PLAN NAME: ____________________________________________

In accordance with Executive Order 1014, departments shall review their business continuity plan annually or more frequently as needed, and update the plan whenever changes occur in their operating procedures, processes, or key personnel. Updated plans shall be approved/signed off by the head of the department and the Business Continuity Coordinator, or Designee.

I hereby certify that this plan has been reviewed, changes have been communicated to department staff/key personnel and plan has been updated to maintain accurate:

1. lists of key personnel.

2. telephone numbers, including those contained in any documents uploaded to StanReady.

3. plan elements that may be affected by changes in department structure or critical functions.

I have reviewed the above certification and confirm that this business continuity plan has been reviewed and updated. Changes to the plan have been communicated to department staff/key personnel.

DEAN/DIRECTOR/MANAGER
(Print Name)
SIGNATURE
DATE

BCP COORD./DESIGNEE
(Print Name)
SIGNATURE
DATE

I have reviewed the above certification and confirm that this business continuity plan has been reviewed and updated. Changes to the plan have been communicated to department staff/key personnel.

DEAN/DIRECTOR/MANAGER
(Print Name)
SIGNATURE
DATE

BCP COORD./DESIGNEE
(Print Name)
SIGNATURE
DATE

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DEAN/DIRECTOR/MANAGER
(Print Name)
SIGNATURE
DATE

BCP COORD./DESIGNEE
(Print Name)
SIGNATURE
DATE

I have reviewed the above certification and confirm that this business continuity plan has been reviewed and updated. Changes to the plan have been communicated to department staff/key personnel.