

## Business Continuation Plan

<b>Agency</b>	<b>Program</b>
Affected Mission Critical Program	
System Critical Date	Time out of service if critical date triggered
<b>Key Team Players – attach list</b>	
Team Leader	Phone Number
Alternate Leader	Phone Number
Spokesperson	Phone Number
Chosen Alternative Business Continuation Method	
Triggers for implementing Business Continuation Plan	
Resources needed to implement	
Alternative site for operations	
Training Required	Date of last test of alternative plan
Summarize plan for return to normal operations	
Documents relied upon in reaching decisions and completing this form	
Project Manager Signature	Date
CIO Signature	Date
Agency Director Signature	Date