vacated area.
- Sleep Room Beds and Equipment: Vendors have been selected and purchase orders cut for sleep beds and equipment.
- Fixtures and Furnishings: Most items have been selected and ordered.
- Staff Training: Technician has been hired and training plan is currently being developed.

2. **Is the project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?**

The project is proceeding according to the revised schedule submitted with the 4<sup>th</sup> Quarter 2008 reports. The project is expected to be complete June 2009.

3. **Is the project on budget? Over or under budget? If over budget, how will this be dealt with?**

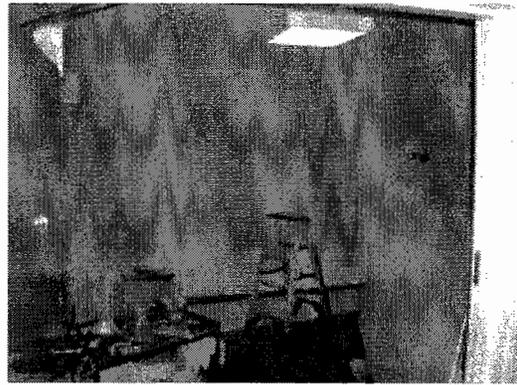
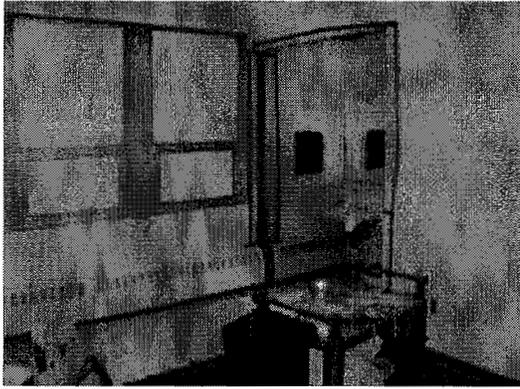
The project is currently on budget.

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

None at this time.

1004-N

Attachment A



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

**Project Name: Diagnostic Sleep Disorder Center (DSDC)**

Agency: Ketchikan General Hospital / PeaceHealth Southeast Alaska (KGH)

Reporting Period: **First Quarter (January – March) 2009**

Grant No.: 01004-12

**Please include the following information:**

*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: \$114,610
2. The amount of Denali Commission funds awarded / committed to the project: \$57,305
3. The total project expenditures as of March 31, 2009: \$6,049.28 for asbestos removal (see Attachment A for copies of invoices and payment checks).
4. The amount of Denali Commission funds expended for the project as of the end March 31, 2009: \$6,049.28. The City of Ketchikan will reimburse Ketchikan General Hospital \$3,000 toward the total cost of asbestos removal. Upon receipt, these funds will be applied toward KGH's cost match share.
5. The percentage of total expenditures to-date compared to the projected total project cost: 5%
6. Project Schedule:  
  
The next key milestone dates for the project are as follows:  
  
4/15/09 – Wiring completed and equipment installed. Begin moving in fixtures, beds and furnishings.  
5/30/09 – DSDC staff trained  
June 2009 – DSDC unit operational
7. The Project Performance Analysis (PPA) [please use the Form 641(B) attached]

Form 641A

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

Project Name: Diagnostic Sleep Disorder Center (DSDC)

Agency: Ketchikan General Hospital / PeaceHealth Southeast Alaska (KGH)

Reporting Period: **First Quarter (January – March) 2009**

Grant No.: 01004-12

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Sleep Monitoring System	\$80,718		5/30/09	
Sleep Room Beds	7,556		5/30/09	
Minor Remodel	12,000	6,049.28	5/30/09	Asbestos removal.
Furnishings	5,040		5/30/09	
Training	9,295		5/30/09	
<b>Totals:</b>	\$114,609	\$6,049.28		

Karen Wolfred  
Signature

April 10, 2009  
Date

Karen Wolfred, Special Projects  
Print Name and Title

Form 641B

Attachment G

**Attachment A**  
**Copy of Invoices and Payments**

DUGWAARSH QUTVAASH  
4/08/09 8:39:00

A C C O U N T A N A L Y S I S  
225 KETCHIKAN GENERAL HOSPITAL

YEAR/PERIOD RANGE 9/2009 TO 9/2009

PAGE 3

Account	Check Number	Check Date	Vendor	Vendor Number	Invoice Number	PO Reference Number	Distribution Amount
300.100.12807.0000	247114	3/19/2009	GEORGE MATHER	297121	MATHER 031909		1,549.28
300.100.12807.0000	247270	3/27/2009	GEORGE MATHER	297121	MATHER 032709		4,500.00
300.100.12807.0000	* CIP-SLEEP LAB REMODEL						6,049.28*
12807	** Cost Center: CIP-SLEEP LAB RENOV						6,049.28**
	TOTAL:						



**PeaceHealth**  
Ketchikan General Hospital  
3100 Tongass Avenue  
Ketchikan, AK 99901

75-1592  
912



00247114

\$ 1,549.28

PAY *One Thousand Five Hundred Forty-Nine and 28/100 Dollars*  
TO THE ORDER OF

DATE	AMOUNT
3/19/09	\$*****1,549.28

**GEORGE MATHER**  
2112 FIRST AVENUE  
KETCHIKAN AK 99901

**NON-NEGOTIABLE**

297121 GEORGE MATHER

CHECK DATE: **3/19/09** CHECK NUMBER: **247114**

**PeaceHealth**  
Ketchikan General Hospital  
3100 Tongass Avenue  
Ketchikan, AK 99901

INVOICE/CREDIT	DESCRIPTION	GROSS	DISCOUNT	NET
MATHER 031909	297121 CHECK DATED 3/19/09	1,549.28		1,549.28
			NET AMOUNT \$*****	1,549.28

request to ACCOUNTS PAYABLE by Wednesday afternoon for inclusion in that week's check run.  
any supporting documents. Checks will be mailed unless otherwise requested.

**PeaceHealth**  
Ketchikan  
General Hospital

### CHECK REQUEST FORM

(VENDOR NO - for AP use) 297121.

DATE : 3-19-09

AMOUNT : \$1,549.28

PAYABLE TO: (PLEASE INCLUDE ADDRESS)

ACCT NOS. : CIP 12807

Mather Environmental

Ketchikan Ak.

DATE CHECK REQUIRED : 3-19-09

APPROVAL(S): [Signature]

NOTE (TO PRINT ON CHECK):  
(OPTIONAL)

REASON FOR CHECK (PLEASE ATTACH BACKUP): Asbestos Removal supplies

SPECIAL INSTRUCTIONS: CHECKS WILL BE MAILED UNLESS OTHERWISE REQUESTED.  
Return check to Mike Youker

**Incomplete documents may be returned and delay payment.**

- ✓ Please fill out completely.
- ✓ Authorized department signature is required.
- ✓ Requests for payment to self require independent authorized signature.
- ✓ Attach (staple) all documentation related to Check Request.
- ✓ Attachments to be mailed with check should be paperclipped to front of Check Request.

Sub-Account Descriptions		
<u>Supplies:</u>	<u>Purchased Services:</u>	<u>Other Operating Expenses:</u>
3900-Other Med Supplies	6170-Contract Labor	7050-Licenses
4100-Food	6200-Repairs & Maintenance	7100-Dues
4800-Minor Non-Medical Supplies	6300-Maintenance Contracts	7200-General Travel: Non-educational, non-Peacehealth sites
4900-Other Non-Medical Supplies	6400-Purchased Service-Other	7220-Intercompany Travel: <u>Travel</u> expenses to Peacehealth sites
Books & Publications	6435-Printing	7230-Education: Tuition, Registration fees (on or off site)
6000-Professional Fees-Physician	6440-Advertising	7232-Education Travel: Travel costs related to education trips
	6700-Lease-Buildings	7235-Board Education and Travel: Fees, meals, transport, lodging
	6720-Leases/Rental-Equipment	7238-Executive Retreats: Peacehealth sponsored multiple region
		7240-Nursing Contract: Travel, education
		7250-Freight & Delivery
		7309-Recruitment
		7350-Other

## Abatement Disposable Material

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1) VAC Bag	853214 - 3 = \$	34.35
2) Hose	853300 - 1 = \$	67.83
3) Filter	853225 - 1 = \$	232.28
4) Loading Filter	853226 - 1 = \$	218.48
5) VAC	853227 - 1 = \$	171.00

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\$723.94

6) 6 mill plastic	1 roll	\$135.99
7) Duct tap	6 rolls	\$ 83.94
8) 3 M Spray Glue	4 cans	\$ 71.96
9) TY-VEK	6 suits	\$113.70
10) MASK	2 Full	\$ 90.00
11) Filters	4 pair	\$135.80
12) clear wrap	1 roll	\$ 43.95
13) MEGA BOX	3 Boxes	\$150.00

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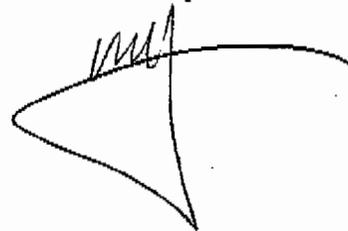
\$825.34

+ \$723.94

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Total \$1,549.28

*Pay this Amount*



### Mather Environmental

1 Asbestos Abatement Worker \$100.00 per hr.

1 Asbestos Abatement Supervisor \$150.00 per hr

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12 hrs. worker = \$1,200.00

12 hrs supervisor = \$1,800.00

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\$3,000.00

Storage & Shipping \$1,500.00  
Seattle WA.

617-1983



**PeaceHealth**  
Ketchikan General Hospital  
3100 Tongass Avenue  
Ketchikan, AK 99901

75-1392  
912



00247270

\$ 4,500.00

PAY *Four Thousand Five Hundred and 00/100 Dollars*  
TO THE ORDER OF

DATE	AMOUNT
3/27/09	\$*****4,500.00

**GEORGE MATHER**  
2112 FIRST AVENUE  
KETCHIKAN AK 99901

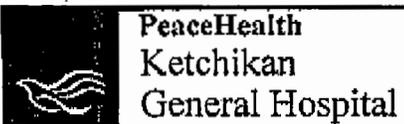
**NON-NEGOTIABLE**

297121 GEORGE MATHER CHECK DATE: 3/27/09 CHECK NUMBER: 247270

**PeaceHealth**  
Ketchikan General Hospital  
3100 Tongass Avenue  
Ketchikan, AK 99901

INVOICE/CREDIT	DESCRIPTION	GROSS	DISCOUNT	NET
MATHER 032709	297121 CHECK DATED 3/27/09	4,500.00		4,500.00
			NET AMOUNT \$*****4,500.00	

Submit request to ACCOUNTS PAYABLE by Wednesday afternoon for inclusion in that week's check run.  
 Attach any supporting documents. Checks will be mailed unless otherwise requested.

		<h2>CHECK REQUEST FORM</h2>	
(VENDOR NO - for A/P use) <u>297121</u>		DATE :	<u>3-27-09</u>
PAYABLE TO: (PLEASE INCLUDE ADDRESS) <u>Mathar Ewiraimebul</u> <u>Geo. Mathar</u> <u>KTO,</u>		AMOUNT :	<u>\$ 4,500.00</u>
NOTE (TO PRINT ON CHECK): (OPTIONAL)		ACCT NOS. :	<u>12-807-0000</u>
		DATE CHECK REQUIRED :	<u>3-27-09</u>
		APPROVAL(S) :	<u>[Signature]</u> <u>[Signature]</u>
REASON FOR CHECK (PLEASE ATTACH BACKUP): <u>Second &amp; final payment for</u> SPECIAL INSTRUCTIONS: CHECKS WILL BE MAILED UNLESS OTHERWISE REQUESTED. <u>Sleep Lab Abatement.</u> <u>Return check to Mike Youker</u>			

**Incomplete documents may be returned and delay payment.**

- ✓ Please fill out completely.
- ✓ Authorized department signature is required.
- ✓ Requests for payment to self require independent authorized signature.
- ✓ Attach (staple) all documentation related to Check Request.
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\$3,000.00

Storage & Shipping \$1,500.00  
Seattle WA.

\$ 4,500.00

*pay this amount.*

617-1983

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\$825.34

+ \$723.94

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