# BP5 C1.G. Design A deliverable to address borough level gap(s)

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| **Sub-recipient name** | Borough Coalitions |
| **Deliverable number and name** | **C1.G. Design A deliverable to address borough level gap(s)** |
| **Submit deliverable to** | **dohmhcore@health.nyc.gov** |

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| **Submit what you propose to do.** | **C1.G. Design A deliverable to address borough level gap(s) | DUE DATE:** Oct. 31, 2023  **Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **Question** | **Your response (section expands as you type)** |
| **Please provide the name of your project and as well as a brief description.** |  |
| **Rationale: What source(s) provided you with your rationale for this project or exercise (e.g., HVA, AAR, needs assessment, etc.)?** |  |
| **Rationale: how will this project support healthcare readiness for your borough?** |  |
| **What are your project’s goals? (Click** [**here**](https://www.programinfosite.com/nycdohmhmeetings/files/2023/09/Evaluation-Guide-for-NYCHCC-EM-Program-20230908.pdf) **for how to write goals. See page 6.)** |  |
| **What are your project’s objectives? (Click** [**here**](https://www.programinfosite.com/nycdohmhmeetings/files/2023/09/Evaluation-Guide-for-NYCHCC-EM-Program-20230908.pdf) **for how to write SMART objectives. See page 6.)** |  |
| **What are your project’s timeline and key action steps (meetings, stakeholder engagement, etc.)?** |  |

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| **For projects that were not exercises,**  **submit this final report.** | **C1.G. Design A deliverable to address borough level gap(s) | DUE DATE:** June 3, 2024  **Submit to:** [dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov) | |
| **Question** | **Your response** |
| **For each SMART objective from your project proposal, list and describe the outcomes and their impact. What did each outcome mean?** |  |
| **List the stakeholders’ (facilities and community organizations) that participated and their response to the project.** |  |
| **Given your outcomes of your project, what next steps do you propose to take?** |  |
| **If your project was an exercise** | **Submit all HSEEP‐consistent exercise documents according to the type of exercise including:**  **o Exercise Plan (ExPlan)**  **o Exercise Evaluation Guide (EEG)**  **o Master Scenario Events List (MSEL)**  **o AAR/IP**  **o List of exercise participants (can be appendix in AAR)** | |