

**Denali Commission
Quarterly Project Financial Report**

Project Name: ___Denali Commission Quarterly Project Financial Report

Agency: ___Norton Sound Health Corporation___ Reporting Period: 01/01/2010 thru
03/31/2010

Grant #: ___65C07-412_____

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined
405,195.00
2. The total project expenditures as of the end of the most recent quarter
384,870.16
3. The total amount of Denali Commission funds committed to the project
130,223.00
4. The total expenditure of Denali Commission funds for the project as of the end of this
reporting period
130,223.00
5. The percentage of expenditures to the total budget
6. 100%
7. Project Performance Analysis (use PPA form on page 2 of 641)

Project Schedule: N/A

Show the project schedule with milestone dates for design and construction.

Attachment F

**Report Form
Project Narrative and Funds Disbursement Request**

Project Name: _____ Code Blue Phase VII

Agency: _____ State of Alaska DHSS _____

Reporting Period: Jan 10 thru Mar 10

Grant #: 65C-07-412 Amount of Funds Requested \$

1. What is the status of the project, including completed portions?

We are completed with Code Blue Phase V all items have been purchased and shipped to the villages.

2. Is the project on schedule; if not, how will this be dealt with?

Completed

Was not schedule due to shipping and back orderd issues

3. Is the project on budget; if not, how will this be dealt with?

We are over budget by 2,249.56 due to excess shipping

4. Other comments/problems and solutions:

5. If submitting a final report for Trust funded grants please include the number of beneficiaries served.

**Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form**

Project Name: Denali Commission Code Blue EMS

Agency: Norton Sound Health Corp

Reporting Period: 01/01/2010 thru 03/31/10

Grant #: 65C07-412

NOTE: Include Denali Commission Grant Funds Only on this form.

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
EMS Equipment	130,223.00	36230.24	03/31/2010	Partial Equipment Purchased
Equipment		93,992.76	08/31/09	Equipment purchased and distributed
Over Spent				2249.56 Due to excess Freight costs
Totals:	130,223.00	130,223.00		

Signature: _____

Date: _____

Print Name and Title: _____

Form 641B