

**Business Continuity Plan
for**

<Housing Project Name>

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Emergency Management Committee

If a major incident/disaster occurs, the Emergency Management Committee (EMC) will get together to assess the situation. It will be the responsibility of this team to decide whether or not to implement the Business Continuity Plan (BCP).

The BCP will be activated by the EMC Team Leader. He/she will take the lead in the BCP and guide the Board on the proper procedures and processes for effectively and efficiently managing the situation.

When an emergency has been declared by the EMC, the EMC Team Leader will report directly to the President for the duration of the emergency. All requests for decisions, assistance with facilities, acquiring outside services, etc. will be directed by the EMC Team Leader to the EMC.

It will be the EMC Team Leader's responsibility to contact all team members or their alternates and ensure that they get together at the Emergency Operations Centre as defined in the plan.

The EMC Team Leader will be responsible for the successful implementation of the plan.

Emergency Operations Centre (EOC)

Primary Site

Describe where the team will initially meet to review and plan their activities. Give the address and telephone number(s) of the location and detailed instructions on how to get there.

Alternate Site

In the event that the primary site for the EOC is unavailable, describe where the team will meet to review and plan their activities. Give the address and telephone number(s) of the location and detailed instructions on how to get there. If no alternate site has been previously established, indicate that the EMC Team Leader will communicate this information at the time of a declared emergency.

Emergency Management Committee (EMC) Team

Define the EMC Team. For **each** team member provide the following information:

Responsibility: Describe the responsibilities of this team member.

Name: The name of the team member.

Address: If all telecommunications are out of service or tied up, it may be necessary to contact this team member in person by visiting their residence.

Contacts: List all possible contacts for this team member and clearly identify each. Include area codes if long distance calls are required.

Office Tel: Business telephone number and extension.

Home Tel: Home telephone.

Cell Phone: Cellular telephone.

Pager No.: Pager Number.

Fax: Fax number.

E-Mail: E-mail address.

Add any other contact points that may be appropriate

List of Business Functions

e.g.

1. *Payroll*
2. *Accounts Payable*
3. *Accounts Receivable*
4. *Maintenance Requests*
5. *etc.*

Briefly state each of your business functions and the objective for each function.

[Insert Name of] Business Function 1
**(e.g. – Payroll, Accounts Payable, Accounts Receivable,
Maintenance Requests, etc.)**

Provide a brief description of the business function you are recovering.

[Insert Name of] BUSINESS FUNCTION 1

Scenario 1 – description of scenario

Recovery Procedure

Provide a brief description of the recovery procedure. Describe the level of service being recovered (e.g. - full service, basic service, shutdown of operations, etc.)

Recovery Time Objective (RTO)

RTO is the maximum acceptable length of time that can pass before the lack of a business function severely impacts the Housing Project. State your RTO for this function and the level of service to be attained. You may have multiple levels of service and RTO's. (e.g. - 50% resumption of service within 4 hrs, 80% within 8 hrs, 100% within 2 days)

Recovery Location

Describe the location where the business resumption/recovery procedures will take place. Give address, telephone number and detailed directions on how to get there. If this activity is to take place in a pre-arranged area of a common location, specify where this area is.

Dependencies

Describe dependencies this recovery process has on other areas of the Housing Project. (e.g. - you may require access to special facilities controlled by someone else; you may require a list of suppliers from your property manager; you may be dependent on an updated contractor telephone list from your property manager.)

Other Considerations

If applicable, describe any other factors that should be taken into consideration or that might affect the recovery process. (e.g. - this process could involve a huge financial outlay - this might require pre-approval.)

Recovery Steps - Summary

Provide a simple list (e.g. - one line per step) of the steps involved in this procedure. For example - see the following recovery procedure for rent collection if office is not available:

- Step 1 – Inform tenants/members of alternative payment arrangements*
- Step 2 – Ensure current tenant/member list and blank receipts are available*
- Step 3 – Ensure that daily transactions are recorded*
- Step 4 – Ensure that rent is collected is deposited in the bank*
- Etc.*

Recovery Steps - Detail

For each step listed in the summary list, you will now provide all the details necessary to carry out that step.

Responsibility:

State the EMC Team Member who will be responsible for ensuring that this step is completed successfully.

Vital Records:

For each vital record required in this step, make an entry in the following table:

Description	Where	Contact
<i>A description of the vital record required in this step.</i>	<i>A description of the location where this record can be found. Address and directions if applicable.</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info.</i>

Equipment/Office Supplies:

For each piece of equipment or office supply required in this step, make an entry in the following table:

Description	Where	Contact
<i>A description of the piece of equipment or office supply required in this step. If a purchase is required by a team member, method of payment should be specified.</i>	<i>A description of the location where this item can be found or acquired. Address and directions if applicable.</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info.</i>

Facilities:

For each facility required in this step, make an entry in the following table:

Description	Where	Contact
<i>A description of the facility required in this step. (e.g. Meeting room for 5 people)</i>	<i>A description of the location where this facility can be found. Address and directions if applicable.</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info.</i>

People/Services:

For each person (other than team members) or service required in this step, make an entry in the following table:

Description	Function	Contact
<i>A description of the person or service required. For people, state the job title or skills that the person should have. The number of people required in this classification.</i>	<i>A description of the function or type of work this person/persons will be performing or the purpose of this service.</i>	<i>Any applicable contact name(s), title/company, list of contact numbers as per team member contact info. (E.g. - you might be contacting a temporary personnel agency.)</i>

[Insert Name of] Business Function 2

*Repeat all the previous sections for each business function covered in this plan.
(See page 5 - List of Business Functions)*

LIST OF CONTACTS

Insert list of frequently used contractors, suppliers, etc. and their contact numbers

EMERGENCY NUMBERS

List all relevant emergency numbers