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: May 1, 2010 – September 30, 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 5 Month 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

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

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: November, 2010

End date: June, 2011

Description of Milestone Or Activity	Anticipated Completion Date
1. Finalize system specifications and get final, updated quote	January, 2011
2. Install necessary infrastructure	Feb – April, 2011
3. Make purchase	March, 2011
4. Receive equipment / install / train	May – June, 2011
5.	

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

10/22/10
Date

Robert F. Letson CEO
Printed Name and Official Title

(Last Revised 8.31.2010)