

CONTINUITY OF OPERATIONS (COOP) ALTERNATE FACILITY IDENTIFICATION/CERTIFICATION

REQUIREMENT: Per Presidential Policy Directive 40 (PPD-40), National Continuity Policy (July 2016) and Federal Continuity Directive 1 (January 2017), all Federal Executive Branch departments and agencies are directed to identify and submit information regarding their Headquarters' alternate facilities to a centralized, U.S. General Services Administration (GSA) maintained database. The annual submission of this form (SF 336) to GSA fulfills department and agency requirements for this directive.

GUIDANCE: This process ensures a coordinated and seamless continuity infrastructure for the executive branch. For all information requested below that is either unknown or not applicable to a specific entity, please mark appropriately as Not Applicable (N/A).

FORM ACCESS & SUBMISSION: Blank copies of the SF 336 may be downloaded from the GSA Forms Library at <https://www.gsa.gov/forms-library/continuity-operations-coop-continuity-facility-identificationcertification>. Instructions for classified submission of this form or any other questions can be answered through GSA's Office of Mission Assurance at (202) 219-0338.

1. DEPARTMENT/AGENCY INFORMATION

NAME	OFFICE DESIGNATION	AGENCY/BUREAU CODE	CATEGORY(PPD-40)
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2. CLASSIFICATION OF COMPLETED FORM

COMPLETED FORM CLASSIFICATION LEVEL	CAVEATS
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3. PRIMARY FACILITY INFORMATION

STREET ADDRESS	CITY	STATE	ZIP CODE
SPACE TYPE <input type="checkbox"/> Leased <input type="checkbox"/> Government Owned	OCCUPANCY AGREEMENT START DATE:	OCCUPANCY AGREEMENT END DATE:	OCCUPANCY AGREEMENT NUMBER (If Applicable)

SPECIFY SERVICES IN CONTRACT (If Available)

LONGITUDE AND LATITUDE (North American Datum (NAD 83))	SQUARE FOOTAGE	NUMBER OF PERSONNEL	SECURE PHONE NUMBER	SITE FULLY COMPLIANT WITH THE Office of Science and Technology Policy (OSTP)/Office of Management and Budget (OMB) DIRECTIVE 16-1 <input type="checkbox"/> YES <input type="checkbox"/> NO
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CONTINUITY OF OPERATIONS POINT OF CONTACT INFORMATION

HEADQUARTERS (HQ) FACILITY		HQ ALTERNATE (ALT) FACILITY	
UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER	UNSECURED TELEPHONE NUMBER	SECURED TELEPHONE NUMBER
UNSECURED FAX NUMBER	SECURED FAX NUMBER	UNSECURED FAX NUMBER	SECURED FAX NUMBER
EMAIL ADDRESSES		EMAIL ADDRESSES	
UNCLASSIFIED:	CLASSIFIED:	UNCLASSIFIED:	CLASSIFIED:

4. ALTERNATE FACILITY INFORMATION

HQ ALT SITE NAME IN THE CONTINUITY COMMUNICATIONS PLAN (CCP)					SITE PRIORITY	
STREET ADDRESS			CITY		STATE	ZIP CODE
SPACE TYPE <input type="checkbox"/> Leased <input type="checkbox"/> Government Owned		OCCUPANCY AGREEMENT START DATE:	OCCUPANCY AGREEMENT END DATE:	OCCUPANCY AGREEMENT NUMBER (If Applicable)		
SPECIFY SERVICES IN CONTRACT (If Available)						
LONGITUDE AND LATITUDE (NAD 83)		SQUARE FOOTAGE	ESTIMATED PERSONNEL IF FULLY OPERATIONAL	SECURE PHONE NUMBER	SITE IS FULLY OSTP/OMB 16-1 COMPLIANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY FACILITY NUMBERS			HQ ALTERNATE FACILITY 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		ALTERNATE ON-SITE			TELECOMMUNICATIONS/ Communications Security (COMSEC)	
NAME		NAME			NAME	
TELEPHONE NUMBERS		TELEPHONE NUMBERS			TELEPHONE NUMBERS	
UNCLASSIFIED LANDLINE: _____		UNCLASSIFIED LANDLINE: _____			UNCLASSIFIED LANDLINE: _____	
SECURE LANDLINE: _____		SECURE LANDLINE: _____			SECURE LANDLINE: _____	
MOBILE: _____		MOBILE: _____			MOBILE: _____	
EMAIL ADDRESSES		EMAIL ADDRESSES			EMAIL ADDRESSES	
UNCLASSIFIED:	CLASSIFIED:	UNCLASSIFIED:	CLASSIFIED:	UNCLASSIFIED:	CLASSIFIED:	
ADDITIONAL INFORMATION/EXPLANATION OF ABOVE ITEMS (Note item number next to specific explanation).						
YOUR HQ ALTERNATE FACILITY HAS BEEN PROVIDED BY MEANS OF:					SIGNATURE DATE OF MOU/OA	
<input type="checkbox"/> OWNED OR Memorandum of Understanding (MOU) within the agency <input type="checkbox"/> MOU with another agency					EXPIRATION DATE OF MOU/OA	
<input type="checkbox"/> MOU/Occupational Agreement (OA) with GSA <input type="checkbox"/> OTHER (Special Arrangement)						
CERTIFICATION						
I hereby certify that all information is correct as of this date.						
CONTINUITY COORDINATOR/CONTINUITY MANAGER SIGNATURE					DATE	
NAME AND TITLE						

ADJUDICATION (TO BE COMPLETED BY GSA)

APPROVED

NAME AND TITLE

DATE

DISAPPROVED

NAME AND TITLE

DATE

REMARKS

INSTRUCTIONS

Purpose:

These are the Instructions for filling out the SF 336 Continuity of Operations (COOP)/Alternate Facility Identification/Certification Form. The 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 Mission Assurance at (202) 219-0338.

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); Headquarters Alternate Site.

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 (2021)

CATEGORY: Enter the Category of your Department or Agency. Categories are assigned 1-4 to each Department/Agency according to PPD-40, Annex A.

CLASSIFICATION OF COMPLETED FORM

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

CAVEATS: Enter ANY CAVEATS determined by your classification level.

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 Occupancy Agreement Start and End Dates, the Occupancy Agreement Number, and Specify any Services in Contract (if applicable).

LONGITUDE AND LATITUDE: Enter the longitude and latitude in Degrees, Minutes, Seconds (DD, MM, SS) format. Using NAD 83 is preferable. Please indicate if using another datum.

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

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

SECURE PHONE: Enter the main Secure telephone number for this location.

SITE FULLY COMPLIANT WITH OSTP/OMB DIRECTIVE 16-1: Enter YES if this facility is compliant, and NO if this facility is non-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 primary facility for your Department/Agency is government owned or leased property. If leased, enter the Occupancy Agreement Start and End Dates, the Occupancy Agreement Number, and Specify any Services in Contract (if applicable).

LONGITUDE AND LATITUDE: Enter the longitude and latitude in Degrees, Minutes, Seconds (DD, MM, SS) format. Using NAD 83 is preferable. Please indicate if using another datum.

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

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

SECURE PHONE: Enter the main secure telephone number for this facility.

SITE IS OSTP/OMB Directive 16-1 COMPLIANT: Enter YES or NO if your facility is fully compliant and meets all requirements based on your level of categorization according to PPD-40, Annex A.

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.

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).

CERTIFICATION

Please have your Continuity Coordinator or Continuity Manager sign and date the form verifying the accuracy of the information provided.

Please also print the name and title of the official signing the form.

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