

## IT Continuity Plan – Worksheet

Location of warranties and receipts for computers, peripherals and other hardware	
Information about where, how, and how frequently your data is stored and backed up	
Instructions for how to restore your data	
Passwords for encrypted data	
Contact information for any employees, volunteers, or consultants who maintain your organization's technology infrastructure	
A phone tree that includes landline and cellphone numbers for all staff members. The phone tree should follow your normal chain of management, which means that each manager will contact direct reports in case of emergency	
Login information for administrative accounts on all computers	
Login information for web hosting and backup service providers	
Contact information for web hosting and backup services. If there is an account representative devoted to your organization, include that name and contact information.	
Software registration information, including key	

# Assessing Your Organization

*Here are some questions you can use to guide the development of a responsive IT disaster plan.*

1. How do employees most regularly communicate with each other, by phone or by email?
2. Do employees use personal phones and email addresses for work?
3. Do volunteers, contractors, and other people who aren't staff members use the office telephones, email accounts, and computers?
4. What steps would be necessary to reestablish communication in a disaster situation?
5. Where is data held: remotely or on-premises?
6. Where is the data that need to be backed up?
7. Do you have hard-copy data (government forms, contracts, leases, financial information, or personnel information) that requires backup? Are these documents stored in a waterproof safe or file cabinet, as well as scanned or computer-generated?
8. Is there an inventory of all information hardware (personal computers, laptops, phones, mobile phones, servers, files, and networking equipment)? Warranties and receipts?
9. Are staff members adequately and regularly trained for emergencies?
10. Consider the physical and utility outcomes of various scenarios (flood, tornado, power outage, fire, and so forth). What is the likely damage that will affect IT infrastructure and functions? Do any of these impacts alter your preparedness plans?
11. Investigate your insurance policies to determine what sort of coverage you may have for loss of work, location rental, recovery services, and equipment and device replacement. Your coverage, and any support from the government and disaster service organizations, will determine much of the restoration of your facilities and IT infrastructure.
12. Is there a Continuity of Operations Plan (COOP) that is automatically reviewed and updated? Does this COOP include an information technology backup plan? Does it define who will be responsible for or oversee backups and how often these will be performed?

## Continuity Worksheet

Site: Event:	Probability: Impact:
Mission Essential Functions (MEFs) affected  (Include associated Essential Supporting Activities (ESAs))	<i>List all Mission Essential Functions (MEFs) that are affected by the event</i>
Staff Responsible	<i>For each MEF, list the names and contact information for all related staff, all related volunteers, and all of their assigned alternates</i>
Communication Needs	<i>List all means of communication necessary to perform affected MEFs</i>
Necessary Actions and Alternatives	<i>List the functions, alternatives, and staff/volunteer requirements for each affected MEF</i>
Alternate Site Activations	<i>List the alternate site options for each affected MEF</i>
Critical Equipment & Existing Replacement Inventory	<i>List the replacement options for all critical equipment that is unusable</i>

<p>Critical Supplies &amp; Existing Replacement Inventory</p>	<p><i>List the replacement options for all critical supplies that are unavailable</i></p>
<p>Vital Records &amp; Backup Locations</p>	<p><i>List the records and their backup locations for all vital records</i></p>
<p>Locations and Contacts for Replacements</p>	<p><i>List the names, contact information, and locations of all vendors who can be contacted regarding the replacement of unusable equipment and supplies. If a third-party manages databases, IT, and digital records, include their information.</i></p>
<p>External Partner Contacts</p>	<p><i>List the agencies, contact names, and contact information of any external partners who fund or may rely on MEF performance</i></p>
<p>Other Contacts</p>	<p><i>List any other parties that should be contacted if continuity operations begin</i></p>

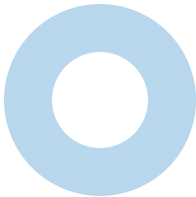
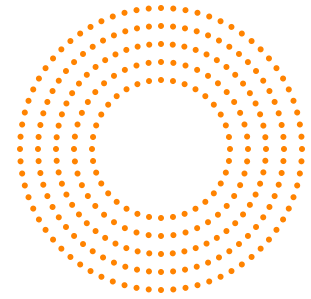
## SAMPLE Continuity Worksheet

Site: Event:	Probability: Impact:
MEFs Affected (Includes associated ESAs)	<p>Overnight Shelter – Priority A – Restore within 4 hours            Food Distribution – Priority A – Restore within 12 hours            Shower/Restroom Facilities – Priority B = Restore within 24 hours            Case Management Services – Priority B = Restore within 36 hours            Service Referrals – Priority C – Restore within 15 days            Mobile Clinic Use – Priority C – Restore within 30 days  <b>List all MEFs that can be affected by the event</b></p>
Staff Responsible	<p>Site Leadership – (XXX) XXX-XXXX            Alternate : (XXX) XXX-XXXX</p> <p><b>For each MEF, list the names and contact information for all related staff, all related volunteers, and all of their assigned alternates</b></p>
Communication Needs	<p>Phones – Land Lines, Cellphones            Two-Way radios            Email  <b>List all means of communication necessary to perform affected MEFs</b></p>
Necessary Actions and Alternatives	<p><b>Contact all external partners who may rely on, or provide services for, affected MEFs</b>  <b>Shelter Activities (Shift times)</b>            Prepare beds – Performed by X VOLUNTEER(S)– supervised by STAFF MEMBER  <i>If event has damaged supplies and more are needed, refer to replacement section</i>  <i>If event has damaged beds or rendered them inaccessible, activate alternate site</i>            Perform intakes – Performed by X STAFF MEMBER(S)  <i>If event shuts down intake computers – Switch to paper intakes, store at front desk</i>  <i>If event blocks main entrance – Redirect clients to entrance on DIRECTION side</i>  <b>Kitchen Activities (Shift times)</b>            Prepare food – Performed by X VOLUNTEER(S) and Y STAFF MEMBER(S)  <i>If event has damaged stoves, prepare no-cook meals from refrigerator</i>  <i>If event has damaged stoves and ruined supplies, activate alternate site</i>            Distribute food – Performed by X VOLUNTEER(S) and Y STAFF MEMBER(S)  <i>If event has blocked access to dining area, activate alternate site</i>  <i>If event has damaged dining supplies, refer to replacement section</i>  <b>List the functions, alternatives, and staff/volunteer requirements for each affected MEF</b></p>
Alternate Site Activations	<p><b>Overnight Shelter Activities –</b>            Activate winter shelter site early OR            Redirect shelter users to shelter site 2 OR            Contact shelter partner agencies and request assistance OR            Request emergency hotel vouchers from funder (Extreme weather only)  <b>Food Distribution Activities –</b>            Set up outdoor cooking equipment/tables if available OR            Distribute food using only non-cook supplies OR            Redirect clients to shelter site 2 OR            Redirect clients to other distribution centers  <b>List the alternate site options for each affected MEF</b></p>
Devolution Procedures	<p><b>Shelter Operations – Activate Winter Shelter</b>            Contact winter shelter site owners to request permission to use site for emergency  <b>If permission is granted –</b>            Inform shelter team of transition requirement            Instruct front desk to inform incoming clients of location change            Inform existing clients of need to transfer to winter shelter site            Once shelter operations at primary site have ceased, relocate staff/supplies to winter site  <b>If permission is denied –</b>            Contact shelter site 2 and request beds  <b>For each alternate site/MEF, describe the devolution process</b></p>
Critical Equipment & Existing Replacement Inventory	<p>Shelter            Beds (25) – located at winter shelter</p>

	<p>Fold-out Beds (20) – located in warehouse  <i>Kitchen</i>          Portable Stove – located in warehouse          Small microwaves (2) – located in warehouse  <b>List the replacement options for all critical equipment that is unusable</b></p>
Critical Supplies & Existing Replacement Inventory	<p><i>Shelter</i>          Sheets (50) – located in warehouse AND winter shelter          Blankets (50) located in warehouse AND winter shelter  <i>Kitchen</i>          Cooking utensils – located in warehouse  <b>List the replacement options for all critical supplies that are unavailable</b></p>
Vital Records & Backup Locations	<p>If needed, records are to be transported to ALTERNATE SITE by STAFF MEMBER          Client Files – Located on second floor office area – requires cabinet keys              File scans are uploaded to agency servers located at SITE          Intake Records – Located at front desk on first floor – requires cabinet keys              Record scans are uploaded to agency servers located at SITE  <b>List the records and their backup locations for all vital records</b></p>
Locations and Contacts for Replacements	<p>Shelter Beds – VENDOR NAME – (XXX) XXX-XXXX          Stoves – VENDOR NAME – (XXX) XXX-XXXX          Computers – VENDOR NAME – (XXX) XXX-XXXX          Vital Record Backups – CONTACT NAME – (XXX) XXX-XXXX          Dining Room Tables – CONTACT NAME – (XXX) XXX-XXXX          Dining Utensils – STORE NAME – STORE LOCATION – (XXX) XXX-XXXX          Non-Cook Food – STORE NAME – STORE LOCATION – (XXX) XXX-XXXX  <b>List the names, contact information, and locations of all vendors who can be contacted regarding the replacement of unusable equipment and supplies. If a third-party manages databases, IT, and digital records, include their information.</b></p>
External Partner Contacts	<p>CITY – CONTACT NAME – (XXX) XXX-XXXX          COUNTY – CONTACT NAME – (XXX) XXX-XXXX          PARTNER AGENCY – CONTACT NAME – (XXX) XXX-XXXX          WINTER SHELTER SITE OWNER – CONTACT NAME – (XXX) XXX-XXXX  <b>List the agencies, contact names, and contact information of any external partners who fund or may rely on MEF performance</b></p>
Other Contacts	<p>UTILITY PROVIDER – (XXX) XXX-XXXX          PHONE PROVIDER – (XXX) XXX-XXXX          INTERNET PROVIDER – (XXX) XXX-XXXX</p>

<b>Mission vs. Supporting Functions</b>	
<b>Mission Function</b>	<b>Supporting Functions</b>
<b>Provision of food to shelter visitors</b>	Accepting food deliveries/donations; Preparation of food; Cleaning of kitchen and dishes
<b>Subsidy payments to landlords</b>	Creation of payments lists; writing of subsidy checks
<b>Educating community on homelessness</b>	Creation of “lesson plans;” organization of community members
<b>Client referral to required services</b>	Performing client assessments; providing information packets;

# Technology Priorities Assessment



*This chart may be helpful  
in identifying the  
essential applications  
that are required to operate  
your organization.*

You can map which applications may be needed over the 24 hours, three days, and week following a disaster.

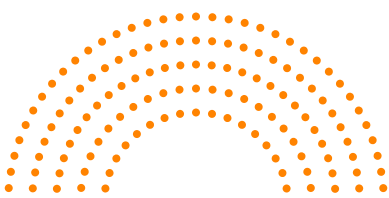
Department			
Location			
Application			
Workstation/server ID			
Needed within 1 day?			
Needed within 3 days?			
Needed within 7 days?			

# Key Recovery Staff

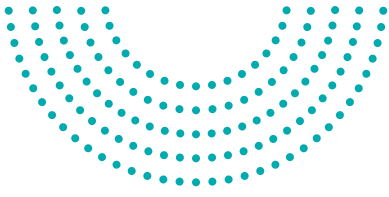
*Here we assume that all staff members are available to help.*

If that's true, the table below helps you to identify the personnel who are essential to recover your systems and where these systems will be recovered.

Service type			
Assigned personnel			
Location			







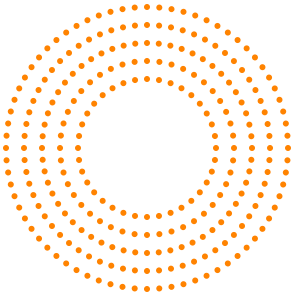
# Technology Recovery Contacts

*Use the form below*

to keep track of contacts such as computer maintenance providers that you'll need during your recovery.

Name				
Role (such as network, database, systems)				
Type of vendor (such as consultant, company, corporation)				
Preferred contact method (email/mobile/IM)				
Contact info				

# Report Requirements



*Use this chart*

to keep track of all of the reports that you have and need. Note if a report is of a central or critical nature and its special requirements.

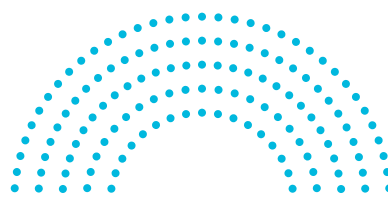
Report/file name				
Author				
Last modified by				
Last known location				
Encrypted?				
Priority (high/mid/low)				
Recovered?				
Checked out by				

# Supplier Contact Details

## *Use this chart*

to keep track of your suppliers and any information about them that could be relevant to restore continuity.

Supplier name			
Contract type			
Reference number			
Contact details			



# Phone System Recovery

## *Use this chart*

to identify what your phone requirements will be after a disaster.

Number at primary site				
Replacement available?				
Necessary at recovery site?				
Single line?				
Two lines?				
Speaker phone				
Recording				
Private line?				