# BP4 “Support Borough Coalition” Deliverable Template

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| **Sub-recipient name:** | Independent Hospitals sub-recipients |
| **Deliverable number and name:** | **C1.3. Support Borough Coalition** |

**Instructions:** Here are the steps to follow for completing this deliverable.

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| **1** | **Make a note of the DOHMH Program Manager’s name and contact information.** |
| **2** | **Review deliverable text taken from the SOW and direct any questions to your DOHMH Program Manager well before the deliverable due date(s).** |
| **3** | **Skip this step. No proposal required for this deliverable.** |
| **4** | **Complete the fields for the summary report.** |
| **5** | **Skip this step. No additional documentation is required for this deliverable.** |

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| **1** | **DOHMH Program Manager:** Chanukka Smith, MHSA, PMP**Phone number:** 347-396-2745**Email:** csmith29@health.nyc.gov  |

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| **2** | **Deliverable as per the SOW** **Required Activities:**Engage and collaborate with a NYCHCC borough coalition by attending and participating in a minimum of **two (2)** borough coalition meetings and/or activities in the borough in which the facility is situated. Subrecipient is encouraged to include its affiliated non‐acute care emergency preparedness partners in these meetings/activities.Develop a summary report of engagement in borough coalition activities that includes:* Name(s) and title(s) of hospital and affiliated non-acute care representative(s) that participated in borough coalition activities;
* Borough coalition activities attended;
* Support provided to borough coalition;
* Impact statement of work with borough coalition;
* Next steps for continued engagement in borough coalition activities.

DOHMH will provide summary report template.**Required Documentation:**1. Final summary report (template to be provided by DOHMH) of engagement in borough coalition activities due in the final performance period of the contract (March 1, 2023 to June 1, 2023). |

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| **3** | **There is no proposal due for this deliverable. Move to step 4 below.** |

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| **4** | **SUMMARY REPORT | DUE DATE: June 1, 2023** |
| **Please note that Sub-recipient cannot use attendance to NYCHCC Leadership Council Meetings and Emergency Preparedness Symposia to meet this deliverable requirement, unless Borough Coalition co-hosted, and your hospital participated in assisting the Borough with presenting or slides creation.**  |
| **Requirement** | **Your Response** |
| **Names and titles of attendees:** |  |
| **Borough Coalition Name** |  |
| **Name and Date of Activity # 1 attended**  |  |
| **Name and Date of Activity # 2 attended** |  |
| **Support provided by Hospital Representative** |  |
| **Impact of participating in Borough Coalition** |  |
| **Next Steps** |  |
| **Add rows by using the tab key.** |  |

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| **5** | **NO additional documentation required.** |
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