# BP5 C1.E.2-Participate in coalition functional exercise development

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| **Sub-recipient name** | Borough Coalitions |
| **Deliverable number and name** | C1.E.2-Participate in coalition functional exercise development |
| **Submit deliverable to**  | **dohmhcore@health.nyc.gov** |

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| **Submit this final report.** | C1.E.2-Participate in coalition functional exercise development **| DUE DATE:** Due date: June 3, 2024 | **Submit to:** dohmhcore@health.nyc.gov |
| **Question** | **Your response** |
| Summary of 1 After Action Review meeting to include: borough-specific gaps and vulnerabilities discovered during the exercise |
| List borough-specific gaps discovered during the development of the exercise |  |
| List vulnerabilities discovered during the development of the exercise |  |