CONTINUITY OF OPERATIONS (COOP)
CONTINUITY FACILITY IDENTIFICATION/CERTIFICATION

GUIDANCE: Once your Department's or Agency's Continuity Facility has been established, please complete the information below. The SF 336 can be submitted either by unclassified or classified means. For unclassified submissions, Departments and Agencies can access this form via unclassified means at **gsa.gov/forms**. Please contact GSA's Office of Emergency Response and Recovery at **eoc@gsa.gov** and/or (202) 501-0012 for submission options and/or questions. Any information requested below that is not applicable, please mark "N/A".

DEPARTMENT/AGENCY INFORMATION

NAME	OFFICE DESIGNATION	AGENCY/BUREAU CODE	CATEGORY

CLASSIFICATION OF COMPLETED FORM

COMPLETED FORM CLASSIFICATION	CAVEATS

PRIMARY FACILITY INFORMATION

STREET ADDRESS	CITY	STATE	ZIP CODE

SPACE TYPE	LEASE EXPIRATION DATE *(If Applicable)*	SERVICE CONTRACT NUMBER
☐ Leased ☐ Government Owned		

SPECIFY SERVICES IN CONTRACT *(If Available)*

LONGITUDE AND LATITUDE	SQUARE FOOTAGE	NUMBER OF PERSONNEL	STE	SITE IS NCSD 3-10 COMPLIANT
				☐ YES ☐ NO

CONTINUITY OF OPERATIONS POINT OF CONTACT INFORMATION

NAME		NAME	
UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER	UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER
UNSECURED FAX NUMBER	SECURED FAX NUMBER	UNSECURED FAX NUMBER	SECURED FAX NUMBER
E-MAIL ADDRESS		E-MAIL ADDRESS	

CONTINUITY FACILITY INFORMATION

STREET ADDRESS	CITY	STATE	ZIP CODE

LONGITUDE AND LATITUDE	SQUARE FOOTAGE	PROPOSED PERSONNEL NUMBER	STE	SITE IS NCSD 3-10 COMPLIANT
				☐ YES ☐ NO

PRIMARY NUMBERS		BACKUP NUMBERS	
UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER	UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER
UNSECURED FAX NUMBER	SECURED FAX NUMBER	UNSECURED FAX NUMBER	SECURED FAX NUMBER

POINT OF CONTACT INFORMATION

PRIMARY ON-SITE	CONTINUITY ON-SITE	TELECOMMUNICATIONS
NAME	NAME	NAME
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER
E-MAIL ADDRESS	E-MAIL ADDRESS	E-MAIL ADDRESS

ADDITIONAL INFORMATION/EXPLANATION OF ABOVE ITEMS *(Note item number next to specific explanation).*

CERTIFICATION

THE CONTINUITY FACILITY HAS BEEN PROVIDED BY MEANS OF	SIGNATURE DATE OF MOU/OA
☐ MOU within the agency ☐ MOU with another agency ☐ MOU/OA with GSA	EXPIRATION DATE OF MOU/OA

I hereby certify that all information is correct as of this date.

SIGNATURE	DATE
NAME AND TITLE	

ADJUDICATION

☐ APPROVED

NAME AND TITLE	DATE

☐ DISAPPROVED

NAME AND TITLE	DATE

REMARKS

INSTRUCTIONS

Purpose:
These are the Instructions for filling out GSA SF-336 the Continuity of Operations (COOP)/ Alternate Facility Reporting Form. The SF-336 Continuity of Operations/ Alternate Facility Reporting Form was designed to help Federal Departments and Agencies with identifying their continuity facilities.

These Instructions are to assist with any questions that might occur when filling out the form. If there are any additional questions, they can be addressed to GSA's Office of Emergency Response and Recovery (OERR) at (202) 501-0012.

DEPARTMENT/ AGENCY INFORMATION

NAME: Enter the name of your Department or Agency.

OFFICE DESIGNATION: Enter the Office Designation of the organization you are filling out the form for as one of the following: Headquarters (HQ); Regional/ Sub-agency; or Field Office.

AGENCY/BUREAU CODE: Enter the Agency/Bureau Code. The Agency/Bureau Code is the code assigned to your agency and bureau by the Executive Office of the President, Office of Management and Budget (OMB). These codes are located in OMB Circular A-11; Appendix C (2012).

CATEGORY: Enter the Category of your Department or Agency. The Category is assigned 1-4 to each Department/Agency according to the “National Continuity Implementation Plan (NCPIP)”.

CLASSIFICATION OF COMPETED FORM

COMPLETED FORM CLASSIFICATION: Enter the classification of your form when completed as UNCLASSIFIED, CONFIDENTIAL, SECRET, or TOP SECRET. This will help GSA OERR personnel determine the best submission process for your completed form.

CAVEATS: Enter ANY CAVEATS determined by your classification.

PRIMARY FACILITY INFORMATION

Enter the information for the PRIMARY facility for your department/agency.

ADDRESS: Enter the complete address of the primary facility that your Department/Agency occupies.

SPACE TYPE: Enter whether your primary facility for your Department/Agency is government owned or leased property. If leased, enter the Lease Expiration Date and any Service Contract Number and any Specify Services in Contract (if applicable).

LONGITUDE AND LATITUDE: Enter the longitude and latitude in Degrees, Minutes, Seconds (DD, MM, SS) format. There are numerous websites that help convert the address of a location to a DD, MM, SS longitude/ latitude format.

SQUARE FOOTAGE: Enter the square footage of your primary facility.

NUMBER OF PERSONNEL: Enter the total amount of people at this facility.

STE: Enter the Secure Telecommunications Equipment (STE) phone number (if applicable).

SITE IS NCSD 3-10 COMPLIANT: Enter YES or NO if your facility is compliant.

CONTINUITY OF OPERATIONS POINT OF CONTACT INFORMATION: Enter the information for the Primary and Secondary Points of Contact for you COOP operations.

CONTINUITY FACILITY INFORMATION

Enter the information for the COOP facility for your department/agency.

ADDRESS: Enter the complete address of the COOP facility that your Department/Agency will occupy.

SITE PRIORITY: Enter the priority assigned to this facility. (i.e. the first site your leadership would COOP to would be “1”; the second site your leadership would COOP to is “2”; etc.)

SPACE TYPE: Enter whether your COOP facility for your Department/Agency is government owned or leased property. If leased, enter the Lease Expiration Date and any Service Contract Number and any Specify Services in Contract (if applicable).

LONGITUDE AND LATITUDE: Enter the longitude and latitude in Degrees, Minutes, Seconds (DD, MM, SS) format. There are numerous websites that help convert the address of a location to a DD, MM, SS longitude/ latitude format.

SQUARE FOOTAGE: Enter the square footage of your primary facility.

NUMBER OF PERSONNEL: Enter the total amount of people at this facility.

STE: Enter the Secure Telecommunications Equipment (STE) phone number (if applicable).

SITE IS NCSD 3-10 COMPLIANT: Enter YES or NO if your facility is compliant.

CONTINUITY OF OPERATIONS POINT OF CONTACT INFORMATION: Enter the Point of Contact information for the Primary person On-Site; the person responsible for Continuity at the site; and Point of Contact information for the person responsible for your COOP Telecommunication operations.

ADDITIONAL INFORMATION/EXPLANATION OF ABOVE ITEMS: Enter any information that was not included above but you believe is necessary.

*NOTE: For additional COOP facilities; print out the necessary copies of Page 1 and fill out the bottom part only. Fill out one additional facility per page. Place the completed additional form(s) after Page 1 when submitting the completed SF 336 form.

CERTIFICATION

THE CONTINUITY FACILITY HAS BEEN PROVIDED BY MEANS OF: Enter the means by which the facility was acquired and the dates if applicable (i.e. Memorandum of Understanding (MOU) within the agency).

*NOTE: The ADJUDICATION and GSA CONCURRENCE is for GSA OERR use only.