

**Form 641 – Parts A, B & C  
ASHNHA Quarterly Project Budget Summary  
& Performance Analysis Reporting Form**

**Denali Commission Projects**

**Project Name:** \_\_\_\_\_ Voice Communication System \_\_\_\_\_

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

**Reporting Period:** \_\_\_\_\_ FY 12 Quarter 3 April 1- June 30, 2012 \_\_\_\_\_

**Sub-Recipient Grant No.:**

1004-Q \$1,846    Extended until 12/31/12  
1150-H \$12,617    Extended until 12/31/12  
1265-L \$29,311    Extended until 12/31/12

**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 in original award  
\$43,744 in opened awards

Amount of funding by Award:

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

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 cost share match (CSM) expended (non-reimbursed expenditures) during the current reporting period:

\_\_\_\_\_ 0 \_\_\_\_\_

**Please note which award to apply this match:**

1004-Q \$1,846 \_\_\_\_\_

1150-H \$12,617 \_\_\_\_\_

1265-L \$29,311 \_\_\_\_\_

- 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      \$66      Award is now closed – no funds remain

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	<u>\$248</u>
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: October, 2012

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
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. Purchased the hands-free nurse communication system	June, 2012
8. Receive the telephone system	August, 2012
9. Install the system	September, 2012
10. Train on hands-free nurse communication system	October, 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:
<b>Totals:</b>				

**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

7/30/12  
 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:** Voice Communications System

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

**Reporting Period:** FY 12 Quarter 3 April 1- June 30, 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.)**

The preferred vendor (Hill-Rom) conducted a site visit in late May to help us in identifying the specific components for purchase. The purchase order was submitted in June, and the system has been ordered. Custom blue prints have been developed for our facility and approved. The order is being built and delivery is expected in August.

**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?**

Overall the project is on schedule, however the ordering of the system took a little longer than anticipated due to the departure of the project leader, the Support Services Director of the hospital. The new Hillrom system should be delivered in August.

**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.

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

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

We are requesting ASHNHA to release \$                     -0-                     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.**