

## FINAL PROGRESS REPORT – June 2008

**Name and Address of Applicant or Certificate Holder:** Providence Alaska Medical Center

**Project Description:** One Cardiac Catheterization Laboratory

**Date Certificate of Need Issued:** 6/26/07

**Approved Cost:** \$2,935,670

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.

**The project is fully obligated and 99% complete.**

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.

	CON Section VIII B	Forecasted Cost @ Completion	Variance
<b>Construction Costs</b>	\$1,341,278	\$1,619,887	\$278,609
<b>Fixed Equipment Costs</b>	\$1,037,287	\$1,166,718	\$129,431
<b>Major Movable Equipment</b>	\$326,460	\$335,512	\$9,052
<b>Administrative Expense</b>	\$73,000	\$83,564	\$10,564
<b>Architects and Engineering Fees</b>	\$137,320	\$167,713	\$30,393
<b>Other Consultation Fees</b>	\$20,325	\$16,525	\$(3,800)
	<b>\$ 2,935,670</b>	<b>\$ 3,389,919</b>	<b>\$ 454,249</b>

Variance between CON estimate and actual costs include connecting duct work, increased duct size and variance in existing conditions which were not anticipated at the time of the estimate.

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?

**Cath Lab #5 was fully operational on March 25<sup>th</sup>. The primary schedule delay was due to an unrelated project that was late in completion which pushed the start of construction for the cath lab back several months.**

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 is 100% complete for this project. However, final closeout documentation (electronic as-builts, record documents, etc.) are in the process of being completed. Overall the project is 99% complete.**

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).

**The project progressed in conformance with the approved scope. There were no variations from the approved scope of work.**

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.

**The forecasted project cost at completion is \$ 3,389,919 which is 115.47% over the cost approved by the Commissioner. The table shown in section 2 above includes all costs less the final invoices and final closeout (electronic as-builts, record documents etc), forecasts for these outstanding items have been included in the forecasted cost at completion listed above.**

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 are no changes in the services or programs from those originally approved.**

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

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Date: 6/30/2008