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| Business Continuity Plan |
| [Your Department Name][Your Campus(s) (e.g. Pleasantville, NYC, etc.)] |
|  |
| **[Lead Author]** |
| **[Revision Date]** |

|  |
| --- |
| Your next revision date: |

**DEPARTMENT OF [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]**

**BUSINESS CONTINUITY PLAN**

[Part 1 GENERAL INFO/COMMUNICATION](#_Toc346175597)

[A. CONTACTS](#_Toc346175600)

B. COMMUNICATION PLANS

[Part 2 INFO & STRATEGIES FOR OPERATING DURING CRISIS](#_Toc346175598)

[C. CRITICAL OPERATIONS](#_Toc346175600)

D. RESOURCES/ SUPPLIES

E. SERVICES

[Part 3 BUSINESS IMPACT ANALYSIS](#_Toc346175599)

F. [RISK ASSESMENT OF THREATS](#_Toc346175600)

G. OPERATIONAL & FINANCIAL IMPACTS

[Part 4 TESTING & REVIEW](#_Toc346175599)

H. TESTING

I. REVIEW

APPENDICES

i. STAFF CONTACT LIST

ii. ORGANIZATIONAL CHART

iii. OFFICE LOCATIONS

**A. Contacts**

**Please name the primary contact person for this BCP, as well as three (3) continuity coordinators for your unit.**

**Note: These coordinators will be responsible to coordinate with the Emergency Management Department.** The three persons named continuity coordinators shall be responsible for understanding the BCP plan. This prompt ensures that there is continuity redundancy. Please provide three individuals – we will also copy these coordinators when sending out any information related to business continuity.

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| Primary BCP Contact(s) and Alternates |
| **Name (Primary)**  | **Title** | **Office Address** | **Office Phone Number** | **Home Address** | **Home Phone** **Number** | **Cell Phone****Number** | **E-mail Address**  |
|  |  |  |  |  |  |  |  |
| **Name (Coordinators)** | **Title** | **Office Address** | **Office Phone Number** | **Home Address** | **Home Phone** **Number** | **Cell Phone****Number** | **E-mail Address**  |
|  |  |  |  |  |  |  |  |
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**B. Communication Plans**

**Internal Communication Plan**

Describe how your department’s faculty, staff, student workers, and other workers will communicate with one another in the event of a disaster. Methods used include a ‘phone tree’ (include information or link to file with details); e-mail; instant messaging; web pages; telephones; among others.

All faculty and staff should update their personal information (address, phone numbers, etc.) on Pace WhitePages. Go to <https://whitepages.pace.edu/>.

**External Communication Plan**

Describe how your department’s faculty and staff will communicate with external stakeholders (students, customers, parents, state officials, contractors, etc.) in the event of a disaster. Methods used include; e-mail; instant messaging; web pages; telephones; among others. Please remember that all contact with the media will be coordinated by the University’s Marketing & Communications office.

|  |
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| **Department’s internal communication plan in the event of an emergency** |
|  |
| **Department’s external communication plan in the event of an emergency** |
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# Part 2 INFO & STRATEGIES FOR OPERATING DURING CRISIS

**Critical Operations**

Operations provided by faculty, staff, and organizational units may be categorized as critical or essential in light of their importance to University

operations or in light of their contribution to maintaining critical infrastructure systems. They are functions which have a direct and immediate effect on the general University populous in terms of the loss of life, personal injury, loss of property, and/or the ability of the university to maintain direction and control.

Departmental BCP’s should be prepared with the goal of enabling the University's essential functions to continue regardless of whether or not systems are operational, facilities and infrastructure services are available, or other organizations are viable. Institutional priorities include:

* Health and safety of students, faculty, staff, and visitors.
* Delivery of teaching/learning and other student-related services.
* Continuation of research and maintenance of research infrastructure.
* Security and preservation of University facilities and equipment.
* Maintenance of support for partnerships with the community.

# C. Critical Operations

|  |
| --- |
| **Critical Deparment Operations (in order of importance)** |
| **Critical Operation** | **Person Responsible for Operation** | **Alternate Person #1** | **Action Plan to Continue Essential Operation/Service** |
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# D. Resources/Supplies

Specify resources and supplies that are essential to the continuation of critical operations. Consider both internal (Pace University) and external suppliers.

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| **Essential Resources/Supplies Required for Maintaining Department’s Critical Operations** |
| **Essential Resources/Supplies for Critical Operations** | **Action Plan to Stockpile Supplies** | **Current Supplier Name, Address, and Phone Number** | **Alternate Supplier Name, Address, and Phone Number** |
| Desktop PC |  |  |  |
| Laptops |  |  |  |
| Printers |  |  |  |
| Telephones |  |  |  |
| Fax Machine |  |  |  |
| Filing Cabinet Storage |  |  |  |
| Desks |  |  |  |
| Other Office Equipment  |  |  |  |

# E. Services

Specify services that are essential to the continuation of critical operations. Consider both internal (Pace University) and external service providers.

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| **Essential Services Required for Maintaining Critical Operations** |
| **Essential Service**  | **Current Provider/Contractor Name**  | **Current Provider/ Contractor Address** | **Current Provider/ Contractor Phone #** | **Alternate Provider/ Contractor Name**  | **Alternate Provider/ Contractor Address** | **Alternate Provider/ Contractor Phone #** |
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# Part 3 BUSINESS IMPACT ANALYSIS

Business impact analysis (BIA) assist in identifying critical operations that are essential to the survival of the department. BIA evaluates

how quickly a department can return to full operation following a disaster situation. BIA also looks at the type of resources required to resume business.

BIA assumes the worst-case scenario such as infrastructure damage, destruction of records and equipment, absenteeism of essential employees, the

inaccessibility of the site for weeks or months. The objective of the BIA is to help departments estimate financial impacts, intangible operational impact, and estimates the recovery time frame.

**F. Risk Assessment of Threats**

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| --- | --- |
| **Risk assesment and impact** |  |
| **Potential Hazard** | **Probability of Occurrence (High, Medium, Low)** | **Impact on Students (High, Medium, Low)** | **Impact on Staff (High, Medium, Low)** | **Impact on University (High, Medium, Low)** |
| Power Outage  |  |  |  |  |
| Floods |  |  |  |  |
| IT Security Breach |  |  |  |  |
| Utility Disruption/Failure |  |  |  |  |
| Fire |  |  |  |  |

**G. Operational & Financial Impacts**

**Key:**

Timing: When the interruption would have a greater impact.

* *Example: Semester, end of the month, daily, quarterly*

Duration: Identify the disruption tolerance or at what point the interruption will impact operations/finances.

* *Example: <1 hr., >1 hr., <8 hrs, >8 hrs, <24 hrs., <72 hrs., >72 hrs., >1 week, >1 month*

Operational Impacts: Describe the effects on the disruption on operations during an emergency event.

* *Example: Increased in expenses (i.e. overtime, repurchasing of equipment), loss of contracts, stakeholder dissatisfaction, delay in strategic initiative*

Financial Impacts: Quantify the operational impacts in dollar amount.

* *Example: If operation impact consisted of loss of a computer, the financial impact may be $2,000.*

Anticipated Support from University: Identify University partners required to complete operation.

* *Example: Use a computer program may require assistance from multiple units; additional units that may be involved include Physical space management with Capital Projects & Facilitates, network connectivity with ITS, and other internal systems that the program may require.*

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| **Critical/Essential Deparment Operations (in order of importance)** |  |  |
| **Critical/Essential Operation Disrupted** | **Timing** | **Duration** | **Operational Impacts** | **Financial Impacts** | **Anticipated Support from University**  |
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# Part 4 TESTING & REVIEW

**H. Testing**

|  |  |
| --- | --- |
| **training and drills**  |  |
| **Training Date** | **Type of Training** | **Name & Title of Staff Present at Training** | **Notes** |
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**I. Review**

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| **plan review schedule**  |  |
| **Review Date** | **Reason for Review**  | **Changes Made** | **Title of Staff that reviewed and made changes** |
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| **Signatures** |
| **Plan Approved by Department Chair/Director** | **Sign:** | **Date:** |
| **Periodic Reviews:** |  |  |
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**Appendix i: Staff Contact List**

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| Personnel  |
| **Name**  | **Title** | **Status (Full-time, Part-time, Student Worker, or Contractor)** | **Office Address** | **Office Phone Number** | **Home Address** | **Home Phone** **Number** | **Cell Phone****Number** | **E-mail Address**  |
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**Appendix ii: Organizational Chart**

**Appendix iii: Office Locations**

Please list the names of the offices under your department. If your department rents office space, please list landlord information here. Also, list all locations that you rent here.

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| Locations |
| **Office** | **Division** | **Campus** | **Address** | **Phone Number** | **Rented (Y/N)** | **Site Manager** | **Site Manager Cell Number** | **Site Manager Address** |
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