# BP4 “Support Borough Coalitions” Deliverable Template

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| **Sub-recipient name:** | Healthcare Networks sub-recipient |
| **Deliverable number and name:** | **C1.3. Support Borough Coalitions** |

**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** | **Complete the fields for the deliverable proposal (if provided below).** |
| **4** | **Complete the fields for the deliverable final report (if provided below).** |
| **5** | **If provided below, submit any additional documentation required to your DOHMH Program manager. This is noted in the deliverable text (step 2) as well as below.** |

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| **1** | **DOHMH Program Manager:** Chanukka Smith  **Phone number:** 347-396-2745  **Email:** [csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov) |

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| **2** | **Deliverable as per the SOW**  **Required Activities:**  Submit a proposal detailing plans to have representatives from each Network acute care facility engage and collaborate with NYCHCC borough coalition(s) activities in the borough(s) in which the facility is situated. Subrecipient should also include affiliated non‐acute care facility emergency preparedness partners in these meetings/activities.    At a minimum, one (1) representative from each Network acute care facility must attend a minimum of **two (2)** borough coalition(s) meetings and/or activities (e.g., trainings, exercises). Individual representatives cannot attend on behalf of more than one (1) acute care facility.    Develop a summary report of engagement in borough coalition activities that includes:   * Name(s) and title(s) of representatives for each acute care facility and affiliated non-acute care facility that participated in borough coalition activities; * Borough coalition activities attended; * Support provided by acute care facility to borough coalition; * Impact statement of work with borough coalition; * Next steps for continued engagement in borough coalition activities.   **Required Documentation:**   1. Proposal (using template provided by DOHMH) detailing plans for representative from each Network acute care facility to attend at least two (2) borough coalition meetings/ activities in the boroughs in which the facility is situated due in the mid-term performance period of the contract (November 1, 2022 to February 28, 2023). 2. Final summary report (using the DOHMH approved template) of engagement in borough coalition(s) activities due in the final performance period of the contract (March 1, 2023 to June 1, 2023). |

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| **3** | **PROPOSAL | DUE DATE: February 28, 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 acute care facility participated in assisting the Borough with presenting or slides creation.** | | | | |
| **List each acute care facility under the appropriate Borough Coalition that the facility is situated. If appliable also include affiliated non‐acute care facility emergency preparedness partners in these meetings/activities** | **Bronx Emergency Preparedness Coalition (BEPC):**   1. XX 2. XX | | | |
| **Borough of Queens Emergency Preparedness Coalition (BQEPC):**   1. XX 2. XX | | | |
| **Staten Island Community Organizations Active in Disaster Coalition (SI COAD):**   1. XX 2. XX | | | |
| **Emergency Preparedness Coalition of Manhattan (EPCOM):**   1. XX 2. XX | | | |
| **The Brooklyn Coalition (TBC):**   1. XX 2. XX | | | |
| **Name(s) and title(s) of representatives and their facility (hospital or affiliated non-acute care) who will participate in borough coalition activities.** | **Name** | | **Title** | **Facility** |
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| **Describe the borough coalition activities (e.g. general membership meetings, deliverable participation) each acute care facility plans to attend. There should be 2 for each acute care facility.** | **Activity #1 (type, date)** |  | | |
| **Activity #2 (type, date)** |  | | |
| **Activity #1 (type, date)** |  | | |
| **Activity #2 (type, date)** |  | | |
| **Activity #1 (type, date)** |  | | |
| **Activity #2 (type, date)** |  | | |
| **Add further activities as needed** |  | | | |

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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 acute care facility participated in assisting the Borough with presenting or slides creation.** | | | | | |
| **Names and titles of attendees and their facility names:** | **Borough Coalition Name** | **Activities attended (at least 2)** | **Support provided by facility** | **Impact of participating in Borough Coalition** | **Next steps** |
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| **5** | **NO additional documentation required.** |
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