

**Form 641 – Parts A, B & C  
ASHNHA Quarterly Project Budget Summary  
& Performance Analysis Reporting Form**

**For All Remaining 2009 Denali Commission Approved Projects:  
Projects No. 1150 – A1; 1150 – C; or 1150 – G**

**Project Name:** CT Scanner

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

**Reporting Period:** April 1 – June 30, 2011

**Sub-Recipient Grant No.:** 1150 – G

**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: \$366,676.00
  - ii. Amount of Facility Cost Share Match (CSM): \$366,676.00
  - iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$733,353.00

**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:

~~\$278,557~~ 279,037.03

Per Kris Reed  
email 7/20  
see attached

- 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:

**\$141,434**

- 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):

~~\$419,991~~ 420,471.03

**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):

**\$225,243**

**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):

**\$278,557**

**5. Project Schedule:**

Please state the anticipated start and end dates of the funded 2009 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: June 1, 2009

End date: December 31, 2011

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
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1. Installation and final testing complete	August 15, 2011
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2.

3.

4.

5.

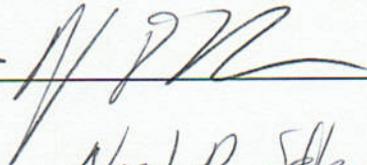
**Part 641 – B. Project Performance Analysis** (add line items to the chart as appropriate):

2009 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Conceptual and Architecture Design, Electrical and Building Permits, Site Survey and Excavation, Concrete Pad, Electrical hookup, Jersey Barriers		\$50,314.03	6/30/11	Conducted feasibility study for CT Scanner placement and developed conceptual drawings for project. Completed all necessary electrical work for CT placement with protective barriers.
Deposit for CT Scanner from MIR		\$210,350	12/14/2010	Signed contract with Medical Imaging Resources for a CT Scanner and paid a deposit down on the Scanner.
16-slice GE Lightspeed CT Scanner Balance		\$390,650	6/20/11	Equipment purchased and arrived in Wrangell
Installation, final electrical, equipment completion		\$82,039	8/15/11	
<b>Totals:</b>		733,353		

**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.

(signed for MSR)  
Signature



7/14/11  
Date

Mariko L. Selle-Rea, Director of Development and Quality  
Printed Name and Official Title

CEO

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

**For All Remaining 2009 Denali Commission Approved Projects:  
Projects No. 1150 – A1; 1150 – C; or 1150 – G**

*Please Use this Form to Make a Fund Disbursement Request*

**Project Name:** CT Scanner Project

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

**Reporting Period:** April 1 – June 30, 2011

**Sub-Recipient Grant No.:** 1150 - G

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

**1. What is the status of your D/C 2009 "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)**

**We are nearing completion of the CT Scanner project. In this reporting period:**

- All necessary electrical preparatory work was completed, in coordination with the Borough of Wrangell.
- All necessary site preparation was completed, including the concrete pad on which the CT Scanner/trailer would rest.
- The 16-slice GE Lightspeed CT Scanner was purchased, shipped, and arrived safely in Wrangell.
- The initial stages of CT Installation has been complete, with the final stages to be complete by mid-August, 2011.

**2. Is your 2009 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? What is the expected completion date of the project?**

**Yes, our project is on schedule, and still anticipate our project to be completed by our original 9/30/2011 end date. However, we did receive an extension through 12/31/2011 should we anticipate any delays during the final stages of the installation process.**

**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?**

**The project continues to be on budget.**

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

**We are greatly looking forward to increasing and enhancing the care we will be able to provide to our community by providing CT Scanner services right here in our community!**

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

We are requesting ASHSHA to release \$ 141,434 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. x 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.**

BW Enterprises	5/12/2011	\$3,000.00	✓•
BW Enterprises	6/21/2011	\$2,070.00	✓•
Medical Imaging	5/24/2011	\$180,300.00	✓•
Medical Imaging	6/29/2011	\$210,350.00	•
Buness Bros.	6/1/2011	\$6,080.03	✓•
Freight	6/1/2011	\$479.68	•
RJ Construction	5/15/2011	\$11,700.00	•
RJ Construction	5/16/2011	\$4,800.00	•
RJ Construction	5/17/2011	\$1,691.32	•
		\$420,471.03	

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
800	06/21/11	2,070.00			2,070.00
779	06/01/11	3,000.00			3,000.00
CHECK NO. 48484 070811	TOTALS	5,070.00	TOTALS		5,070.00

VIVZ7 MEDICAL IMAGING RESOURCES  
 120 ENTERPRISE DRIVE, ANN ARBOR, MI 48103  
 WRANGELL MEDICAL CENTER • P.O. BOX 1081 • WRANGELL, ALASKA 99929

048238

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
4669	05/01/11	390,650.00			390,650.00
4669ADJ	05/01/11	210,350.00CR			210,350.00CR
CHECK NO. 48238 051811	TOTALS	180,300.00	TOTALS		180,300.00

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048466

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
4669FINAL	06/29/11	210,350.00			210,350.00
CHECK NO. 48466 062911	TOTALS	210,350.00	TOTALS		210,350.00

00049 BUNESS BROTHERS  
PO BOX 681, WRANGELL, AK 99929  
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048440

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
E9677	06/01/11	6,080.03			6,080.03
E9688	06/01/11	161.00			161.00
CHECK NO. 48440 062711		TOTALS 6,241.03	TOTALS		6,241.03

*Just this  
out* →

6,080.03  
161.00

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
281575	12/15/10				
284438	12/22/10	374.13			374.13
283718	12/21/10	58.55			58.55
		47.00			47.00
CHECK NO. 47514 010611		TOTALS 479.68	TOTALS		479.68