

**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: July 1 – Sept 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): \$366,677.00
 - 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:
\$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):

366,676.00

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):

\$278,557.00

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>
---	--

1. Installation and project finalization	December 1, 2011
--	------------------

2.

3.

4.

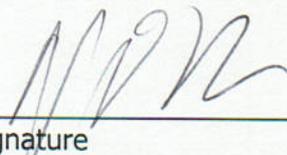
5.

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	12/1/11	
Totals:		\$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.



 Signature

October 13, 2011
 Date



 Printed Name and Official Title

**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

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

Reporting Period: July 1 – Sept 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.)

This project is near completion with the exception of some final installments (building connection). We requested the balance of the Denali Commission's portion of the project cost in the previous reporting quarter; all Denali Commission Funds have been expended and a significant portion of the CSM has been expended as well.

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?

We did experience delays with this project in the past, but anticipate having it completed with a final report at the next reporting cycle.

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?

This project is on budget.

4. Other comments, problems and solutions:

None

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.

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.