

Attachment F

**Denali Commission Quarterly  
Project Narrative and Funds Disbursement Request**

Project Name: CIP small projects  
Agency: SPHH Reporting Period: 3/2008-  
4/25/2008

Grant #: \_\_\_\_\_ Amount of Funds Requested \$ \_\_\_\_\_

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

Project is on schedule. Most furniture and bedding is already set up are the assorted small sub tasks such as door bells and intercoms. Computers and curtains have been ordered

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

On schedule

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

NA

4. Other comments/problems and solutions:

NA

Attachment G

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

Project Name: \_\_\_\_\_

Agency: South Peninsula Haven House \_\_\_\_\_ Reporting Period: 8/25/08 \_\_\_\_\_

Grant #: \_\_\_\_\_

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

Line Items:	Approved Budget:	Actual Cost to Date:	Scheduled Completion Date:	Actual Work Performed:
Knox Box	400	285.30	4/30/08	Knox box has been installed
Intercom	200	245.95	4/30/08	Intercom has been programmed and installed
Computers and printer	3200	2812	4/30/08	Items have been ordered and are being shipped
Shredder	600	303.98	4/30/08	Shredder has been ordered and is being shipped
Garden drainage	300	104.15	4/30/08	Drainage has been purchased, volunteers have been contacted to install by 4/30
Partial order on Thermal curtains	1200	304.73	4/30/08	Curtains have been ordered and will be shipped
<b>Totals:</b>		4056.11		

Peg Coleman  
Signature:

4/25/08  
Date:

\_\_\_\_ Peg coleman executive director  
Print Name and Title:

Form 641B





*"We're Your Home Team"*

**LUMBER & BUILDING SUPPLY**

**8525 OLD DAIRY ROAD JUNEAU, ALASKA 99801**

**907 789-7500 FAX: 907 789-4049  
1 800 770-7500**

**Credit Card Preauthorized payment Agreement**

I, \_\_\_\_\_ authorize Valley Lumber Company to charge my VISA/ MasterCard listed below on the 1<sup>st</sup> of every month following billing, for the total statement balance due. I agree that the amount of the payment will be the total of any charges made on my account during the previous month.

This authority is to remain in effect until Valley Lumber Company has received written notification from me of its termination, in such time and manner as to afford Valley Lumber company a reasonable opportunity to act on it.

I understand that monthly discounts do not apply to payments applied to credit cards.

VISA/MasterCard# \_\_\_\_\_

Exp \_\_\_\_\_

Bank Name \_\_\_\_\_

Zip Code of Cardholder \_\_\_\_\_

Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Valley Lumber Account # \_\_\_\_\_

**VALUE QUALITY SERVICE INTEGRITY**