# Denali Commission
# Quarterly Project Financial Report
# Form 641(A)

**Project Name: Digital Ultrasound**

Agency: Wrangell Medical Center

Reporting Period: Sept 2008

Grant No.: ASHNHA Grant No. 01004-01A

**Please include the following information:**
*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: $120,000
2. The total project expenditures as of the end of the most recent quarter: $120,000
3. The total amount of Denali Commission funds committed to the project: $60,000
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: $60,000
5. The percentage of expenditures to the total budget: 50%
6. Project Performance Analysis (Use PPA Form attached):

Project Schedule:

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

Equipment ordered form Siemans in Dec 2007
Equipment arrived in Jan 2008
T-1 lines weren't ready until the end of March 2008
Installed late March 2008
Went live April 1, 2008

Form 641A

# Denali Commission
## Quarterly Project Financial Report
# Project Performance Analysis (PPA) Form 641(B)

Project Name: Digital Ultrasound

Agency: Wrangell Medical Center

Reporting Period: Sept 2008

Grant No.: 01004-01A

| Line Items: | Approved Budget: | Actual Cost: | Scheduled Completion Date: | Actual Work Performed: |
|---|---|---|---|---|
| Digital Ultrasound | $120,000 | $120,000 | April 1, 2008 | Finished April 2008 |
| | | | | |
| | | | | |
| **Totals:** | $120,000 | $120,000 | | |

Signature

8/29/08
Date

Noel D. Rea CEO
Print Name and Title

Form 641B

# Denali Commission Quarterly
# Project Narrative and Funds Disbursement Request

**Project Name: Digital Ultrasound**

**Agency**: Wrangell Medical Center

**Reporting Period**: Sept 2008

**Grant No.**: 01004-01A **Amount of Funds Requested: $60,000**

1. **What is the status of the project; include portions completed?**

   Completed

2. **Is the project on schedule; if no, how will this be dealt with?**

   Yes

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

   Yes

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

# SIEMENS

DATE 12/28/2007 ▶ NUMBER 8301125

PLEASE INDICATE INVOICE NUMBERS ON ALL REMITTANC

Siemens Medical Solutions USA,Inc.
51 Valley Stream Parkway,Malvern PA 19355
TEL: 610-219-8528

YOUR PURCHASE ORDER — NUMBER 4438 — DATE 11/21/2007

CUSTOMER NO. 73702

OUR REFERENCE NUMBER 30117055

Siemens Medical Solutions Health Services Corporation | Siemens Medical Solutions Ultrasound Division

**SOLD TO:**

WRANGELL MEDICAL CENTER
PO Box 1081
WRANGELL AK 99929

99929

**SHIPPED TO:**

WRANGELL MEDICAL CENTER
310 BENNETT ST
WRANGELL AK 99929

| F.O.B. POINT | CARRIER'S NAME, FREIGHT REMARKS | SHIPPED VIA | FREIGHT TERM | STATE TAX FOR |
|---|---|---|---|---|
| | FOB SHIPPING POINT | | PPD/ALLOW | |

| TERMS OF PAYMENT | TAX DETERMINATION | TAX EXEMPTION NUMBER |
|---|---|---|
| 0/90/10 | TAXABLE | |

| ITEM NO. | QTY. ORDERED | QTY. SHIPPED | LIST NUMBER | DESCRIPTION/SERIAL NO. | TOTAL | TOTAL EXTENDED |
|---|---|---|---|---|---|---|
| | | | | DELIVERY PORTION OF CONTRACT DUE ON: SEQUIOA 68650 | | |
| | | | | EQUIPMENT CONTRACT TOTAL: 00206 | | $120,000.00 |
| | | | | LESS: DOWN PAYMENT BILLED | | |
| | | | | 10% INSTALLATION PORTION NOT YET DUE | | ($12,000.00) |
| | | | | **90% DELIVERY PORTION DUE NOW:** | | **$108,000.00** |
| | | | | The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program. | | |

INVOICE

**PLEASE REMIT TO:** Siemens Medical Solutions USA,Inc. **PO BOX 120001, DEPT 0733 DALLAS, TX 75312-0733**

PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1½% PER MONTH, EQUAL TO 18% PER YEAR, WHERE APPLICABLE.
GOODS HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MERCHANDISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA.
ALL MERCHANDISE REMAINS THE PROPERTY OF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN 7 DAYS AFTER RECEIPT OF SHIPMENT.
THIS INVOICE IS FOR PAYMENT DUE PURSUANT TO THE TERMS OF THE EQUIPMENT SALES AGREEMENT BETWEEN SIEMENS AND CUSTOMER. PLEASE REFER TO THAT AGREEMENT FOR ALL APPLICABLE TERMS AND CONDITIONS OF SALE AND THE SOFTWARE LICENSE SCHEDULE.

SM657/04

# SIEMENS

## Invoice

| DATE | NUMBER | DIVISION |
|---|---|---|
| 12/28/2007 | ▶ 8301125a | US |

PLEASE INDICATE INVOICE NUMBERS ON ALL REMITTANCES

Siemens Medical Solutions USA,Inc.
51 Valley Stream Parkway,Malvern PA 19355
TEL: 610-219-8528

| YOUR PURCHASE ORDER NUMBER | YOUR PURCHASE ORDER DATE | CUSTOMER NO. | OUR REFERENCE NUMBER | DISTRICT | SUFFIX |
|---|---|---|---|---|---|
| 4438 | 11/21/2007 | 73702 | 30117055 | 61 | JE |

Siemens Medical Solutions Health Services Corporation | Siemens Medical Solutions Ultrasound Division

**SOLD TO:**
WRANGELL MEDICAL CENTER
PO Box 1081
WRANGELL AK 99929 99929

**SHIPPED TO:**
WRANGELL MEDICAL CENTER
310 BENNETT ST
WRANGELL AK 99929

| F.O.B. POINT | CARRIER'S NAME, FREIGHT REMARKS | SHIPPED VIA | FREIGHT TERM | STATE TAX FOR |
|---|---|---|---|---|
| | FOB SHIPPING POINT | | PPD/ALLOW | |

| TERMS OF PAYMENT | TAX DETERMINATION | TAX EXEMPTION NUMBER |
|---|---|---|
| 0/90/10 | TAXABLE | |

| ITEM NO. | QTY. ORDERED | QTY. SHIPPED | LIST NUMBER | DESCRIPTION/SERIAL NO. | TOTAL | TOTAL EXTENDED |
|---|---|---|---|---|---|---|
| | | | | INSTALLATION PORTION OF CONTRACT DUE ON: SEQUIOA 68650 | | |
| | | | | EQUIPMENT CONTRACT TOTAL: | | $120,000.00 |
| | | | | LESS: DOWN PAYMENT BILLED | | |
| | | | | 90% DELIVERY PORTION BILLED | | ($108,000.00) |
| | | | | **10% INSTALLATION PORTION DUE NOW:** | | **$12,000.00** |

The customer is hereby informed that section 1128B(b) of the Social Security Act requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a State Health Program

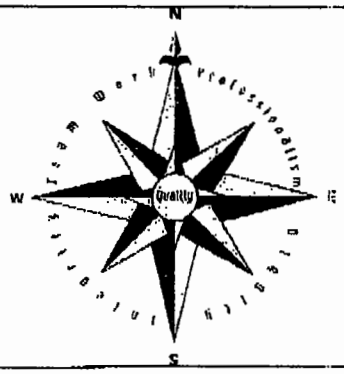
INVOICE

**PLEASE REMIT TO:** Siemens Medical Solutions USA,Inc. **PO BOX 120001, DEPT 0733 DALLAS, TX 75312-0733**

PAST DUE INVOICES ARE SUBJECT TO A **SERVICE CHARGE** OF 1½% PER MONTH, EQUAL TO 18% PER YEAR, WHERE APPLICABLE.
GOODS HAVE BEEN CAREFULLY CHECKED AND SAFELY PACKED. NO RETURN OF MERCHANDISE WILL BE ACCEPTED UNLESS PREVIOUSLY APPROVED. EQUIPMENT ORDERED IN COLORS OTHER THAN STANDARD COLORS CANNOT BE CHANGED WITHOUT PRIOR WRITTEN CONSENT OF SIEMENS MEDICAL SOLUTIONS USA, INC.
MERCHANDISE REMAINS THE PROPERTY OF SIEMENS MEDICAL SOLUTIONS USA, INC. UNTIL PAID FOR IN FULL. CLAIMS MUST BE MADE WITHIN 7 DAYS AFTER RECEIPT OF SHIPMENT.

SM657/04

**S INVOICE IS FOR PAYMENT DUE PURSUANT TO THE TERMS OF THE EQUIPMENT SALES AGREEMENT BETWEEN SIEMENS AND CUSTOMER. PLEASE REFER TO THAT AGREEMENT FOR ALL APPLICABLE TERMS AND CONDITIONS OF SALE AND THE SOFTWARE LICENSE SCHEDUL**



**A facsimile from**

# Petersburg Medical Center

JOHN F. BRINGHURST

Fax (907) 772-3085

**To:** Randall Burns
Fax number: (907) 646-3964

**Date:** October 28, 2008

**Regarding:** Ultrasound Machine

**Comments:** I am faxing herewith the invoice for the portion of the ultrasound machine covered by the Denali Commission grant. Payment should be made directly to Philips Medical Capital.

Let me know if you need additional information.

John Bringhurst, CEO

# Philips Medical Capital, LLC.

## INVOICE

Bill To: Petersburg Medical Center
P O Box 589
Petersburg, AK 99833

**TOTAL DUE** **$74,749.75**

AMOUNT ENCLOSED $ _____

* Make check payable to:
**Philips Medical Capital, LLC.**

Attn: Regina Arnold
1111 Old Eagle School Road
Wayne, PA 19087

**Note: This address is for advance payment purposes only.**
**You will have a different remittance address once your lease commences.**

| | | | INVOICE DATE | | | |
|---|---|---|---|---|---|---|
| | | | 09/29/2008 | | | |
| DESCRIPTION | DUE DATE | PMT. AMOUNT | FINANCE CHG | SLS/USE TAX | DOC FEE | TOTAL AMT. |
| First Advanced Payment | UPON RECEIPT | $74,749.75 | | | | $74,749.75 |
| | | | | | | |
| TOTAL DUE | | | | | | $74,749.75 |

OK

# Denali Commission Quarterly
# Project Narrative and Funds Disbursement Request

**Project Name:** Ultrasound Upgrade

**Agency**: Sitka Community Hospital

**Reporting Period**: 7/1/08 – 9/30/08

**Grant No.:** 01004-01C **Amount of Funds Requested:** $54,080.00

1. **What is the status of the project; include portions completed?**
   Unit was ordered and received with a damaged container. Service technician will come up to unload the unit and check for any damage and will go from there.

2. **Is the project on schedule; if no, how will this be dealt with?**
   Yes.

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

4. **Other comments/problems and solutions:**
   Just waiting for the technician to get here to check out the unit.

   Greatly appreciate the Denali Commission's financial support of healthcare in Alaska.

Invoice Check

Form 642

Attachment G

# Denali Commission
## Quarterly Project Financial Report
## Project Performance Analysis (PPA) Form 641(B)

Project Name: Ultrasound Upgrade

Agency: Sitka Community Hospital

Reporting Period: 7/1/08 – 9/30/08

Grant No.: 01004-01C

| Line Items | Approved Budget | Actual Cost | Scheduled Completion Date | Actual Work Performed |
|---|---|---|---|---|
| Ultrasound Upgrade | $108,160 | | 10/31/08 | Unit was ordered and received w/possible damage |
| | | | | |
| | | | | |
| **Totals:** | $108,160 | | | |

Signature

10/9/08
Date

Lee W. Bennett Interim CEO/CFO

Print Name and Title

Form 641B

Attachment G

# Denali Commission
# Quarterly Project Financial Report
# Form 641(A)

**Project Name:** Ultrasound Upgrade

Agency: Sitka Community Hospital

Reporting Period: 7/1/08 - 9/30/08

Grant No.: ASHNHA Grant No. 01004-01C

**Please include the following information:**
*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: $108,160.00
2. The total project expenditures as of the end of the most recent quarter: None
3. The total amount of Denali Commission funds committed to the project: $54,080.00
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: None
5. The percentage of expenditures to the total budget: 0%
6. Project Performance Analysis (Use PPA Form attached):

Project Schedule:

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

Ultrasound Ordered 9/17/08. The machine has been received but the container was damaged. Waiting for a service representative to arrive to open the container to determine if there is any damage to the unit itself.

Form 641A

# Denali Commission Quarterly
# Project Narrative and Funds Disbursement Request

**Project Name:** Digital Mammography Upgrade

**Agency**: Central Peninsula Hospital

**Reporting Period**: 07/01/08 through 09/30/08

**Grant No:** 01004 – 01D **Amount of Funds Requested:** $282,200

1. **What is the status of the project; include portions completed?**
   Equipment is installed and operational as of the week of August 18, 2008.

2. **Is the project on schedule; if no, how will this be dealt with?**
   Yes. The project is complete.

3. **Is the project on budget; if not, how will this be dealt with?**
   The budget of the project was expanded to upgrade to a prone breast biopsy system rather than the standing unit listed in the original quote from Hologic. This allows the patient to recline while undergoing the biopsy, which reduces the opportunity for error and increases patient comfort and safety during the procedure.

   Additionally, the Hologic Secur View Workstation was replaced with DR Systems' Filmless Imaging System Workstation when Skagit Radiology, our new radiology group, arrived in June. This is the system the physicians were experienced with and, thus, avoided expense related to training that would have been required.

   The additional funds required for these upgrades were paid by the hospital.

4. **Other comments/problems and solutions:**
   The upgrade to digital mammography has become the first step in a long-term capital improvement plan for women's imaging services at Central Peninsula Hospital. The next phase of this upgrade includes a remodel and expansion of the department which will double the Hospital's capacity to provide screening and diagnostic mammograms, as well as breast biopsy services.

   The support from the Denali Commission for the upgrade at the Hospital also led to the purchase and installation of digital mammography equipment at our Kenai Health Center.

Attachment G

# Denali Commission
# Quarterly Project Financial Report
# Form 641(A)

**Project Name: Digital Mammography Upgrade**

Agency: Central Peninsula Hospital

Reporting Period: 7-01-08 through 9-30-08

Grant No.: ASHNHA Grant No. 01004 – 01D

## Please include the following information:
*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: $564,400

2. The total project expenditures as of the end of the most recent quarter: $596,727

3. The total amount of Denali Commission funds committed to the project: $282,200

4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: The entire project is complete and has been paid by the hospital. CPH has not yet requested or received any fund distribution related to this grant.

5. The percentage of expenditures to the total budget: 106% of the budget submitted to the Denali Commission.

6. Project Performance Analysis (Use PPA Form attached):

Project Schedule:

Show the project schedule with milestone dates for design and construction:
Installation complete on August 18, 2008.

Form 641A

Attachment G

# Denali Commission
# Quarterly Project Financial Report
# Project Performance Analysis (PPA) Form 641(B)

Project Name: Digital Mammography Upgrade

Agency: Central Peninsula Hospital

Reporting Period: 7/01/08 through 9/30/08

Grant No.: 01004 – 01D

| **Line Items:** | **Approved Budget:** | **Actual Cost:** | **Scheduled Completion Date:** | **Actual Work Performed:** |
|---|---|---|---|---|
| Selenia Mammography System | $414,400 | $378,000 | 8/18/08 | Purchased and Installed |
| Stereotactic Breast Biopsy System | $80,000 | $140,677 | 8/18/08 | Purchased and Installed |
| Filmless Imaging System Workstation | $70,000 | $78,050 | 8/18/08 | Purchased and Installed |
| **Totals:** | $564,400 | $596,727 | | |

Signature

10/9/08
Date

Jason Paret, Chief Financial Officer
Print Name and Title

Form 641B

| | | | | |
|---|---|---|---|---|
| Selenia Digital Mammography | Hologic | 89031 | | $ 378,000 |
| Multicare Prone Biopsy Table | Hologic | | | $ 140,677 |
| PACS Mammography Reading Station | DR Systems | | | $ 78,050 |
| Totals | | | $597,000 | $ 596,727 |

# HOLOGIC, INC.

36 Apple Ridge Road
Danbury, CT 06810

Phone 203-790-1188
Fax 203-743-3370

RECEIVED
SEP 15 2008
ACCOUNTING

**Invoice:** 360906B
9/2/2008

**PO#** 65804

9-9-08
M. Stroup
6244

**Bill To:**
Central Peninsula Hospital
245 N. Binkley St
Soldotna, AK 99669

**Ship To:**
Central Peninsula Hospital
250 Hospital Place
Soldotna, AK 99669

**Payment Terms:** N 30

| Description: | QTY | AMOUNT |
|---|---|---|
| Selenia Mammography System | 1 | $378,000.00 |

L-2

TOTAL: $ 378,000.00

**Remittance Address:**
HOLOGIC, INC
GPO, P.O. BOX 26808
New York, NY 10087-6808

ENTERED SEP 15 2008

central peninsula general hospital
250 Hospital Place - Soldotna, Alaska 99669
(907) 714-4404

Wells Fargo Bank, N.A.
Soldotna Branch
44897 Sterling Hwy
Soldotna, AK 99669

121081

CHECK NO: 0189690
VENDOR NO. V2317

CHECK AMOUNT
**$617000.00

CHECK DATE: 09/25/08

VOID AFTER 180 DAYS
TWO SIGNATURES REQUIRED OVER 125,000.00

PAY SIX HUNDRED SEVENTEEN THOUSAND 00/100

TO THE ORDER OF
HOLOGIC INC
GPO PO BOX 26808
NEW YORK NY 10087-6808

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

SIGNATURE AREA CONTAINS A KNIGHT & FINGERPRINT WATER MARKING

⑈0189690⑈ ⑆121000248⑆ 4000051730⑈

ABSENCE OF PINK U.S. PATENT NUMBERS UNDER SIGNATURE INDICATES CHECK IS FRAUDULENT. PATENT NUMBERS ARE PRINTED WITH HEAT SENSITIVE INK & WILL DISAPPEAR WHEN BLOWING OR RUBBING

Central Peninsula General Hospital
250 Hospital Place - Soldotna, Alaska 99669
(907) 714-4404

CHECK DATE: 09/25/08
CHECK NO: 0189690

| INVOICE NUMBER | DATE | DESCRIPTION | GROSS AMOUNT | DISCOUNT | NET PAY |
|---|---|---|---|---|---|
| 360906B | 09/02/08 | | 378000.00 | 0.00 | 378000.00 |
| 360071B | 09/02/08 | | 239000.00 | 0.00 | 239000.00 |
| VENDOR NO. V2317 | | TOTALS | GROSS AMT TOT 617000.00 | DISCOUNT TOT 0.00 | NET AMOUNT TOTAL 617000.00 |

central peninsula general hospital
250 Hospital Place - Soldotna Alaska 99669
(907) 714-4404

# HOLOGIC, INC.

36 Apple Ridge Road
Danbury, CT 06810

Phone 203-790-1188
Fax 203-743-3370

**Invoice:** **365071A**
9/2/2008

**PO# 65804**

**Bill To:**
Central Peninsula Hospital
245 N. Binkley St
Solodtna, AK 99669

**Ship To:**
Central Peninsula Hospital
250 Hospital Place
Solodtna, AK 99669

**Payment Terms:** N 30

| Description: | QTY | AMOUNT |
|---|---|---|
| Stereotactic Breast Biopsy System (Prone Table) | 1 | $140,677.00 |

TOTAL: $ 140,677.00

**Remittance Address:**
HOLOGIC, INC
GPO, P.O. BOX 26808
New York, NY 10087-6808

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

central peninsula general hospital
250 Hospital Place - Soldotna, Alaska 99669
(907) 714-4404

Wells Fargo Bank, N.A.
Soldotna Branch
44552 Sterling Hwy,
Soldotna, AK 99669

11-24
1210(8)

CHECK NO: 0188874
VENDOR NO: V2317

CHECK AMOUNT
**$138177.00

VOID AFTER 180 DAYS
TWO SIGNATURES REQUIRED OVER $25,000.00

CHECK DATE: 08/28/08

PAY ONE HUNDRED THIRTY-EIGHT THOUSAND ONE HUNDRED SEVENTY-SEVEN 00/100

TO THE ORDER OF
LORAD A HOLOGIC COMPANY
CPO
PO BOX 26808
NEW YORK, NY 10087-6808

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

SIGNATURE AREA CONTAINS A KNIGHT & FINGERPRINT CHECK WORDING

⑈0188874⑈ ⑆121000248⑆ 4000051730⑈

ABSENCE OF PINK U.S. PATENT NUMBERS UNDER SIGNATURE INDICATES CHECK IS FRAUDULENT PATENT NUMBERS ARE PRINTED WITH HEAT SENSITIVE INK & WILL DISAPPEAR WHEN BLOWING OR RUBBING

Central Peninsula General Hospital
250 Hospital Place - Soldotna, Alaska 99669
(907) 714-4404

CHECK DATE: 08/28/08
CHECK NO: 0188874

| INVOICE NUMBER | DATE | DESCRIPTION | GROSS AMOUNT | DISCOUNT | NET PAY |
|---|---|---|---|---|---|
| 3104681 | 08/08/08 | | 138177.00 | 0.00 | 138177.00 |

VENDOR NO
V2317

| | GROSS AMT TOT | DISCOUNT TOT | NET AMOUNT TOTAL |
|---|---|---|---|
| TOTALS | 138177.00 | 0.00 | 138177.00 |

central peninsula general hospital
250 Hospital Place - Soldotna, Alaska 99669
(907) 714-4404

REORDER 901 • U.S. PATENT NO. 5538290, 5575588, 5641163, 5765353, 5854364, 6030000

central peninsula general hospital
250 Hospital Place - Soldotna, Alaska 99669
(907) 714-4404

Wells Fargo Bank, N.A.
Soldotna Branch
44652 Sterling Hwy.
Soldotna, AK 99669

11-28
1210/0

CHECK NO: 0189510
VENDOR NO: V2317

CHECK AMOUNT
****$2500.00

VOID AFTER 180 DAYS
TWO SIGNATURES REQUIRED OVER $25,000.00

CHECK DATE: 09/18/08

PAY TWO THOUSAND FIVE HUNDRED 00/100

TO THE ORDER OF
HOLOGIC INC
GPO PO BOX 26808
NEW YORK, NY 10087-6808

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

SIGNATURE AREA CONTAINS A GREY & FINGERPRINT CHECK WARNING

⑈0189510⑈ ⑆121000248⑆ 4000051730⑈

ABSENCE OF FINGER PRINT NUMBERS UNDER SIGNATURE INDICATES CHECK IS FRAUDULENT. PATENT NUMBERS ARE PRINTED WITH HEAT SENSITIVE INK & WILL DISAPPEAR WHEN BLOWING OR RUBBING

Central Peninsula General Hospital
250 Hospital Place - Soldotna, Alaska 99669
(907) 714-4404

CHECK DATE: 09/18/08
CHECK NO: 0189510

| INVOICE NUMBER | DATE | DESCRIPTION | GROSS AMOUNT | DISCOUNT | NET PAY |
|---|---|---|---|---|---|
| 2105537 | 08/25/08 | | 2500.00 | 0.00 | 2500.00 |

| VENDOR NO. | | GROSS AMOUNT TOT | DISCOUNT TOT | NET AMOUNT TOTAL |
|---|---|---|---|---|
| V2317 | TOTALS | 2500.00 | 0.00 | 2500.00 |

central peninsula general hospital
250 Hospital Place - Soldotna Alaska 99669
(907) 714-4404

*DR Systems, Inc.*
*10140 Mesa Rim Road*
*San Diego, CA 92121 USA*
(858) 625-3344 x2293 Fax (858) 625-3335

**Invoice Number: DRS-037108192008**

| | | | |
|---|---|---|---|
| **Ship To:** | CENTRAL PENINSULA GENERAL HOSPITAL<br>250 Hospital Place<br>Soldotna, AK 99669<br>Attn: Margaret Stroup | **Bill To:** CENTRAL PENINSULA GENERAL HOSPITAL<br>245 North Binkley Street., Suite #103<br>Soldotna, AK 99669-7581<br>Attn: Accounts Payable Department | **Page 1 of 1** |
| **Customer ID: Central Peninsula** | | **Remit Address:**<br>DR Systems, Inc.<br>10140 Mesa Rim Road<br>San Diego, CA 92121 | **Contact:** Accounting<br>858-625-3344x2293<br>Elisa Vera |

| Date Printed | Purchase Order | Order Received | Terms of Sale | Salesperson |
|---|---|---|---|---|
| **8/19/2008** | **65803** | **6/13/2008** | **60% Due Upon Shipment** | **Matt McFadden** |

| Line | Order Quantity | Description | | |
|---|---|---|---|---|
| 1 | 1 | **DR Systems, Inc. Filmless Imaging System** | | |
| | | INCLUDING: | | |
| | 2 | CPU Upgrade | | **$10,200.00** |
| | 1 | 5MP Flat Panel Dominator - 2monochrome monitors | | **$19,500.00** |
| | 1 | USB Photometer | | **$400.00** |
| | 1 | Mammography Enhanced Software Tools | | **$10,000.00** |
| | 1 | Mammography CAD Management - fee per CAD vendor | | **$10,000.00** |
| | 1 | Mammography Interpretation Module | | **$10,000.00** |
| | 1 | Mammography Implementation and Site Configuration Fee | | **$12,500.00** |
| | 1 | DICOM Catapult Mammo Specific QA Workstation | | **$13,700.00** |
| | | **Software Discount to Customer** | | **($8,700.00)** |
| | | **PROJECT TOTAL** | **$77,600.00** | |
| | | **40% Due Upon Order** | **$31,040.00** | |
| | | **60% due Upon Shipment** | **$46,560.00** | |
| | | **Shipping Charges** | **$450.00** | |
| | | **TOTAL DUE** | **$78,050.00** | |

**Shipped: 08/08/08**
**Completed: 08/25/08**
****ALL SALES AND/OR USE TAX IS THE RESPONSIBILITY OF CENTRAL PENINSULA GENERAL HOSPITAL****

| | |
|---|---|
| **Subtotal** | **$77,600.00** |
| **Shipping Charges** | **$450.00** |
| **TOTAL DUE** | **$78,050.00** |
| **Paid-To-Date** | **($78,050.00)** Chk.#0187973 & # 0189046 |

| | | | | |
|---|---|---|---|---|
| | | ** Tax Exempt # | 60% DUE IMMEDIATELY | $0.00 |
| NOTE: A late fee of 1.5% per month will be assessed on all payments received after the due date.<br>A late fee of $702.45 will be applied to your account on 09/19/08 and reflected on your next statement.<br>***Thank you for working with DR Systems, Inc. We appreciate your business.*** | | | | Invoice Total:<br>$0.00 |

# Denali Commission
# Quarterly Project Financial Report
# Form 641(A)

**Project Name:** 2008 Denali Commission HNHFIP

Agency: South Peninsula Hospital

Reporting Period: 3rd QTR 2008

Grant No.: ASHNHA Grant No. 01004-01E

**Please include the following information:**
*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: $423,400
2. The total project expenditures as of the end of the most recent quarter: $0
3. The total amount of Denali Commission funds committed to the project: $211,700
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: $0
5. The percentage of expenditures to the total budget: $0
6. Project Performance Analysis (Use PPA Form attached):

Project Schedule:

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

Form 641A

# Denali Commission Quarterly
# Project Narrative and Funds Disbursement Request

**Project Name:** 2008 Denali Commission HNHFIP

**Agency:** South Peninsula Hospital

**Reporting Period:** 3rd QTR 2008

**Grant No.:** 01004-01E **Amount of Funds Requested:**

1. **What is the status of the project; include portions completed?**

Currently finalizing purchase agreement with the equipment vendor.

2. **Is the project on schedule; if no, how will this be dealt with?**

Yes

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

Yes

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

Attachment G

# Denali Commission
## Quarterly Project Financial Report
## Project Performance Analysis (PPA) Form 641(B)

Project Name: 2008 Denali Commission HNHFIP

Agency: South Peninsula Hospital

Reporting Period: 3rd QTR 2008

Grant No.: 01004-01E

| Line Items | Approved Budget | Actual Cost | Scheduled Completion Date | Actual Work Performed |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| **Totals:** | | | | |

Signature

11-3-08
Date

Robert Letson, CEO
Print Name and Title

Form 641B

# Kodiak Island Health Care Foundation

P.O. Box 4385 • Kodiak, Alaska 99615
(907) 486-9557


Oct 7, 2008

Randall Burns
Alaska State Hospital & Nursing Home Association
943 Sixth Avenue, Suite 120
Anchorage, AK 99501-2033

Re: ASHNHA/Denali Commission Grant for Kodiak Ultrasound (# 01004-01F)

Dear Mr. Burns,

I request grant funding for PKIMC in the amount of $ 95,129.00 for the PKIMC Ultrasound Project (Grant # 01004-01F). For your assistance I have also enclosed a copy of the Denali Commission Certificate. It has been framed and placed appropriately in the Radiology Dept near the equipment. I will send photos under separate cover. Advance copies of this package have been e-mailed to you. If you have any questions please contact me at 907 486 3875 or alaskang@yahoo.de. Fund transfer information can be obtained from the PKIMC CEO at Timothy.Hocum@providence.org .

Thank you for your continued support and assistance.

Sincerely,

Jimmy Ng
Executive Director
Kodiak Island Health Care Foundation

Encl: Financial Report Forms 642, 641a, 641b

Cc: Tim Hocum, CFO, PKIMC

Attachment G

# Denali Commission
# Quarterly Project Financial Report

**Project Name: PKIMC Toshiba Aplio XG Ultrasound Imaging System**

Agency: Providence Kodiak Island Medical Center

Reporting Period: Quarterly report—this period ends 30 Sept 08

Grant #: 01004-01F

**Please include the following information:**
*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: $204,718.00
2. The total project expenditures as of the end of the most recent quarter: $204,718.00
3. The total amount of Denali Commission funds committed to the project: $95,129.00
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: $95,129.00
5. The percentage of expenditures to the total budget: 46 percent
6. Project Performance Analysis (use PPA form on page 2 of 641):

Project Schedule:

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

- Ultrasound unit has been installed in the Radiology Dept of PKIMC

Form 641A

Attachment G

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

Project Name: **PKIMC Toshiba Aplio XG Ultrasound Imaging System**

Agency: PKIMC

Reporting Period: Quarterly report—this period ends 30 Sept 08

Grant #: 01004-01F

| Line Items: | Approved Budget: | Actual Cost: | Scheduled Completion Date: | Actual Work Performed: |
|---|---|---|---|---|
| Construction | $95,129.00 | $95,129.00 | complete | Purchased and installed |
| | | | | |
| | | | | |
| **Totals:** | $95,129.00 | $95,129.00 | | |

Signature: For

Don Rush
CEO, PKIMC

7 Oct 2008
Date:

Form 641B

Attachment F

# Denali Commission Quarterly
# Project Narrative and Funds Disbursement Request

**Project Name: PKIMC** Toshiba Aplio XG Ultrasound Imaging System

**Agency**: PKIMC

**Reporting Period**: Quarterly report—and FINAL Sept 30, 2008

**Grant #**: 01004-01F **Amount of Funds Requested: $**95,129.00

1. **What is the status of the project; include portions completed?**

The project has been completed. The equipment has been purchased and installed in the Radiology Dept of the Providence Kodiak Island Medical Center.

2. **Is the project on schedule; if no, how will this be dealt with?**

Complete

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

Project was completed on budget.

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

**Providnece Kodiak Island Medical Center**
**Toshiba Aplio XG Ultrasound Imaging System** **204,718.00**

| | | |
|---|---|---|
| Grant Award | 95,129.00 | |
| **Invoices** | | |
| Toshiba America Med Systems | | 163,774.40 |
| Toshiba America Med Systems | | 40,943.60 |
| Total Expenditures | | 204,718.00 |
| PKIMC Funded | | 109,589.00 |
| Denali Grant Funded | | 95,129.00 |
| Total Funding | | 204,718.00 |

**PROVIDENCE**
Health & Services

PO BOX 196501 ANCHORAGE, AK 99519-6501

WELLS FARGO BANK NA
ANCHORAGE, AK 99519

11-24 / 1210

| CHECK NUMBER | DATE | AMOUNT |
|---|---|---|
| 656809 | 04/16/06 | ****$163,774.40 |

OPERATING FUND

PAY ONE HUNDRED SIXTY-THREE THOUSAND SEVEN HUNDRED SEVENTY-FOUR AND 40/100-

TO THE ORDER OF
TOSHIBA AMERICA MED SYSTEMS
PO BOX 91605
CHICAGO IL 60693

**COPY - COPY**

**VOID -- THIS IS NOT A CHECK -- VOID**

Vendor Number 10410 Vendor Name TOSHIBA AMERICA MED SYSTEMS Check Number 656809 Check Date 04/16/06

| Invoice | Inv Date | PO Number | Description | Gross Amount | Discounts | Net Amount |
|---|---|---|---|---|---|---|
| 1916187 | 03/23/06 | 134346 0 CAP | | 163,774.40 | 0.00 | 163,774.40 |
| | | | | Total Check Amount: | | $163,774.40 |

MATCH UNSUCCESSFUL NO RECEIPTS AVAILABLE

**TOSHIBA**

# INVOICE

RECEIVED
APR 07 2008
FINANCE

| INVOICE DATE | INVOICE NUMBER | PAGE |
|---|---|---|
| 03/28/08 | 1948187 | 1 |

PLEASE REMIT TO:
TOSHIBA AMERICA MEDICAL SYSTEMS, INC.
P.O. Box 91605
Chicago, Illinois 60693

BILL TO:
PROVIDENCE HEALTH & SVCS AK
PO BOX 196501
ANCHORAGE AK
99519

SHIP TO:
PROVIDENCE KODIAK ISLAND HOSP
1915 E REZANOF DRIVE
KODIAK AK
99615

| CUST NO | ORDER NO | COST CENTER | SHIP VIA | CUSTOMER P.O. NUMBER | PAYMENT TERMS |
|---|---|---|---|---|---|
| 100133 | 769853 | 3430 | 4/3/08 | 154345-0-CAP | 100% net 30 dys |

| QUANTITY | TOSHIBA PART NUMBER/DESCRIPTION | CODES | UNIT PRICE | EXTENDED AMOUNT |
|---|---|---|---|---|
| #SSA-790C | APLIO XG CARDIO ULTRASOUND SYS | U1 | 204,718.000 | 204,718.00 |
| 1 | SSA-790A<br>APLIO XG ULTRASOUND SYSTEM<br>SERIAL # 99D0823350 | CQ U1<br>790A | | |
| 1 | USDI-790A<br>BASIC DICOM<br>SERIAL # 99A0822997 | CQ U1<br>R3B1 | | |
| 1 | USDI-792C<br>MULTIFRAME ADVANCED DICOM<br>SERIAL # 99A0822885 | CQ U1<br>R3E1 | | |
| 1 | UICW-790A<br>KIT, CONTINUOUS WAVE<br>SERIAL # 99B0822521 | CQ U1<br>RWG1 | | |
| 1 | UJUR-791B<br>ECG REFERENCE SIGNAL UNIT<br>SERIAL # 99A07Z2039 | CQ U1<br>RWH2 | | |
| 1 | USIA-790A<br>I-ASSIST SOFTWARE<br>SERIAL # 99A0792188 | CQ U1<br>R2D1 | | |
| 1 | UIIA-791A<br>I-ASSIST HARDWARE APLIO XG<br>SERIAL # 99A0792179 | CQ U1<br>RWH1 | | |
| 1 | UIMV-791A<br>4D PACKAGE APLIO XG LVZ 01<br>SERIAL # 99A07Z2219 | CQ U1<br>R2B1 | | |

TAX 1:
TAX 2:
TAX 3:

** CONTINUED **

AMOUNT DUE

Please reference invoice number
1948187 on check remittance.

This sale concerns products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by the purchaser, directly or indirectly, in contravention of the U.S. Export Administration is prohibited.

CUSTOMER

DIRECT INQUIRIES TO:

| INVOICE TYPE | ORDER ANALYSIS NUMBER |
|---|---|
| S-System | 350957 |

INVDR2LP

**TOSHIBA**

# INVOICE

| INVOICE DATE | INVOICE NUMBER | PAGE |
|---|---|---|
| 03/28/08 | 1948187 | 2 |

PLEASE REMIT TO:
TOSHIBA AMERICA MEDICAL SYSTEMS, INC.
P.O. Box 91605
Chicago, Illinois 60693

BILL TO:
PROVIDENCE HEALTH & SVCS AK
PO BOX 196501
ANCHORAGE AK
99519

SHIP TO:
PROVIDENCE KODIAK ISLAND HOSP
1915 E REZANOF DRIVE
KODIAK AK
99615

| CUST NO. | ORDER NO. | COST CENTER | SHIP VIA | CUSTOMER P.O. NUMBER | PAYMENT TERMS |
|---|---|---|---|---|---|
| 100133 | 769853 | 3430 | 4/3/08 | 154345-0-CAP | 100% net 30 dys |

| QUANTITY | TOSHIBA PART NUMBER/DESCRIPTION | CODES | UNIT PRICE | EXTENDED AMOUNT |
|---|---|---|---|---|
| 1 | PVT-575MV | CQ U1 | | |
| | TRANSDUCER,4D | R2C3 | | |
| | SERIAL # A7623194 | | | |
| 1 | PVT-681MV | CQ U1 | | |
| | TRANSDUCER,ENDOCAVITARY | R3E2 | | |
| | SERIAL # A7582084 | | | |
| 1 | PLT-1204AX | CQ U1 | | |
| | TRANSDUCER,MS,LINEAR | DOCK | | |
| | SERIAL # 99A0773112 | | | |
| 1 | USMS-790A | CQ U1 | | |
| | DYNAMIC MICRO-SLICE | R3D1 | | |
| | SERIAL # 99A0812345 | | | |
| 1 | UIHV-790A | CQ U1 | | |
| | HV UNIT AP/XG MICRO-SLICE | RW11 | | |
| | SERIAL # 99A0832462 | | | |
| | | UM | | |
| ULTRASOUND INSTALLMENT BILLING 20% | | | 40,943.600- | 40,943.60- |
| 1 | PC-20M | CQ U1 | | |
| | TRANSDUCER,CW PENCIL,2.0MHZ | R2B2 | | |
| | SERIAL # 99A0822508 | | | |
| 1 | PLT-704SBT | CQ U1 | | |
| | TRANSDUCER,LINEAR,MULTIFREQUEN | R3C3 | | |
| | SERIAL # 99A0822392 | | | |
| 1 | PST-30BT | CQ U1 | | |
| | TRANSDUCER,CARDIAC-SECTOR | R2B5 | | |
| | SERIAL # 99A0726487 | | | |

TAX 1:
TAX 2:
TAX 3:

** CONTINUED **

AMOUNT DUE

Please reference invoice number
1948187 on check remittance.

This sale concerns products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by the purchaser, directly or indirectly, in contravention of the U.S. Export Administration is prohibited.

CUSTOMER

DIRECT INQUIRIES TO

| INVOICE TYPE | ORDER ANALYSIS NUMBER |
|---|---|
| S-System | 350957 |

INVOICEP

**TOSHIBA**

# INVOICE

| INVOICE DATE | INVOICE NUMBER | PAGE |
|---|---|---|
| 03/28/08 | 1948187 | 3 |

PLEASE REMIT TO:
TOSHIBA AMERICA MEDICAL SYSTEMS, INC.
P.O. Box 91605
Chicago, Illinois 60693

BILL TO:
PROVIDENCE HEALTH & SVCS AK
PO BOX 196501
ANCHORAGE AK
99519

SHIP TO:
PROVIDENCE KODIAK ISLAND HOSP
1915 E REZANOF DRIVE
KODIAK AK
99615

| CUST NO. | ORDER NO. | COST CENTER | SHIP VIA |
|---|---|---|---|
| 100133 | 769853 | 3430 | 4/3/08 |

| CUSTOMER P.O. NUMBER | PAYMENT TERMS |
|---|---|
| 154345-0-CAP | 100% net 30 dys |

| QUANTITY | TOSHIBA PART NUMBER/DESCRIPTION | CODES | UNIT PRICE | EXTENDED AMOUNT |
|---|---|---|---|---|
| 1 | PVT-375BT | CQ U1 | | |
| | TRANSDUCER,CONVEX ARRAY | RWF1 | | |
| | SERIAL #-99A0814247 | | | |
| 1 | PVT-382BT | CQ U1 | | |
| | TRANSDUCER,MICRO CONVEX ARRAY | RWC1 | | |
| | SERIAL #-99A07Y34251 | | | |
| 1 | PVT-674BT | CQ U1 | | |
| | TRANSDUCER,CONVEX ARRAY | R2B3 | | |
| | SERIAL # 99A07X3337 | | | |
| 1 | USFR-790A | CQ U1 | | |
| | FAST FUSION 3-D KIT | R2D1 | | |
| | SERIAL # 99A07X2233 | | | |
| 1 | USPV-790A | CQ U1 | | |
| | PANORAMIC VIEW | R2A1 | | |
| | SERIAL #-99A0812389 | | | |
| 1 | UP-D897 | CQ U1 | | |
| | PRINTER,DIGITAL B/W USB | R2A1 | | |
| | SERIAL #-T07085 | | | |
| | UAGV-027A | | | |
| | ADAPTOR,BIOPSY GUIDE | | | |
| | Remaining B/O amount $0.00 | | | |
| | Remaining B/O quantity 1.00 | | | |
| | THIS IS THE 80% SHIPMENT BILLING | | | |
| | Taxable 163,774.40 | | | |

TAX 1: .00 AK
TAX 2: .00 KODIAK ISLAN
TAX 3: .00 KODIAK

| | |
|---|---|
| Subtotal | 163,774.40 |
| Total Tax | .00 |
| AMOUNT DUE | 163,774.40 |

Please reference invoice number 1948187 on check remittance.

This sale concerns products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by the purchaser, directly or indirectly, in contravention of the U.S. Export Administration is prohibited.

CUSTOMER

DIRECT INQUIRIES TO:
NORTHWEST UL SALES
2441 MICHELLE DRIVE
TUSTIN, CA 92780
714-730-5000

| INVOICE TYPE | ORDER ANALYSIS NUMBER |
|---|---|
| S-System | 350957 |

INVHRTEP

**PROVIDENCE**
Health & Services

PO BOX 196501 ANCHORAGE, AK 99519-6501

WELLS FARGO BANK NA
ANCHORAGE, AK 99519

11-24 / 1219

| CHECK NUMBER | DATE | AMOUNT |
|---|---|---|
| 659095 | 05/07/08 | **$40,943.60 |

OPERATING FUND

PAY FORTY THOUSAND NINE HUNDRED FORTY-THREE AND 60/100----------

TO THE ORDER OF
TOSHIBA AMERICA MED SYSTEMS
PO BOX 91605
CHICAGO IL 60693

**COPY - COPY**

**VOID -- THIS IS NOT A CHECK -- VOID**

Vendor Number 10410 Vendor Name TOSHIBA AMERICA MED SYSTEMS Check Number 659095 Check Date 05/07/08

| Invoice | Inv Date | PO Number | Comments | Gross Amount | Discounts | Net Amount |
|---|---|---|---|---|---|---|
| 1958341 | 04/22/08 | 154245 0 CAP | | 40,943.60 | 0.00 | 40,943.60 |
| | | | | | Total Check Amount: | $40,943.60 |

**TOSHIBA**

# INVOICE

| INVOICE DATE | INVOICE NUMBER | PAGE |
|---|---|---|
| 4/22/08 | 1959341 | 1 |

PLEASE REMIT TO:
TOSHIBA AMERICA MEDICAL SYSTEMS INC.
P.O. Box 91605
Chicago, Illinois 60693

BILL TO:
PROVIDENCE HEALTH & SVCS AK
PO BOX 196501
ANCHORAGE AK
99519

SHIP TO:
PROVIDENCE KODIAK ISLAND HOSP
1915 E REZANOF DRIVE
KODIAK AK
99615

| CUST NO | ORDER NO | COST CENTER | SHIP VIA |
|---|---|---|---|
| 100133 | 783692 | 3430 | 4/3/08 |

| CUSTOMER P.O. NUMBER | PAYMENT TERMS |
|---|---|
| 154345-0-CAP | 100% net 30 dys |

| QUANTITY | TOSHIBA PART NUMBER/DESCRIPTION | CODES UM | UNIT PRICE | EXTENDED AMOUNT |
|---|---|---|---|---|
| | ULTRASOUND INSTALLMENT BILLING 20% | | 40,943.600 | 40,943.60 |

RECEIVED
APR 25 2008
FINANCE

Taxable: 40,943.60
TAX 1: .00 AK
TAX 2: .00 KODIAK ISLAN
TAX 3: .00 KODIAK

| | |
|---|---|
| Subtotal | 40,943.60 |
| Total Tax | .00 |
| AMOUNT DUE: | 40,943.60 |

Please reference invoice number
1959341 on check remittance.

This sale concerns products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by the purchaser, directly or indirectly, in contravention of the U.S. Export Administration is prohibited.

CUSTOMER

DIRECT INQUIRIES TO:
NORTHWEST UL SALES
2441 MICHELLE DRIVE
TUSTIN, CA 92780
714-730-5000

| INVOICE TYPE | ORDER ANALYSIS NUMBER |
|---|---|
| S-System | 350957 |

INVOICE

CERTIFICATE OF APPRECIATION

# Denali Commission

Contribution towards Ultrasound

## Providence Kodiak Island Medical Center

Signature Jimmy Ng, Director of KIHC Foundation — Date Oct 7, 2008

Signature Don Rush, CEO, PHMC — Date Oct 7, 2008

# Denali Commission
# Quarterly Project Financial Report
# Form 641(A)

**Project Name:** 2008 Denali Commission HNHFIP

Agency: Iliuliuk Family & Health Services, Inc.

Reporting Period:

Grant No.: 01004 – 01G ASHNHA Grant No.

**Please include the following information:**
*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: **$ 103,425**
2. The total project expenditures as of the end of the most recent quarter: $99,475 (we received a trade-in reimbursement for our old ultrasound)
3. The total amount of Denali Commission funds committed to the project: **$ 51,713**
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: $51,713
5. The percentage of expenditures to the total budget: 100%
6. Project Performance Analysis (Use PPA Form attached):

Project Schedule:

Show the project schedule with milestone dates for design and construction:
August 15, 2008 – Ultrasound scheduled to arrive
August 18 – September 11, 2008 – test patients identified and recruited for ultrasound training.
September 9-11, 2008 – Ultrasound scheduled to be uncrated, set up, and tested.
September 15, 16, 2008 – Ultrasound training scheduled to occur.

Form 641A

# Denali Commission
## Quarterly Project Financial Report
# Project Performance Analysis (PPA) Form 641(B)

Project Name: 2008 Denali Commission HNHFIP

Agency: Iliuliuk Family & Health Services, Inc.

Reporting Period: 3rd Quarter 2008

Grant No.: 01004 – 01G

| Line Items: | Approved Budget: | Actual Cost: | Scheduled Completion Date: | Actual Work Performed: |
|---|---|---|---|---|
| HD11 Ultrasound System | 103,425 | 99,475 | 9/16/2008 | 9/16/2008 |
| | | | | |
| | | | | |
| **Totals:** | 103,425 | 99,475 | | |

Signature

10-6-08
Date

Sonia Handforth/Como
Print Name and Title

Form 641B

# Denali Commission Quarterly
# Project Narrative and Funds Disbursement Request

**Project Name:** 2008 Denali Commission HNHFIP

**Agency**: Iliuliuk Family & Health Services, Inc.

**Reporting Period**: 3rd Quarter 2008

**Grant No.**: 01004 – 01G **Amount of Funds Requested: $** 51,713

1. **What is the status of the project; include portions completed?**

The project is completely finished: the ultrasound has arrived, been set up, training has been held, and the old ultrasound has been crated up and shipped out.

2. **Is the project on schedule; if no, how will this be dealt with?**

Completely on schedule.

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

The project came in under budget because 1) we got a rebate on our old ultrasound, which was unexpected and 2) the general handyman work of uncrating the new ultrasound and crating and shipping the old ultrasound was donated to us by one of our EMTs.

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

The doctors love it, the patients love it. Thank you!

ILIULIUK FAMILY & HEALTH SERVICES, INC. 18148

Payee Phillips Medical Systems North America Company 18148
Vendor ID PHIMED Account #: 9/9/2008

| Invoice | Description | Discount | Amount |
|---|---|---|---|
| 93697096 | HD11 ULTRASOUND SYSTEM | $0.00 | $99,475.00 |
| | Total : | $0.00 | $99,475.00 |

18148

**ILIULIUK FAMILY & HEALTH SERVICES, INC.**
P.O. BOX 144
UNALASKA, AK 99685
NON PROFIT ORGANIZATION
(907) 581-1202

**KEYBANK NATIONAL ASSOCIATION**
UNALASKA, ALASKA 99685
89-87-1252

18148

****Ninety Nine Thousand Four Hundred Seventy Five and 00/100 Dollars

| DATE | AMOUNT |
|---|---|
| 9/9/2008 | $99,475.00 |

PAY
TO THE
ORDER
OF

Phillips Medical Systems North America Company
22100 Bothell Everett Highway
Bothell, WA 98021-8431

TWO SIGNATURES REQUIRED

MP

⑈018148⑈ ⑆125200879⑆ 7203440003 47⑈

**PHILIPS**

Philips Medical Systems North America Company
22100 Bothell Everett Highway
Bothell, WA 98021-8431 USA
Tel: 1-800-722-9377 Fax 425-487-8100

*** ORIGINAL ***

**INVOICE NO:** 93697096
Bill To/Payer: 953545
ILIULIUK FAMILY HEALTH SERVICES

**Please Mail Payment To:** **Philips Medical Systems NA Co.**
**P.O. BOX 847182**
**DALLAS, TX 75284-7182 USA**

Invoice Date: 07/31/08
Terms: Net 30 Days
**Date Due: 08/30/08**
Invoice amount: $99,475.00

Return Top Portion With Remittance - Tear Along Perforation

---

**Bill To/Payer: 953545**

**ILIULIUK FAMILY HEALTH SERVICES**
**PO Box 144**
**UNALASKA AK 99685**
**ACCOUNTS PAYABLE**

Account: 953545

ILIULIUK FAMILY HEALTH SERVICES
PO Box 144
UNALASKA AK 99685

Ship To: 953545

ILIULIUK FAMILY HEALTH SERVICES
34 LAVELLE CT
UNALASKA AK 99685

| | |
|---|---|
| Invoice No: | 93697096 |
| Invoice Date: | 07/31/08 |
| Terms: | Net 30 Days |
| Order No: | 22644416 |
| Order Date: | 06/10/08 |
| Representative: | AARON GRAVES |
| Customer P.O. No: | 6963 |
| Currency: | USD |

| | |
|---|---|
| Ship Date: | 07/31/08 |
| Ship Via: | |
| Waybill No: | |
| Shipping Terms: | CIF - UNALASKA |
| Machine ID: | US70874118 |

| S.O. Line | Part No. / Description | Serial Number | Qty | Ship | B/O | Total |
|---|---|---|---|---|---|---|
| | HD11 Ultrasound System | | | | | |
| 1. | 100626<br>HD11 Ultrasound System | | 1 | 1 | 0 | 142,250.00 |
| 2. | Discount for HD11 Ultrasound System | | | | | (38,825.00) |
| 3. | 795054<br>HD11 Ultrasound System | | 1 | 1 | 0 | 0.00 |
| | - 989605325131<br>HD11 | US70874118 | 1 | 1 | 0 | |
| | - 989605356481<br>HD11 XE High Definition Ultrasound System | | 1 | 1 | 0 | |
| | - 989605375761<br>HD11 XE, Advanced | | 1 | 1 | 0 | |
| | - 989605377011<br>System SW, HD11XE 2.0.1 | | 1 | 1 | 0 | |
| | - 989605376981<br>Kit, Common Core, HD11XE 2.0.1 | | 1 | 1 | 0 | |
| | - 989605346671<br>XRES | | 1 | 1 | 0 | |

**ADDITIONAL REMIT INFORMATION**

Wiring information:
Bank of America
1850 Gateway Blvd
Concord, CA94520-2382
ABA# 0260-0959-3
Acct# 3751511489

Overnight Mailing
Send Payment to:
22100 Bothell-Everett Highway
Bothell, WA 98021

Questions regarding Invoice:
Call 1 800 722 9377 - option #4

***Terms and conditions on back***

PHILIPS
Philips Medical Systems North America Company
22100 Bothell Everett Highway
Bothell, WA 98021-8431 USA
Tel: 1-800-722-9377 Fax 425-487-8100

*** ORIGINAL ***

**INVOICE NO:** 93697096
Bill To/Payer: 953545
ILIULIUK FAMILY HEALTH SERVICES

**Please Mail Payment To:** **Philips Medical Systems NA Co.**
**P.O. BOX 847182**
**DALLAS, TX 75284-7182 USA**

Invoice Date: 07/31/08
Terms: Net 30 Days
**Date Due: 08/30/08**
Invoice amount: $99,475.00

| S.O. Line | Part No. Description | Serial Number | Qty | Ship | B/O | Total |
|---|---|---|---|---|---|---|
| | - 989605346681<br>SonoCT | | 1 | 1 | 0 | |
| | - 989605346081<br>Color,4D Imaging | | 1 | 1 | 0 | |
| | - 8500-1841-01<br>Power Cord | | 1 | 1 | 0 | |
| | - 989605347301<br>Cardiac SW Application | | 1 | 1 | 0 | |
| | - 989605347321<br>General Imaging SW Application | | 1 | 1 | 0 | |
| | - 989605347331<br>OB/Gyn SW Application | | 1 | 1 | 0 | |
| | - 989605347311<br>Vascular SW Application | | 1 | 1 | 0 | |
| | - 989605357822<br>Physio Module | SS082008MU | 1 | 1 | 0 | |
| | - 989605346751<br>3D Fetal Echo STIC | | 1 | 1 | 0 | |
| | - 989605346721<br>DICOM NETWORKING | | 1 | 1 | 0 | |
| | - 989605346701<br>Stress | | 1 | 1 | 0 | |
| | - 989605346691<br>Panoramic Imaging | | 1 | 1 | 0 | |
| | - 989605346711<br>Contrast | | 1 | 1 | 0 | |
| | - 8500-1912-01<br>Footswitch | | 1 | 1 | 0 | |
| | - 989605346112<br>4D Hardware Kit | | 1 | 1 | 0 | |
| | - 989605359671<br>Cartridge Connector Module | | 2 | 2 | 0 | |
| | - 989605359691<br>Explora Connector | | 3 | 3 | 0 | |
| | - 989803002673<br>C5-2 Transducer | 035BQC | 1 | 1 | 0 | |
| | - 989803002683<br>C8-4v Endovaginal Curved Array Transducer | 034C2F | 1 | 1 | 0 | |
| | - 989605353301<br>L9-3 Broadband Linear Array | 0333VV | 1 | 1 | 0 | |
| | - 989605361401<br>Transducer, S3-1 | 02YNJ7 | 1 | 1 | 0 | |
| | - 989605369731 | | 1 | 1 | 0 | |

**ADDITIONAL REMIT INFORMATION**

Wiring information:
Bank of America
1850 Gateway Blvd
Concord, CA94520-2382
ABA# 0260-0959-3
Acct# 3751511489

Overnight Mailing
Send Payment to:
22100 Bothell-Everett Highway
Bothell, WA 98021

Questions regarding Invoice:
Call 1 800 722 9377 - option #4

***Terms and conditions on back***



PHILIPS
Philips Ultrasound
22100 Bothell Everett Highway • Bothell, WA 98021-8431 USA • Tel: 1-800-722-9377 Fax 425-487-8100

PHILIPS
Philips Medical Systems North America Company
22100 Bothell Everett Highway
Bothell, WA 98021-8431 USA
Tel: 1-800-722-9377 Fax 425-487-8100

*** ORIGINAL ***

**INVOICE NO:** 93697096
Bill To/Payer: 953545
ILIULIUK FAMILY HEALTH SERVICES

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**P.O. BOX 847182**
**DALLAS, TX 75284-7182 USA**

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| S.O. Line | Part No. Description | Serial Number | Qty | Ship | B/O | Total |
|---|---|---|---|---|---|---|
| | Operation Manual - 989605346571 | 104456 | 1 | 1 | 0 | |
| | Color Printer USB/SYN - 989605346531 | 115565 | 1 | 1 | 0 | |
| | B/W Printer USB/SYN - 989605346351 | | 1 | 1 | 0 | |
| | Large Garage | | | | | |
| 4. | INSTALLATION<br>INSTALLATION | | 1 | 1 | 0 | 0.00 |
| 5. | WARRANTY<br>WARRANTY | | 12 | 12 | 0 | 0.00 |
| 6. | TRA_IN_UM400C<br>795018 ULTRAMARK 400 | | | | | (3,950.00) |

*RDD: 8/16/2008*

*SYSTEMS INCLUDE A ONE YEAR WARRANTY*

*Price requires return of: UM400C*
*SN: US9100103*
*With: (1) OEM: CP800 MITSUBISHI COLOR PRINTE R & (4) PROBES: C3.5-40mm, EC6.5, L7.5, LI9-5*
*If system being traded is not returned to Philips within 45 days of purchased system shipment, you will be re-billed the trade-in amount.*

| | |
|---|---|
| Total Order Items | 99,475.00 |
| Less Backorder | (0.00) |
| Subtotal | 99,475.00 |
| Ship/Handling | 0.00 |
| Ship/Handling Adjust. | 0.00 |
| Sales Tax | 0.00 |
| Less Deposit | (0.00) |
| Total Due | $99,475.00 |

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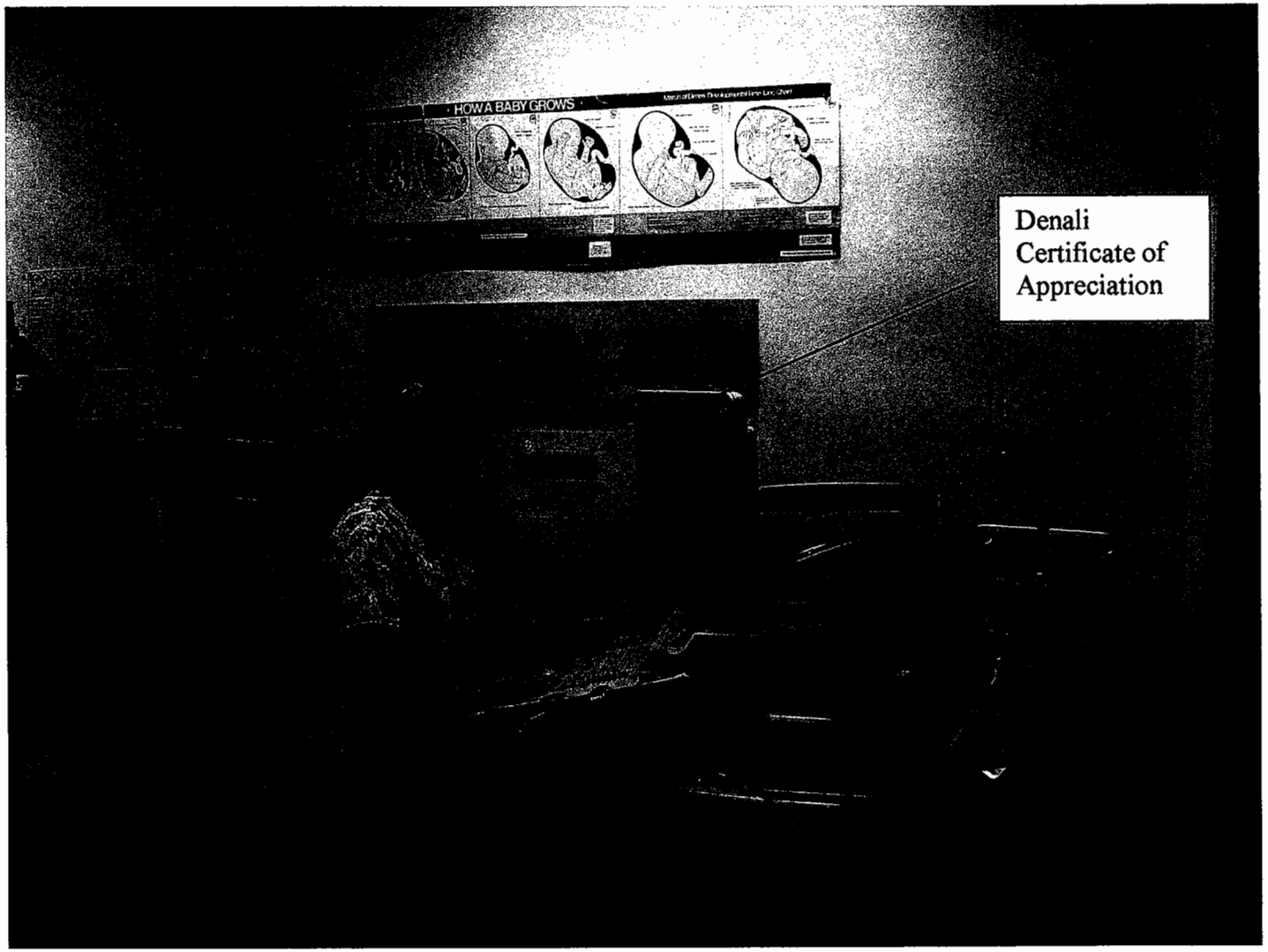
**Iliuliuk Family and Health Services, Inc.**

# Certificate of Appreciation

This certificate is awarded to

## Denali Commission

in recognition of valuable contributions to the Iliuliuk Family and Health Services, Inc. Ultrasound Replacement Project




Denali
Certificate of
Appreciation