

Form 641 – Parts A, B & C

**ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form**

**For All 2009 Denali Commission Approved Projects –
Projects No. 01150 – A through G**

Project Name: CT Scanner

Name of Hospital / Grant Recipient: Wrangell Medical Center

Reporting Period: **June 1 – September 30, 2009** (*The First Project Report for this Grant*)

Grant No.: 01150 – G

641-A. Project Budget Summary (provide the following information; use additional pages as necessary):

1. Original Project Budget Information:

- a. The *original total* approved project budget:
 - i. Amount of Denali Commission Grant Award: \$366,676
 - ii. Amount of Facility Cost Share Match (CSM): \$366,677
 - iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$733,353

2. Actual Project Costs Recorded During the Reporting Period:

- a. Amount of the Facility's own Project CSM Expended: **\$0**
- b. Amount of Commission Grant Funds Received during the reporting period (whether to reimburse or as an advance): **\$0**
- c. Amount of Facility funds expended during the reporting period for which Denali Commission grant funds are being requested on Form 641 to reimburse your hospital for its project expenditures during the reporting period: **\$0**
- d. Total amount of project costs recorded during the reporting period, whether expended, received, or reimbursement sought (add lines 1a, 1b, & 1c): **\$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: **\$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: **\$0**

5. Project Schedule:

Because this is the **FIRST Project Report**, please state the anticipated start and end dates of this funded 2009 Denali Commission Primary Care in Hospitals project, and provide a list appropriate milestone dates for the major phases or activities of your project.

Start date: **March 1, 2010**

End date: **August 31, 2010**

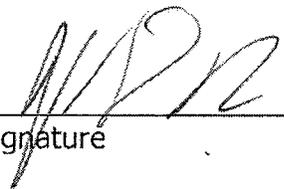
Description of Milestone Or Activity	Anticipated Completion Date
1. Conceptual design and engineering/architecture	March 15, 2010
2. Design	March 31, 2010
3. Construction (if required)	April 30, 2010
4. Purchase and deliver of CT Scanner	June 30, 2010
5. Installation and testing	August 31, 2010
6.	

641-B. Project Performance Analysis (add line items to the chart as appropriate):

Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Totals:				

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

10-15-09

 Date

Noel D. Rea, Chief Executive Officer

 Printed Name and Official Title

Form 642

**ASHNHA's Quarterly Reporting Form
Covering 2009 Denali Commission Projects
Numbered 01150 – A through G**

*Please Use this Form to File Your Facility's Quarterly Narrative Progress Report
And /Or Make a Fund Disbursement Request*

Project Name: CT Scanner

Hospital: Wrangell Medical Center

Reporting Period: **First Project Report – June 1 – September 30, 2009**

Denali Commission Grant No.: 01150 - G

A. Project Narrative (use additional pages as necessary):

1. What is the status of your 2009 "Primary Care in Hospitals" project as of September 30, 2009? (Please list all project phases completed or milestones achieved during the report period.)

We completed an initial conceptual design review to determine the most feasible location for the CT Scanner to guide our project plan and funding requests. It was determined that locating the scanner next to the facility, rather than inside the facility, was the most feasible.

2. Is your 2009 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 9/30/2011?

Yes.

3. Is the 2009 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?

Yes.

4. Other comments, problems and solutions:

B. Project Fund Disbursement Request

We are requesting ASHNHA to release **\$0** in Denali Commission Grant Funds for our project at this time. *This funding request is either:*

1. a request for an Advance against Commission 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).