# BP4 “C4.2 Pediatric Disaster Plan- Summary Report” Deliverable Template

|  |  |
| --- | --- |
| **Sub-recipient name:** | Pediatric Disaster Coalition |
| **Deliverable number and name:** | C4.2 Pediatric Disaster Plan- Summary Report |

|  |  |
| --- | --- |
| **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 deliverable proposal (if provided below).** |
| **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.** |

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

|  |  |
| --- | --- |
| **2** | Summary report (template to be provided by DOHMH) describing the participants, feedback and questions from participants, and next steps for further implementation of the disaster plan, due in the final performance period of the contract (March 1, 2023 to June 1, 2023). |

|  |  |
| --- | --- |
| **3** | **Skip this step.** |

|  |  |  |
| --- | --- | --- |
| **4** | **DUE DATE: June 1, 2023** |  |
| **Summary report** | **Type in your response below (the fields will expand as you type).** |
| **Describe the participants in this project** |  |
| **Summarize feedback from participants** |  |
| **List questions participants had** |  |
| **List next steps for further implementation of the pediatric disaster plan** |  |

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