# BP4 “Dialysis Center Capacity Information - Final Report” Deliverable Template

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| **Sub-recipient name:** | North HELP |
| **Deliverable number and name:** | C2.1 Dialysis Center Capacity Information- Final Report |

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| **1** | **Make a note of the DOHMH Program Manager’s name and contact information.** |
| **2** | **Review deliverable text taken from SOW and direct any questions to your DOHMH Program Manager well before the deliverable due date(s).** |
| **3** | **Skip this step.** |
| **4** | **Complete the fields for the deliverable final report (if provided below).** |
| **5** | **Submit any additional documentation required to your DOHMH Program manager. This is noted in the deliverable text as well as below.** |

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| **1** | **DOHMH Program Manager: Nia Johar**  **Phone number: 347.396.2770**  **Email:** [**njohar@health.nyc.gov**](mailto:njohar@health.nyc.gov) |

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| **2** | 2. Final report summarizing the capacity of NYC‐ based dialysis centers (5‐10 pages, template to be provided by DOHMH), to include: introduction, methods, results, limitations/challenges, recommendations/next steps, and references (if applicable) due in the final performance period of the contract (March 1, 2023 to June 1, 2023). |

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| **3** | **Skips this step.** |

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| **4** | **DUE DATE: June 1, 2023** | **Enter final report summarizing the capacity of NYC‐ based dialysis centers below (fields will expand as you type). Follow p7 of BHCR Deliverable Guide found** [**here**](https://www.programinfosite.com/nycdohmhmeetings/program-implementation-quality-improvement/) **to develop the sections below.** |
| **Introduction/background** |  |
| **Methods** |  |
| **Results** |  |
| **Limitations/challenges** |  |
| **Recommendations/next steps** |  |
| **References** |  |

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| **5** | **No additional documentation is required.** |