# Design a Deliverable (DAD) for BP1: July 1, 2024 to June 30, 2025

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| **Enter the name of your organization** |  |
| **Enter the deliverable table number from your SOW (this can only be table 2 or table 3) and the row number of that table (this can only be between 1 and 4).** |  |

Submit this document to your DOHMH point of contact (email) and cc dohmhcore@health.nyc.gov.
[Click here](https://www.programinfosite.com/nycdohmhmeetings/files/2024/10/Sample-completed-template-and-guidance.docx) to see a sample completed template AND guidance. Pay special attention to how to use a DAD for equipment and supplies.

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| **Due Dec 3, 2024****Submit what you propose to do. (Required)** | **Question** | **Your response** (sections expand as you type) |
| Enter your **project’s name.** |  |
| Enter only one X below the **project type**. | **TTX** | **Other Exercise** | **Plan (or revision)** | **Meeting(s)** | **Toolkit** | **Training (certifications)** | **Video** | **Other** |
|  |  |  |  |  |  |  |  |
| **If other,** please type in: |  |
| Describe the **problem** you are addressing. |  |
| What provides your **rationale** (e.g., HVA, AAR)? |  |
| Enter X below at least one **goal** of your project. | **Improved readiness** | **Streamlined data** | **Improved communications** | **More resilient staff** | **Stronger relationships** | **Close gap in equipment or supplies** | **Other** |
|  |  |  |  |  |  |  |
| **If other,** please type in: |  |
| Enter X below at least one **output** for your project. | **AAR (Exec Summary)** | **Plan (revised plan)** | **Toolkit (checklist)** | **Professional Certificate(s)** | **Slide deck (handouts)** | **Video (YouTube)** | **Other** |
|  |  |  |  |  |  |  |
| **If other,** please type in: |  |
| What **improvements or positive changes** do you expect from this project? |  |
| List all facilities, locations, offices and/or community organizations **engaged** in this project. |  |

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| **Due June 3, 2025****Submit this final report.****(Required except for exercises)** | **Question** | **Your response** (sections expand as you type): |
| What **best practices** did you discover? |  |
| What **changes** happened or could happen because of this project? |  |
| Which of your project **outputs listed above** did you realize? For those you did not realize, please explain. |  |
| What are your **next steps**, given your project’s outputs? |  |
| What **priorities would you suggest for your sector** (acute, long-term or ambulatory care), given the outcomes of your project? Please name the sector(s) in your response. |  |
| What **priorities would you suggest for coordinating agencies** (e.g., NYC EM, DOHMH) given the outcomes of your project?  |  |
| **For exercise projects** | **Instead of green section above, submit all HSEEP‐consistent exercise documents according to the type of exercise including:*** Exercise Plan (ExPlan) for operations-based exercises or Situation Manual (SITMAN) for discussion-based exercises
* Exercise Evaluation Guide (EEG)
* Master Scenario Events List (MSEL) (only for operations-based exercises)
* AAR/IP
* List of exercise participants (can be appendix in AAR)
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| **For equipment and supplies purchases** | **In addition to completed report above, please submit all of the below:*** Proof of competitive procurement, for equipment purchases of $10,000.00 or more
* Contract/purchase order
* Invoice
* Proof of payment
* Proof of disbursement
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| **Voluntary (Not required for deliverable)** | **Ongoing support:** Submit any project media (photos, press release, materials) you would like to share for this project. The NYCHCC could leverage these visuals for public reports or impact stories to support requesting more funding for preparedness and response. |  |
| **Publication:** Is it ok for DOHMH to reach out to you about publishing this work? (Yes/No) |  |