

**Form 641 – Parts A, B & C**

ASHNHA Quarterly Project Budget Summary  
& Performance Analysis Reporting Form

**For All 2010 Denali Commission Approved Projects –**  
Projects No. 1265 – A through 1265 – L

**Project Name:** Rehabilitation Gym & Sports Package

**Name of Hospital / Grant Sub-Recipient:** Providence Valdez Medical Center

**Reporting Period:** May 1, 2010 – September 30, 2010

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**Sub-Recipient Grant No.:** 1265 – J

**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: \$15,992.50
  - i. Amount of Denali Commission Grant Award: \$7,996.25
  - ii. Amount of Facility Cost Share Match (CSM): \$7,996.25
  - iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$15,992.50

**2. Actual Project Costs Recorded During the Current 5 Month Reporting Period:**

- a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:  
\$3758.43
- 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: \$3758.44
- 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):  
\$7516.87

**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):

\$3758.43

**5. Project Schedule:**

Please state the anticipated start and end dates of this funded 2010 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: 7/1/2010

End date: 11/30/2010

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
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1. Purchase Power Tower and Pro Package and put into use – complete	7/31/2010
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2. Purchase bariatric bed and put into use	11/30/2010
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3.

4.

5.

6.

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

2010 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Power Tower and Pro Package	\$7770.99	\$7516.87	7/31/2010	Equipment has been purchased and is in use.
Bariatric Bed	\$8221.51	n/a	11/30/2010	The bed is currently going through the purchasing process and will be purchased and in use by 11/30/10.
<b>Totals:</b>	\$15,992.50	\$7516.87		

**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.

Lindsie King  
Signature

10/15/10  
Date

Lindsie King, Finance Manager  
Printed Name and Official Title

(Last Revised 8.31.2010)

## Form 642 – Parts A & B

ASHNHA's Quarterly Project Reporting Form

### Covering All 2010 Denali Commission Approved Projects Projects No. 1265 – A through 1265 – L

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

**Project Name:** Rehabilitation Gym & Sports Package

**Name of Hospital / Grant Sub-Recipient:** Providence Valdez Medical Center

**Reporting Period:** May 1, 2010 – September 30, 2010

**Sub-Recipient Grant No.:** 1265 - J

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

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

PVMC has completed the first part of the project, purchasing and putting into use the Total Gym Power Tower and Primus RS Pro Package. The second part of the project, purchasing a new bariatric bed, is still in progress. Scheduled completion for the second phase is 11/30/10.

2. **Is your 2010 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 9/30/2012?**

The 2010 project is on schedule.

3. **Is the 2010 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 2010 project is on budget.

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

None.

#### **Part 642 – B. Project Fund Disbursement Request (Advance or Reimbursement)**

We are requesting ASHNHA to release \$ 3758.44 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).



**BTE TECHNOLOGIES, INC.**  
 ADDRESS: 7455-L New Ridge Road | Hanover, MD 21076-3105  
 PHONE: 410.850.0333 | 800.331.8845  
 FAX: 410.850.5244  
 WEB: www.BTEtech.com

Invoice No 0000034917

Customer 108425

Bill to :

Providence Health & Services  
 PO Box 196501  
 Anchorage AK 99519-6501  
 United States

**RECEIVED**  
 AUG 04 2010  
**FINANCE**

Sold to :

Providence Valdez Medical Center  
 Rehab Services  
 911 Meals Avenue  
 Valdez AK 99686  
 United States

Sales Order Phone (586)466-5234      Sales Order Fax (907)834-1501  
 Customer Phone (907)212-6340      Customer Fax (907)212-6341

Customer PO Number	Invoice Date	Terms	FOB	Ship Via	Salesperson
271939-0-VMC	07/21/2010	NET 30		Priority Worldwide	00
Item	Part / Rev / Description / Details	Quantity	Unit Price	Discount	Extended Price
000001	50030005      Rev B      U/M EA PRO PKG, PR Packing List No/Item No: 023034/000001 Sales Order No: 008603 Customer PO No: 271939-0-VMC	1.00	2,900.000	0.00	2,900.00
000020	SHIPPING      Rev NS Shipping/Freight Charge, Ref Slipper No 023034 Shipped on 07/20/2010	1.00	1,616.870	0.00	1,616.87
Tracking No: SHIP W/008602		Total Item Price			2,900.00
TO ENSURE PROPER CREDIT, PLEASE REFERENCE YOUR CUSTOMER NUMBER AND YOUR INVOICE NUMBER(S) ON YOUR CHECK. THANK YOU.		Shipping			1,616.87
REMIT TO ADDRESS: P.O. BOX 37076 BALTIMORE, MD 21297-3076		Sales Tax			0.00
SHIPPED TO ADDRESS: Providence Valdez Medical Center Rehab Services 911 Meals Avenue Valdez, AK 99686		Total Inv Price			US\$ 4,516.87
Please pay balance due by Friday August 20 2010.		NR 119 080910 RAA			

CUSTOMER COPY



**BTE TECHNOLOGIES, INC.**  
 ADDRESS: 7455-L New Ridge Road | Hanover, MD 21076-3105  
 PHONE: 410.850.0333 | 800.331.8645  
 FAX: 410.850.5244  
 WEB: www.BTEtech.com

Invoice No 0000034916

Customer 108425

**Bill to :**

Providence Health & Services  
 PO Box 196501  
 Anchorage AK 99519-6501  
 United States

**Sold to :**

Providence Valdez Medical Center  
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 911 Meals Avenue  
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Sales Order Phone (586)466-5234  
 Customer Phone (907)212-6340

Sales Order Fax (907)834-1501  
 Customer Fax (907)212-6341

Customer PO Number	Invoice Date	Terms	FOB	Ship Via	Salesperson
271933-0-VMC	07/21/2010	NET 30		Priority Worldwide	00
Item	Part / Rev / Description / Details	Quantity	Unit Price	Discount	Extended Price
000001	50030002 Rev 000 U/M EA PATIENT CHAIR - PRIMUS RS Packing List No/Item No: 023033/000001 Sales Order No: 008602 Customer PO No: 271933-0-VMC	1.00	3,000.000	0.00	3,000.00
Tracking No: SHIP W/008603		Total Item Price			3,000.00
TO ENSURE PROPER CREDIT, PLEASE REFERENCE YOUR CUSTOMER NUMBER AND YOUR INVOICE NUMBER(S) ON YOUR CHECK. THANK YOU.		Shipping			0.00
REMIT TO ADDRESS: P.O. BOX 37076 BALTIMORE, MD 21297-3076		Sales Tax			0.00
SHIPPED TO ADDRESS: Providence Valdez Medical Center Rehab Services 911 Meals Avenue Valdez, AK 99686		Total Inv Price			US\$ 3,000.00
Please pay balance due by Friday August 20 2010.		NR 119 080910 RAA			