{City/Town}

Continuity of Operations Plan (COOP)

This template was developed by Vermont Emergency Management for use by local organizations and municipalities. Questions and comments about this Continuity of Operations Plan template can be directed to the Vermont Emergency Management Engagement Section Chief by calling 1-800-347-0488.

Once organizations/municipalities have established a Continuity of Operations Plan (COOP), it is important to ensure that officials and staff are familiar with the Continuity of Operations Plan, as well as their roles and responsibilities during a Continuity of Operations Plan activation. For a Continuity of Operations Plan to remain useful, it is important to update and exercise this plan regularly.

# Record of Changes

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| --- | --- | --- |
| **Date of change** | **Individual making change** | **Description of change** |
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# Mission Essential Functions

{Please identify which functions must continue to be performed, regardless of the circumstances. Please note there are 3 classifications of disruption; one day, one day to one week, and one week to one month.}

|  |  |  |
| --- | --- | --- |
| **Functions that must be performed given a** **one day disruption** (please rank highest priority to lowest priority) | **Responsible Organization** (and number of individuals needed for essential function to continue) | **Support Organizations** (and number of individuals needed for essential function to continue) |
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| **Functions that must be performed given a** **one day to one week disruption** (please rank highest priority to lowest priority) | **Responsible Organization** (and number of individuals needed for essential function to continue) | **Support Organizations** (and number of individuals needed for essential function to continue) |
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| **Functions that must be performed given a** **one week to one month disruption** (please rank highest priority to lowest priority) | **Responsible Organization** (and number of individuals needed for essential function to continue) | **Support Organizations** (and number of individuals needed for essential function to continue) |
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# Risk Assessment

{Identify hazards in your city/town and assess their impacts to your town operations. A list of known hazards in your city/town are available in your Local Hazard Mitigation Plan. For additional Hazards that may impact your town, please review the State Hazard Mitigation Plan}

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard** |  | **Risk Score***(Probability x Average Impact)* | **Hazard-Specific Mitigation Actions** |
| **Probability** | **Potential Impact***(consider impacts to Infrastructure, Life, Economy, & the Environment)* |
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# Continuity of Operations Teams

## Planning Team

{List those individuals who will be on the Continuity of Operations Planning Team. These individuals will be responsible for ensuring that this plan remains current, and that individuals receive training and exercise on this plan. Each agency should have at least 1 representative on the Planning Team.}

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **AGENCY** | **CONTACT #** | **EMAIL** |
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## Relocation Team

{List those individuals who will be responsible for the relocation of facilities. In the “facility team(s)” column, identify which facilities that individual is responsible for relocating (town office, fire department, police department, etc). Please ensure that all facilities listed in the “facilities” section of this plan have been accounted for.}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **AGENCY** | **CONTACT #** | **FACILITY TEAM(S)** | **RESPONSIBILITY** |
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## Essential Personnel

{Identify the personnel that are essential to performing your mission essential functions. In the “role” column, identify which mission essential functions that individual will perform.}

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| --- | --- | --- | --- | --- |
| **NAME** | **AGENCY** | **CONTACT #** | **ALTERNATE CONTACT #** | **ROLE** |
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# Facilities

{List the primary facilities for each agency, as well as where those agencies would move to if their primary facility was unavailable.}

|  |  |  |
| --- | --- | --- |
| **Agency**(include contact name and 24/7 phone number) | **Primary Facility** (include physical address, # of staff that location can fit, and resources at that location) | **Alternate Facility** (include physical address, # of staff that location can fit, and resources at that location) |
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# Alternative Workplan Strategies

{Document which town/city functions can be conducted remotely and what resources would be needed in order to perform those functions.}

# Vital Records, Equipment, Systems, and Databases

{Identify the records, equipment, systems, and databases that are necessary to perform your mission essential functions.}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Record, Equipment, System or Database**  | **Description** | **Associated Mission Essential Function(s)** | **Where is it located?****Who can access it?** | **Can it be accessed off site?** |
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# Plan Activation

## Activation Triggers

{Use this space to describe some triggers that would cause the Continuity of Operations Plan to be activated. Triggers may include when a facility loses power, when the river reaches a certain level, or when there is a certain percentage of absenteeism due to a pandemic.}

## Activation During Office Hours

{Use this space to describe who will activate the Continuity of Operations Plan during office hours, and how they will notify individuals (staff, political leaders, the public, etc) of the Continuity of Operations Plan activation}

## Activation After Office Hours

{Use this space to describe who will activate the Continuity of Operations Plan after office hours, and how they will notify individuals (staff, political leaders, the public, etc) of the Continuity of Operations Plan activation}

# Orders of Succession

{Use this space to develop Orders of Succession for all key positions within your City or Town. Please provide the title and name of each primary person currently holding each key position, followed by a list of successors (name and title) listed in order of succession.}

# Delegations of Authority

{Use this space to note delegations of specific authorities. Note individuals that have authority to sign checks and legal documents, who can authorize workplace closure, who can make purchases, who can hire personnel, and if there are any limitations on those authorities. Please also note the circumstances of when certain authorities are authorized and when those authorities are rescinded.}

# Reconstitution

{Use this space to identify how and when personnel will return to their primary facilities and responsibilities.}