# BP5 D1 Support Borough Coalition

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| **Sub-recipient name** | Healthcare Networks |
| **Deliverable number and name** | **D1 Support Borough Coalition** |
| **Submit deliverable to**  | **dohmhcore@health.nyc.gov** |

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| **Submit this final summary report.** | **D1 Support Borough Coalition | 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** |
| **Name of the borough coalition** |  |
| **Name(s) and title(s) of hospital and affiliated non-acute care representative(s) that participated** |  |
| **Name and date of activity #1 attended**  |  |
| **Name and date of activity #2 attended** |  |
| **Describe participation or support provided Activity #1. What impact or change did your participation bring about?** |  |
| **Describe participation or support provided Activity #2. What impact or change did your participation bring about?** |  |
| **What are your next steps for continued engagement with this borough coalition?**  |  |
| **If you attended more than 2 activities, note the name of the activities, dates and participation you provided.** |  |