# BP5 C1.F. Participate in five borough coalitions as Dialysis SME

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| **Sub-recipient name** | North HELP |
| **Deliverable number and name** | **C1.F. Participate in five borough coalitions as Dialysis SME** |
| **Submit deliverable to** | **dohmhcore@health.nyc.gov** |

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| **Submit this report for BQEPC.** | **C1.F. Participate in five borough coalitions as Dialysis SME | DUE DATE:** June 3, 2024  **Submit to:** dohmhcore@health.nyc.gov | |
| **Please note that Sub-recipient cannot use attendance to NYCHCC Leadership Council Meetings and Emergency Preparedness Symposia to meet this deliverable requirement, unless Borough Coalition co-hosted, and your hospital participated in assisting the Borough with presenting or slides creation.** | |
| **Question** | **Your response** |
| **Names and titles of attendees:** |  |
| **Name and date of activity attended** |  |
| **Describe participation as SME for this activity. What was the intent or change brought about?** |  |
| **What are your next steps for continued engagement with this borough coalition?** |  |
| **If you attended more activities, note the name of the activities, dates and participation you provided.** |  |
| \*Borough of Queens Emergency Preparedness Coalition | | |

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| **Submit this report for BEPC\*.** | **C1.F. Participate in five borough coalitions as Dialysis SME | DUE DATE:** June 3, 2024  **Submit to:** dohmhcore@health.nyc.gov | |
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| \*Bronx Emergency Preparedness Coalition | | |

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| **Submit this report for TBC\*.** | **C1.F. Participate in five borough coalitions as Dialysis SME | DUE DATE:** June 3, 2024  **Submit to:** dohmhcore@health.nyc.gov | |
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| \*The Brooklyn Coalition | | |

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| **Submit this report for EPCOM\*.** | **C1.F. Participate in five borough coalitions as Dialysis SME | DUE DATE:** June 3, 2024  **Submit to:** dohmhcore@health.nyc.gov | |
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| \*The Emergency Preparedness Coalition of Manhattan | | |

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| **Submit this report for SICOAD\*.** | **C1.F. Participate in five borough coalitions as Dialysis SME | DUE DATE:** June 3, 2024  **Submit to:** dohmhcore@health.nyc.gov | |
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| \*Staten Island Community Organizations Active in Disasters | | |