# BP4 “C1.8 Advisory Group- Summary Report” Deliverable Template

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| **Sub-recipient name:** | Pediatric Disaster Coalition |
| **Deliverable number and name:** | C1.8 Advisory Group- Summary 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** | **Complete the fields for the first deliverable summary report.** |
| **4** | **Complete the fields for the second deliverable summary report.** |
| **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** |

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| **2** | Summary report (template to be provided by DOHMH) to include objectives discussed, gaps identified and recommendations to improve future programming for two (2) Pediatric Clinical Advisory Group meetings due in the midterm performance period of the contract (November 1, 2022 to February 28, 2023).Summary report (template to be provided by DOHMH) to include objectives discussed, gaps identified and recommendations to improve future programming for two (2) Pediatric Clinical Advisory Group meetings due in the final performance period of the contract (March 1, 2023 to June 1, 2023). |

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| **3** | **DUE DATE: February 28, 2023** |
| **Pediatric Clinical Advisory Group Meeting 1** | **Type in your response below (the fields will expand as you type):** |
| **Objectives discussed** |  |
| **Gaps identified**  |  |
| **Recommendations to improve future programming** |  |
| **Pediatric Clinical Advisory Group Meeting 2** | **Type in your response below (the fields will expand as you type):** |
| **Objectives discussed** |  |
| **Gaps identified**  |  |
| **Recommendations to improve future programming** |  |

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| **4** | **DUE DATE: June 1, 2023** |
| **Pediatric Clinical Advisory Group Meeting 3** | **Type in your response below (the fields will expand as you type):** |
| **Objectives discussed** |  |
| **Gaps identified**  |  |
| **Recommendations to improve future programming** |  |
| **Pediatric Clinical Advisory Group Meeting 4** | **Type in your response below (the fields will expand as you type):** |
| **Objectives discussed** |  |
| **Gaps identified**  |  |
| **Recommendations to improve future programming** |  |

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