CONTINUITY OF OPERTIONS (COOP)
ALTERNATE FACILITY IDENTIFICATION/CERTIFICATION

INSTRUCTIONS: Once your Department's or Agency's Alternate Facility has been established, please complete the information below and send this document to the General Services Administration (GSA) Emergency Coordinator, Office of Emergency Management (AEC), 1800 F Street, N,; Room B-35, Washington, DC 20405. You can also fax this information to the following numbers:
Unsecure Fax Number: 202-501-1439
Secure 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 Emergency Coodinator (Main Office Number: 202-501-0012) before sending to make the necessary arrangements:

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

DEPARTMENT/AGENCY INFORMATION

NAME	AGENCY/BUREAU CODE

PRIMARY FACILITY INFORMATION

STREET ADDRESS	CITY	STATE

SPACE TYPE ☐ Leased ☐ Government Owned	LEASE EXPIRATION DATE *(If applicable)*	SERVICE CONTRACT NUMBER *(If applicable)*

SPECIFY SERVICES IN CONTRACT *(If available)*

LONGITUDE AND LATITUDE	SQUARE FOOTAGE	NUMBER OF PERSONNEL

CONTINUITY OF OPERATIONS POINT OF CONTACT INFORMATION

NAME	NAME
TELEPHONE NUMBER	TELEPHONE NUMBER
EMAIL	EMAIL

DRAFT

ALTERNATE FACILITY INFORMATION

STREET ADDRESS	CITY	STATE

LONGITUDE AND LATITUDE	SQUARE FOOTAGE	PROPOSED NUMBER OF PERSONNEL

PRIMARY NUMBERS	BACKUP NUMBERS
TELEPHONE	TELEPHONE
FAX	FAX

POINT OF CONTACT INFORMATION

PRIMARY ON-SITE	ALTERNATE ON-SITE	TELECOMMUNICATIONS
NAME	NAME	NAME
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER
EMAIL	EMAIL	EMAIL

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

DRAFT

CERTIFICATION

AN ALTERNATE FACILITY HAS BEEN PROVIDED FOR THE ABOVE INDICATED FUNCTION 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 OF SIGNER

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