**To:** University of Minnesota

 Department of Emergency Management

 140 University Office Plaza

 2221 University Ave SE

 Minneapolis, Minnesota 55414

**Subject:** Compliance with policy for Continuity of Operations Plan

Operating Unit Name:

Address:

Unit Manager Name: Office Phone:

Continuity of Operations Coordinator Name: Office Phone:

I the undersigned Unit Manager hereby verify that this Operating Unit of the University of Minnesota has in place a current plan for Continuity of Operations Plan as required by University Policy

Date of most recent review of plan (current fiscal year):

Location of plan (for review by the University):

Date of most recent exercise (current fiscal year):

Goals (items evaluated) of most current exercise:

Signature

Operating Unit Manager

Official University of Minnesota Title

Date