

- 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:

0

Please note which award the reimbursement is requested from:

1004-Q \$1,846	_____
1150-H \$12,617	_____
1265-L \$29,311	_____

- 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):

0

Please total amount per award:

1004-Q \$1,846	_____
1150-H \$12,617	_____
1265-L \$29,311	_____

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):

\$66

Please note Denali Commission funds received to date by award:

316-7 SPH \$106	<u>\$66</u>	<u>Award is now closed – no funds remain</u>
1004-Q \$1,846	_____	
1150-H \$12,617	_____	
1265-L \$29,311	_____	

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):

\$248

Please note cost share match funds expended to date by award:

316-7 SPH \$106	_____ \$248 _____
1004-Q \$1,846	_____
1150-H \$12,617	_____
1265-L \$29,311	_____

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: _____

End date: _____ July, 2012 _____

Description of Milestone Or Activity	Anticipated Completion Date
1. Finalize and update system specifications and get updated quote	completed
2. RFP for new hospital-wide unified messaging system (includes telephone, nurse communication, et al) RFP completed and distributed	completed
3. Bids Received	March 15, 2012
4. Selected Hill-Rom system as preferred vendor	April 30, 2012
5. Hill-Rom reps will be on site to finalize purchase order	May 14, 2012
6. Wireless infrastructure installed – will be “inspected” by vendor	May, 2012
7. Purchase the hands-free nurse communication system	May, 2012
8. Install the telephone system	June, 2012
9. Train on hands-free nurse communication system	July, 2012

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:
Totals:				

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.



 Signature

5/4/12

 Date

Robert Letson, CEO

 Printed Name and Official Title

**Project Fund Disbursement Request
Form 642 – Parts A & B
ASHNHA's Quarterly Project Reporting Form**

Please Use this Form to Make a Fund Disbursement Request

Project Name: _____ Hands Free Voice Communication System _____

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

Reporting Period: _____ January 1 – March 31, 2012 _____

Sub-Recipient Grant No.: 316-7 SPH, 1004-Q, 1150-H, 1265-L

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

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

We have conducted an internal telephone and infrastructure needs assessment, prepared an RFP for bids on a new telephone/wireless system, and received bids. A preferred vendor has been selected (Hill-Rom), and the vendor will be conducting a site visit on May 14 to help with the final purchase order.

2. Is your project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? What is the estimated completion date?

Yes, the project is on schedule. We hope to have the hands free nurse communication system installed in June, 2012.

3. Is the 2project 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, the project remains on budget. The hands-free voice communication system has become a sub-project of a larger project (an entire new phone system). The new phone system is being funded by the hospital's capital 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.