

**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: October 1 – December 31, 2011

Sub-Recipient Grant No.:

316-7 SPH \$106 Spend by 12/31/11
1004-Q \$1,846 Ends 3/31/11 (extension requested 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
316-7 SPH \$106
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:

\$248.62

Please note which award to apply this match:

316-7 SPH \$106 \$248.62
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:

_____ \$106.00 _____

Please note which award the reimbursement is requested from:

316-7 SPH \$106	_____ \$106.00 _____
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):

_____ \$354.62.00 _____

Please total amount per award:

316-7 SPH \$106	_____ \$354.62.00 _____
1004-Q \$1,846	_____ 0 _____
1150-H \$12,617	_____ 0 _____
1265-L \$29,311	_____ 0 _____

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- _____

Please note Denali Commission funds received to date by award:

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

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):

\$248.62

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

316-7 SPH \$106	<u>\$248.62</u>
1004-Q \$1,846	<u> </u>
1150-H \$12,617	<u> </u>
1265-L \$29,311	<u> </u>

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: September, 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. Receive bids – We have received two bids to date; all bids due March	March 15, 2012
4. Select telephone system vendor and wireless communication system	March, 2012
5. Build wireless infrastructure – in progress	April, 2012
6. Purchase the hands-free nurse communication system	April, 2012
7. Install the telephone system	June, 2012
8. Install and train on hands-free nurse communication system	June, 2012

**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: FY12 Q1 October 1 – December 31, 2011

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, and prepared an RFP for bids on a new telephone/wireless system. The RFP has been sent to qualified entities, and is posted. We have received two bids to date.

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 in by 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 \$ 106.00 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.

GRAINGER

ORIGINAL INVOICE

6240 B STREET
ANCHORAGE, AK 99518-1727
www.grainger.com

60360

GRAINGER ACCOUNT NUMBER 833967375
INVOICE NUMBER 9655564616
INVOICE DATE 10/07/2011
DUE DATE 11/06/2011
AMOUNT DUE 354.62

SHIP TO
SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER, AK 99603

PO NUMBER: 11684
DEPARTMENT: PLANT OPS
REQUISITIONER: KIMBER JOHNSON/ GENE
CALLER: KIMBER JOHNSON
CUSTOMER PHONE: (907) 239-0351
ORDER/DELIVERY#: 6177184800
INCO TERMS: FOB ORIGIN

BILL TO
MOG2010 00032508 2 MB 0515

SOUTH PENINSULA HOSPITAL
PO BOX 1017
HOMER, AK 99603-1017

ENTERED OCT 25 2011

THANK YOU!

FBI NUMBER 38-1150280

FOR ANY QUESTIONS ABOUT THIS INVOICE OR ACCOUNT CALL 907-582-6400

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
000002	2KX09 F-ROCK WALL HOOK, PK3 MANUFACTURER # CAT32	10	20.24	202.40
000004	5LUB8 TOGGLE ANCHOR, PK 100 MANUFACTURER # 24014	1	60.66	60.66
000006	5A463 SILICONE RUBBER SEALANT, CLEAR, 10.1 OZ. MANUFACTURER # 08841	6	7.36	44.16
000008	1AGW1 CABLE TIES, ASSORTMENT PACK, 4 IN, 7 IN MANUFACTURER # 1AGW1	1	20.10	20.10
000009	5HC14 CABLE TIES, OUTDOOR, BLK, 650 ASSORTED MANUFACTURER # 5HC14	1	14.27	14.27
000010	4WL52 CABLE TIES, HEAVY DUTY, 650 ASSORTED MANUFACTURER # 4WL52	1	13.03	13.03

RECEIVED
OCT 17 2011

41255118

NUMBER OF PKGS: 1 WEIGHT: 26.00
DATE SHIPPED: 10/07/2011
CARRIER: UPS GROUND
TRACKING NO: 1ZK38810390749080

IN ACCOUNTS PAYABLE

INVOICE SUB TOTAL 354.62

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls.

PAYMENT TERMS NET 30 DAYS. PAY THIS INVOICE NO STATEMENT SENT. PAYABLE IN U.S. DOLLARS.

AMOUNT DUE 354.62

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

BILL TO:
SOUTH PENINSULA HOSPITAL
PO BOX 1017
HOMER, AK 99603-1017

REMIT TO:
GRAINGER
DEPT. 833967375
P.O. BOX 419267
KANSAS CITY, MO 64141-6267

833967375965556461610000394621000000010000000100000011110617

X

ACCOUNT NUMBER 833967375 DATE 10/07/2011 INVOICE NUMBER 9655564616 AMOUNT DUE 354.62

FOR COMMENTS OR CHANGE OF ADDRESS ENTER INFORMATION ON ORDER FORM

60360 GRADINGS
 DEPT 833967375, KANSAS CITY, MO 64141-6267
 SOUTH PENINSULA HOSPITAL • 4300 BARTLETT STREET • HOMER, AK 99663.7003

9655564608 PO# 00011684. 833967375 9655657428 PO# 00011684. 9655508282 PO# 00011684. 833967375 9655564616 PO# 00011684. 9655657410 PO# 00011684.	10/07/11 10/07/11 10/07/11 10/07/11 10/07/11 10/07/11	62.60 368.78 187.80 354.62 125.20	62.60 368.78 187.80 354.62 125.20	1,099.00	1,099.00
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CHECK NO. 253502
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