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: Mammography Replacement Project

Name of Hospital / Grant Sub-Recipient: Wrangell Medical Center

Reporting Period: January 1 – March 31, 2011

Sub-Recipient Grant No.: 1265 – __D_

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: $43,000.00

      ii. Amount of Facility Cost Share Match (CSM): $43,000.00

      iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: $86,000.00

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:

      $0____

   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__

   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____

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

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):

$0

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: Dec. 30, 2009

End date: Sept. 30, 2012

Description of Milestone Or Activity	Anticipated Completion Date
1. Further research on vendors, equipment, and space	July 2011
2. Research a match	July 2011
3. Space indentified and prepared	Oct. 2011
4. Vendor Indentified	Nov. 2011
5. Contract Negotiated	Jan. 2012
6. Equipment Purchased	March 2012
7. Equipment Installed	June 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.

Olinda White
Signature

4-13-11
Date

Olinda White, CFO Wrangell Medical Center
Printed Name and Official Title

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

Covering All 2010 Denali Commission Approved Projects
Projects No. 1265 – A through 1265 – L

Please Use this Form to Make a Fund Disbursement Request

Project Name: Mammography Replacement Project

Name of Hospital / Grant Sub-Recipient: Wrangell Medical Center

Reporting Period: January 1, 2011 – March 31, 2011

Sub-Recipient Grant No.: 1265 - D

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

1. **What is the status of your D/C 2010 "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)**

Our current status is pending.

2. **Is your 2010 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 9/30/2012?**

Yes our project is on schedule and will be completed as projected by Sept. 2012.

3. **Is the 2010 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?**

Our project is on budget, however we would like to find a grant that could assist with our match requirements.

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

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

We are requesting ASHNHA to release $_____ 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.