# BP5 C1.D.1.A-Host one (1) NYCHCC LC Meeting or EPS or Annual Conference

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| **Sub-recipient name** | Borough Coalitions |
| **Deliverable number and name** | **C1.D.1.A-Host one (1) NYCHCC LC Meeting or EPS or Annual Conference** |
| **Submit deliverable to** | **dohmhcore@health.nyc.gov** |

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| **Submit what you propose to do.** | **C1.D.1.A-Host one (1) NYCHCC LC Meeting or EPS or Annual Conference | DUE DATE:** Oct. 31, 2023 **|** **Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **Question** | **Your response (section expands as you type)** |
| **What is/are the topic(s) of your presentation(s)** |  |

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| **Submit this final report.** | **C1.D.1.A-Host one (1) NYCHCC LC Meeting or EPS or Annual Conference | DUE DATE:** June 3, 2024 **|** **Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **Question** | **Your response (type or paste below)** |
| **Attendee list** |  |
| **Deliverable documentation** | Agenda  Final PowerPoint slides |