

**Business Continuity Plan Template**

Version 1.1

Last Modified [Date]

In an emergency (burst pipe, natural disaster, fire, etc.), [**responsible person**] will have the authority to implement this plan to ensure that [**organization**] continues to meet its essential obligations to the greatest extent reasonable under the circumstances.

[**Responsible person**] is the staff member authorized to implement this plan. If [**he/she**] is incapacitated or unavailable, [**backup person**] is authorized to implement the plan.

This plan is housed on the [**organization**] computer system in the following data file: [**location**]. Hardcopies of this plan are located in the office and home of [**responsible person**] and [**backup person**], as well as the following other locations: [**specify**]. Additionally, a separate copy of the emergency contact list should be retained in a convenient format on the cell phones for [**responsible person**] and [**backup person**] to ensure rapid response to any incident is possible regardless of their physical location. Whenever this plan is updated electronically, [**responsible person**] or [**his/her**] designee will ensure that hardcopies are also updated at each of these locations.

**I. Staff/Board Contact Process**

A. If an event occurs that triggers this business continuity plan, [**responsible person**] or [**his/her**] designee will notify each of the following personnel, including one or people on the Board of Directors, using the telephone numbers listed in order of preference. Each of these people will be responsible for contacting all of their direct reports.

A separate emergency contact list for direct reports should be created and maintained by supervisors. It should be retained in a convenient format on the cell phones for all supervisory staff to ensure rapid flow-down of information regardless of their physical location. As a backup plan, each staff member is required to have a social media account on [**designate which platform(s)** such as Twitter, Facebook, Instagram] account that is active as well as a personal email account, either of which may be used in an emergency to contact staff and implement aspects of this plan.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Office Phone Number | Best Personal Phone Number | Secondary Personal Phone Number | Personal Email Account | [Designated social media handle(s)] |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

[**Note – As a best practice, your organization should keep a master list of staff members with each of these items of information as well as home addresses, in case phones and other communication channels are unavailable. That master list should be kept with the business continuity plan.**]

B. Upon activation of the plan, [**responsible person**] or [**his/her**] designee will ensure that someone keeps a running list of each staff member who has confirmed that they have been contacted.

C. [**Responsible person**] or [**his/her**] designee will also take action to notify [**organization’s**] board chair, who will be responsible for notifying all other board members of the implementation of this plan.

**II. Location for Offsite Office Recovery**

A. If the triggering emergency has made [**organization’s**] normal service business location unavailable, [**organization**] will conduct its operations from the following location(s):

**[Service1]** [**Location Name**]

[**Address**]

[**Contact Number**]

B. If the triggering emergency has made the location in (A) unavailable as well, [**organization**] will conduct its operations from the following location:

[**Name**]

[**Address**]

[**Contact Number**]

C. [**Responsible person**] or [**his/her**] designee is also empowered under this plan to authorize work from home and other reasonable accommodations, even if such accommodations are outside of work locations and practices authorized in our employee handbook, provided that such accommodations are taken with an eye toward staff and client safety.

**III. Location for Offsite Service Recovery** [what would you need to continue to support your mission? Tutoring space? Athletic fields? Performance space? Food distribution space? For each type of space, have a backup location where you could potentially continue services. We recommend you work with other nonprofits to see how to share space after a triggering event – and make your spaces available for them in return if they have a triggering event]

A. If the triggering emergency has made [**organization’s**] normal business location unavailable, [**organization**] will conduct its operations from the following location:

**[Service 1]** [**Location Name**]

[**Address**]

[**Contact Number**]

**[Service 2]** [**Location Name**]

[**Address**]

[**Contact Number**]

B. If the triggering emergency has made the location in (A) unavailable as well, [**organization**] will conduct its operations from the following location:

**[Service 1]** [**Location Name**]

[**Address**]

[**Contact Number**]

**[Service 2]** [**Location Name**]

[**Address**]

[**Contact Number**]

C. [**Responsible person**] or [**his/her**] designee is also empowered under this plan to authorize work from home and other reasonable accommodations, even if such accommodations are outside of work locations and practices authorized in our employee handbook, provided that such accommodations are taken with an eye toward staff and client safety.

**IV. Action Plan for Recovery**

Although emergencies that would trigger this business continuity plan may vary, we contemplate that the following actions will be performed in this order:

A. Within the first hour: [**Specify**]

B. Within the first day: [**Specify**]

C. Within the first two days: [**Specify**]

D. Within the first week: [**Specify**]

E. Within the first month: [**Specify**]

F. Long term recovery: [**Specify**]

**V. Potentially Important Business Contacts**

If this plan is implemented, [**organization**] may need to contact one or more emergency personnel, business partners, suppliers, advisors, or others. The following is a list of potentially relevant contacts:

**Police**

[Address]

[Phone]

**Fire**

[Address]

[Phone]

**Local Government**

[Address]

[Phone]

**Local Government Emergency Preparedness Contact**

[Address]

[Phone]

[**Insurance Company 1**]

[Type (e.g., general liability, health, cyber)]

[Policy Number]

[Address]

[Phone]

[**Lawyer**]

[Firm Name]

[Address]

[Phone]

[**Bank**]

[Personal Contact]

[Address]

[Phone]

[**Accountant**]

[Firm Name]

[Address]

[Phone]

[**IT Support Provider**]

[Address]

[Phone]

[**Utility Company 1** (include electric, gas, internet, water, etc.)]

[Address]

[Phone]

[**Supplier 1**]

[Address]

[Phone]

[**Business Partner 1**]

[Name]

[Address]

[Phone]

**VI. Critical Electronic Data Protection and Recovery**

[**Organization**] has committed to backing up its critical electronic data monthly, both to the cloud and to a hard drive. The cloud data may be recovered from the following location: [**specify**].

[**Responsible person**] or [**his/her**] designee has the log-in and password information for this account. It is also available in the critical hard-copy data and equipment, as listed in section VI below.

**VII. Critical Hard-Copy Data and Equipment**

If reasonably possible, in the event of an emergency that renders [**organization**]’s regular business location unusable, [**responsible person**] or [**his/her**] designee should seek to evacuate the office with the following hardcopy data and equipment, which are listed below with their current locations. [**Examples include critical laptop(s) or hard drive backup disks and any hardcopy documents that are absolutely essential to continued functioning of the organization.**]

|  |  |
| --- | --- |
| **Item** | **Location** |
|  |  |
|  |  |