

## FINAL PROGRESS REPORT

Name and Address of Applicant or Certificate Holder: Providence Alaska Medical Center  
 3200 Providence Drive  
 P.O. Box 196604  
 Anchorage, AK 99519-6604

Project Description: Expansion of Neonatal Intensive Care Unit

Date Certificate of Need Issued: 11/27/07

Approved Cost: \$1,717,448

All persons who have requested an exemption or have been issued a certificate of need are required to submit periodic reports until the project has been completed or terminated, as required under 7 AAC 07.105. Submittal dates are on or before January 1 and July 1 each year.

Please respond to the following questions. If the question is not applicable, please state why.

1. Is the project fully obligated? (An obligation is defined as an enforceable contract for acquisition, construction, or lease of a capital asset; or, in the case of donated property, the date on which the gift is completed in accordance with applicable state law.) If not, explain. If yes, indicate the nature and date of all obligations incurred to date. If the project is not fully obligated, indicate the cost and the date those obligations will be incurred.

Yes, the project is fully obligated. Currently in place or executed:

- Construction Contract
- Architecture and Engineering contract
- Purchase orders to equipment vendors and consultants

2. What are all expenditures by category (e.g., land fees, construction, etc.) made to date on the project? Attach an expense sheet that compares the proposed costs to the expenses for the reporting period, as well as all expenses since the certificate of need was issued.

Category	Purchase Order Amount	CON Section VIII B	Difference	Note
11700 Med Equipment	\$ 475,100.00	\$ 338,263.91	\$ 136,836.09	Patient monitors on equipment lists, purchased by the department, not the project
13020 General Construction	\$947,348.00	\$1,088,730.00	\$ (141,382.00)	Included flooring upgrade, see question 5 below
01020 Permits & Fees	\$ 5,000.00		\$ 5,000.00	Included in A/E fees
01040 Architect Fees	\$ 175,000.00	\$ 191,929.00	\$ (16,929.00)	

01300 Administrative Requirements	\$ 65,000.00	\$ 90,000.00	\$ (25,000.00)	Project management, owners rep
01700 Execution Requirements	\$ 50,000.00	\$ 37,237.76	\$ 12,762.24	Misc vendors and coordination
01090 Contingencies	\$ -	\$ 75,000.00	\$ (75,000.00)	Anticipated closeout costs, repair existing conditions etc.
<b>Total per category</b>	<b>\$ 1,717,448.00</b>	<b>\$1,821,160.67</b>	<b>\$ (103,712.67)</b>	

3. What is the anticipated completion date (operational date)? How does this differ from the project schedule submitted in the certificate of need application? Please explain any significant differences in the schedules. How will future milestones in the schedule be affected?

A Certificate of Occupancy was issued by the Municipality of Anchorage on 6-13-08. The department began using the space at that time.

The CON stated February 2008 as a projected completion date. However, the CON was not approved until November 2007. This project was completed within the 6 month schedule starting in January 2008.

4. In the case of construction projects, has the construction started and what has been completed to date (e.g., footings, foundations, etc.)? What percentage of total construction is complete?

Construction was completed as of 6/13/08.

5. Are construction/project activities progressing in conformance with the scope of the project approved by the Commissioner? Explain any variations (e.g., in size or type of construction).

Yes, construction is in conformance with the project scope. A specific item of note:

While contractors were working in the NICU, due to challenges of working in such a sensitive area the department elected to replace carpet in the existing area with rubber floor. Costs of the flooring are included within the project for contractual purposes.

6. Is the projected final project cost currently within the limits approved by the Commissioner? If the project is complete, please submit a final capital budget. Include a documentation of expenses that has been certified by a general contractor, equipment supplier, and/or other authorized representative who can objectively confirm the expenses.

Yes, the final cost is within approved limits. The attached table included all costs less final month invoices and final closeout (electronic as-builts, record documents etc), forecasts are entered for those items.

7. Are there any changes in the services or programs from those that were originally proposed and approved? If so, please indicate those changes.

There were no changes in services or programs.

I hereby certify that the statements made in this report are correct to the best of my knowledge and belief.

Signature of Certifying Officer: *Lisa Wolf*

Title: Regulatory Analyst

Telephone: 907-261-3037

Date: 6-30-2008