

**Denali Commission
Quarterly Project Financial Report**

Project Name: Providence Kodiak Island Medical Center Patient Care and Facilities Improvement Project

Agency: Providence Kodiak Island Medical Center

Reporting Period: _1st report—this period ends 31 Dec 03

Grant #: 06-4-C-4894

Please include the following information:

(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined: \$422K
2. The total project expenditures as of the end of the most recent quarter: \$31K
3. The total amount of Denali Commission funds committed to the project: \$191K
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: \$31K (expended and reimbursement requested)
5. The percentage of expenditures to the total budget: 16% of the Denali
6. Project Performance Analysis (use PPA form on page2 of 641)

Project Schedule:

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

We anticipate that the remainder of the project

Form 641A

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

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Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Portable X-ray machine	\$31K	\$31K	Completed	Equipment purchased and on-site.
X-ray room rehab & equipment replacement	\$160K		31 March	Equipment ordered but not yet delivered or installed.
Totals:	\$191K	\$31K		

Signature: _____

Date: 1/6/04

Jimmy Ng, Director Community Affairs
Print Name and Title:

Form 641B

Completed Project Components

a) Dual use (infant/adult) ventilator	\$24k
b) Bili lights	\$ 7k
c) Infant warmers	\$18k
d) Replacement of laundry major system components	\$50k
e) Emergency generator replacement	\$19k
f) CPSI (patient records computer system) upgrade	\$40k
g) Hospital hot water generating system rehab	\$18k
h) Care Center (seniors) habitability upgrades	\$31k
i) Care Center computer system upgrade	\$12k

Denali Commission Quarterly Project Narrative

Project Name: **Providence Kodiak Island Medical Center Patient Care and
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Agency: Providence Kodiak Island Medical Center

Reporting Period: 1st report—this period ends 31 Dec 03

~~Grant #:~~ 06-4-C-4894

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

Project is partially complete (20%). Portable X-ray equipment has arrived on site. Fixed X-ray equipment has been identified and ordered. Project construction planning is complete. Anticipate project completion during the next quarter.

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

Project is on schedule.

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

Project is on budget.

4. Other comments/problems and solutions: