

CONTINUITY OF OPERATIONS (COOP) CONTINUITY FACILITY IDENTIFICATION/CERTIFICATION

INSTRUCTIONS: Once your Department's or Agency's Continuity Facility has been established, please complete the information below and send this document to the U.S. General Services Administration, GSA Continuity Coordinator, Office of Emergency Response and Recovery (D), 1800 F Street, NW; Room 7228; Washington, DC 20405. You can also fax this information to the following numbers:

Unsecured Fax Number: (202) 501-1439

Secured Fax Number: (202) 501-1068 (not manned; must contact main office number)

If the information needs to be treated other than as unclassified, please contact the GSA Continuity Coordinator (Main Office Number: (202) 501-0012) before sending to make the necessary arrangements.

Type or print all information. Any information requested below that is not applicable, please mark "N/A".

DEPARTMENT/AGENCY INFORMATION	
NAME	AGENCY/BUREAU CODE

PRIMARY FACILITY INFORMATION				
STREET ADDRESS		CITY	STATE	ZIP CODE
SPACE TYPE <input type="checkbox"/> Leased <input type="checkbox"/> Government Owned	LEASE EXPIRATION DATE <i>(If Applicable)</i>	SERVICE CONTRACT NUMBER		
SPECIFY SERVICES IN CONTRACT <i>(If Available)</i>				
LONGITUDE AND LATITUDE	SQUARE FOOTAGE	NUMBER OF PERSONNEL	STE	SITE IS NCSD 3-10 COMPLIANT <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTINUITY OF OPERATIONS POINT OF CONTACT INFORMATION				
NAME		NAME		
UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER	UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER	
UNSECURED FAX NUMBER	SECURED FAX NUMBER	UNSECURED FAX NUMBER	SECURED FAX NUMBER	
E-MAIL ADDRESS		E-MAIL ADDRESS		

CONTINUITY FACILITY INFORMATION				
STREET ADDRESS		CITY	STATE	ZIP CODE
LONGITUDE AND LATITUDE	SQUARE FOOTAGE	PROPOSED PERSONNEL NUMBER	STE	SITE IS NCSD 3-10 COMPLIANT <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY NUMBERS		BACKUP NUMBERS		
UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER	UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER	
UNSECURED FAX NUMBER	SECURED FAX NUMBER	UNSECURED FAX NUMBER	SECURED FAX NUMBER	

POINT OF CONTACT INFORMATION		
PRIMARY ON-SITE	CONTINUITY ON-SITE	TELECOMMUNICATIONS
NAME	NAME	NAME
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER
E-MAIL	E-MAIL	E-MAIL

ADDITIONAL INFORMATION/EXPLANATION OF ABOVE ITEMS (Note item number next to specific explanation).

CERTIFICATION

THE CONTINUITY FACILITY HAS BEEN PROVIDED BY MEANS OF

MOU within the agency MOU with another agency MOU/OA with GSA

SIGNATURE DATE OF MOU/OA

EXPIRATION DATE OF MOU/OA

I hereby certify that all information is correct as of this date.

SIGNATURE

DATE

NAME AND TITLE