To: University of Minnesota
   Department of Emergency Management
   B-1 Morrill Hall
   100 Church Street, S.E.
   Minneapolis, Minnesota
   55455

Subject: Compliance with policy for Operational Continuity planning

Operating Unit Name: 
Address: 
Unit Manager Name: Office Phone: 
Continuity Planning 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 Operational Continuity as required by University Policy 2.6.1.

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 MN Title

________________________________________
Date