

Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent? (i.e. Provider, Government, Staff, Community Based Organization, Community Resident)	If other, please describe	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?
Island Surgical & Vascular Group	4/19/24	Provider	N/A	Yes	Phone call	Yes	Yes
Suffolk County Local Health Department	4/22/24	Government	N/A	Yes	Phone call	Yes	Yes
Suffolk County Legislator	4/23/24	Government	N/A	Yes	Phone call	Yes	Yes
Diabetes Education/Catholic Health of Long Island	4/29/24	Staff	N/A	No	Virtual Meeting	Yes	Yes
United Cerebral Palsy of LI (UCP-LI)	5/6/24	Community Based Organization	N/A	Yes	Virtual Meeting	Yes	Yes
Pronto	5/7/24	Community Based Organization	N/A	Yes	Phone call	Yes	Yes
Podiatry Residency/Good Samaritan University Hospital	5/9/24	Staff	N/A	Yes	Phone call	Yes	Yes
Town of Islip Supervisor	5/9/24	Government	N/A	Yes	Phone call	Yes	Yes