

Printed: 01/29/2010 13:01

Denali Commission  
Project Database System

Printed By: Randall Burns

Progress Report Submitted for Alaska State Hospital and Nursing Home Association Project #01004-J  
Sitka: Sitka Community HospitalAward Number: 01004 Performance Period: 06/01/2008 - 06/30/2011  
Progress Report for 10/01/2009 - 12/31/2009

## ▼ Funding

2 Sources Found

Funding Source	Amount
<b>Total Denali Commission Funding:</b>	<b>\$422,800.00</b>
City and Borough of Sitka	\$431,800.00
<b>Total Other Funding:</b>	<b>\$431,800.00</b>
<b>Total Project Funding:</b>	<b>\$854,600.00</b>

## ▼ Expenditures

	Last Reported	To Date	Total Funding	Expended
Denali Commission Expenditures For Award 01004	\$246,166.00	\$273,695.00	\$422,800.00	65%
Other Project Funding Expenditures	\$74,185.00	\$281,565.49	\$431,800.00	65%
<b>Total Expenditures</b>	<b>\$320,351.00</b>	<b>\$555,260.49</b>	<b>\$854,600.00</b>	<b>65%</b>

## ▼ Milestones

2 Milestones Found

Milestone	Planned		Actual		Units	Total Cost At Completion
	Start Date	End Date	Start Date	End Date		
In-Progress	06/01/2008	03/01/2011			0	\$0.00
Project Close-out	03/02/2011	06/30/2011	01/01/2009	12/31/2003	0	\$555,260.40

Project is completed as of the end of 2009; the project came in substantially underbudget. Plaque is on the wall near the CT Scan. See attached photos.

## ▼ Narrative

See attached reports (Forms 641 and 642) with photos on the last page. Project is complete, and came in considerably under budget.

## ▼ Attachments

1 Attachment Found

Title	Date	Attachment Type	Source
Sitka Community Hospital Grant 1004-J 4th Qtr 2009 Report	01/29/2010	Project Close-Out Report	Report

Form 641 – Parts A, B & C

ASHNHA Quarterly Project Budget Summary  
& Performance Analysis Reporting Form

For All 2008 Denali Commission Approved Projects –  
Projects No. 1004 – A through N

Project Name: Cat Scan Replacement

Name of Hospital / Grant Recipient: Sitka Community Hospital

Reporting Period: *October 1, 2009 through December 31, 2009*

Grant No.: 1004 – NJ

**641-A. Project Budget Summary** (provide the following information; use additional pages as necessary):

**1. Original Project Budget Information:**

a. The *original total* approved project budget:

i. Amount of Denali Commission Grant Award: \$422,800.00

ii. Amount of Facility Cost Share Match (CSM): \$422,800.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$845,600.00

**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: \$92,873.95

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 to reimburse your hospital for its project expenditures: \$35,399.69 (already requested funds)

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):  
\$128,273.64

**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):

\$281,565.49<sup>069</sup> (\$7,870.69 is in transit)  
W4

**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):

\$281,565.49

**5. Project Schedule:**

Please state the anticipated end date of this funded 2008 Denali Commission Primary Care in current Hospitals project, and provide a list appropriate milestone dates for the major phases or activities of your project.

Start date: \_\_\_\_\_

End date: First Billable Scan preformed with new unit 10/5/2009

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
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1.

2.

3.

4.

5.

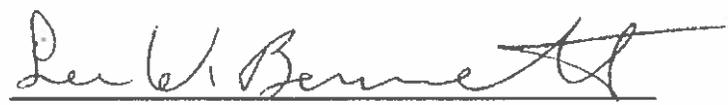
6.

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

2008 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Cat Scan Replacement	\$845,800.00	\$563,131.00	10/5/2009	Unit is fully installed and functioning. Staff is trained on new unit.
<b>Totals:</b>	\$845,800.00	\$563,131.00		

**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.

  
 \_\_\_\_\_  
 Signature

January 5, 2010  
 \_\_\_\_\_  
 Date

Lee W. Bennett Chief Financial Officer  
 \_\_\_\_\_  
 Printed Name and Official Title

**Form 642**

**ASHNHA's Quarterly Reporting Form  
Covering 2008 Denali Commission Projects  
Numbered 1004 – A through N**

Please Use this Form to File Your Facility's Quarterly Narrative Progress Report  
And /Or Make a Fund Disbursement Request

Project Name: Cat Scan Replacement

Hospital: Sitka Community Hospital

Reporting Period: **October 1, 2009 through December 31, 2009**

Denali Commission Grant No.: 1004 - 11 J

**A. Project Narrative** (use additional pages as necessary):

1. What is the status of your 2008 "Primary Care in Hospitals" project as of December 31, 2009? (Please list all project phases completed or milestones achieved during the report period.)

Project was initially completed then discovered needed some additional pieces of IT equipment for transmitting the digital images to the radiologists. Project was totally complete by 12/31/09.

2. Is your 2008 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 6/30/2011?

Project is complete.

3. Is the 2008 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?

Project came in under budget.

4. Other comments, problems and solutions:

The support of the Denali Commission of rural hospitals in Alaska is greatly appreciated.

For B below funds have already been requested this reporting period. Still waiting on the final draw request of \$7,870.69. Was told I should be receiving it shortly.

## **B. Project Fund Disbursement Request**

We are requesting ASHNHA to release \$ See #4 above in Denali Commission Grant Funds for our project at this time. *This funding request is either:*

1.  a request for an Advance against Commission 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).

Nov. 30, 2009

Denali Grant #01004-11

The items total \$15,741.38 but I am only requesting \$7,870.69 from Denali funds. The other half will be paid with facility matching funds.

This is the final draw on this project. Total cost came in below budget.

Should you need anything else please let me know. And thank you for your continued support of Alaska's small rural hospitals.

Regards,



Lee W. Bennett CFO  
Sitka Community Hospital  
907-747-1764

Denali Grant  
CT 2009 Funds  
11/30/2009  
Final Draw

Current Requests:

Staffing and minor supply costs - see attached \$11,082.70

DPE Systems, INC \$4,050.00  
Server to aide in transfer of CT images to pacs  
and Radiologists for interpretation

Nerdztronic - operating system 608.68

Total \$15,741.38

Total Request \$7,870.69

1/2 as rest will be paid  
through Denali funds

**Denali Grant CT Replacement**

**Staff Cost for prep work done on the CT room for the installation of the new CT unit**

Staff time	Hours	Rate	Labor Cost	Benefit Cost	Total
Brady	100.00	\$28.14	\$2,614.00	\$1,180.62	\$3,774.62
Harvey	90.00	\$34.08	\$3,067.20	\$1,361.84	\$4,429.04
Ken	15.00	\$16.73	\$250.95	\$111.42	\$362.37
Kevin	8.00	\$12.94	\$103.52	\$45.96	\$149.48
Mike	24.00	\$26.82	\$643.68	\$285.79	\$929.47
Jason	6.00	\$15.78	\$94.68	\$42.04	\$136.72
			<hr/>		
<b>Total</b>			<b>\$6,035.67</b>	<b>\$2,679.84</b>	<b>\$9,781.70</b>
				<b>Plus Per Diem</b>	<b>\$1,176.00</b>
				<b>Supplies</b>	<b><u>\$125.00</u></b>
				<b>Total</b>	<b><u>\$11,082.70</u></b>

Also 4 Rad Techs went for training. Travel and lodging was part of the CT installation cost.  
 The Hospital Also paid a per diem for each travel day per rad tech.  
 4 techs times 7 days times \$42/day equals \$1,176.00

**Supply costs**

Ethernet cat 5 cable	\$50.00
Cat 5 connectors and plates	\$35.00
Phone wire	\$25.00
Phone connectors and plate:	<u>\$15.00</u>

**Total \$125.00**

# PURCHASE ORDER

DATE PRINTED 11/13/09 10:15:31	DATE EXPECTED
DEPT NUMBER AND DESCRIPTION 860 INFO SYS	

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

PURCHASE ORDER NUMBER 11657
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If freight charges apply, please bill 3rd party to Federal Express account number 477636969.

VEND # : 151010  
VENDOR : DPE SYSTEMS, INC  
ADDR 1 : 425 PONTIUS AVENUE  
ADDR 2 : NORTH SUITE 430  
CITY/ST : SEATTLE, WA 98109-5450  
ACCOUNT#:  
CONTRACT:  
MIN/ORD :  
REP. :  
FAX # :  
PHONE # :  
CUST/SRV:

PHONE MAIL  
FAX LOCAL  
TERMINAL SALESPERSON

DATE	DATE	DATE
ENT	ENT	ENT
BY	BY	BY

DATE/TIME 11/13/09 (A) P  
CUST/SERV Sean Sturtse  
VEND REF# \_\_\_\_\_

LINE	ORD	QTY	ITEM	DESCRIPTION	SIZE	UNIT	COST	EXTENDED	DEPT	REC	REC	REC
1)	1.00	EA	NON	DELL PE2900 SERVER		1/EA	8604480	1050.00	860			
				QUOTE #10135								
				PAID FOR WITH GRANT								
2)	1.00	EA	NON	FREIGHT		1/EA	8604480	.00	860			

REQUESTED BY \_\_\_\_\_  
PURCHASING CL  
APPROVED Rebecca Bennett

PO SUBTOTAL : 4050.00  
FREIGHT : .00  
DISCOUNT : .00  
PO TOTAL : 4050.00

ORIGINAL ORDER