

## 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:** Hands Free Voice Communication System

**Name of Hospital / Grant Sub-Recipient:** South Peninsula Hospital

**Reporting Period:** October 1, 2010 – December 31, 2010

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

#### **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 December 31, 2010? (Please list all project phases completed or milestones achieved during the reporting period.)**

The project is still on track as proposed, except for an extended execution date.

- 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 project execution has been delayed to coincide with a complimentary I.T. system and equipment installation house-wide later this year. It will provide cost savings in installation, and an efficient use of staff training time.

- 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?**

Yes, it remains on budget.

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

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

We are requesting ASHNHA to release \$            n/a            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).

**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:** Hands Free Voice Communication System

**Name of Hospital / Grant Sub-Recipient:** South Peninsula Hospital

**Reporting Period:** October 1, 2010 – December 31, 2010

**Sub-Recipient Grant No.:** 1265 – L

**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: \$43,880

ii. Amount of Facility Cost Share Match (CSM): \$44,000

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$87,880

**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:

n/a

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: n/a

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):

n/a

**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):

n/a

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**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):

n/a

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**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: March, 2011

End date: December, 2011

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
1. Finalize system specifications and get final, updated quote	March 2011
2. Install necessary infrastructure	July – Sept, 2011
3. Make purchase	August, 2011
4. Receive equipment / install / train	Sept – Nov, 2011
5.	
6.	

