# BP5 C1.I. Design a Deliverable

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| **Sub-recipient name** | HCA/HCP |
| **Deliverable number and name** | **C1.I. Design a Deliverable** |
| **Submit deliverable to**  | **dohmhcore@health.nyc.gov** |

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| **Submit what you propose to do.** | **C1.I. Design a Deliverable | DUE DATE:** Oct. 31, 2023 **| Submit to:** 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 (EP forum evaluations, EM Assessment findings, etc.)?** |  |
| **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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| **Submit this final report.** | **C1.I. Design a Deliverable | DUE DATE:** June 3, 2024 **| Submit to:** 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 in the 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)** |