2027 ERIE COUNTY DEPARTMENT OF MENTAL HEALTH (ECDMH)
DISASTER PREPAREDNESS CONTACT LISTING
AND
CONTINUITY OF OPERATIONS PLAN (COOP)
PARTICIPATION ATTESTATION

This plan is effective January 1, 2027 through December 31, 2027
In an Emergency Situation Affecting your Agency

Please note that it is now required that if you have a COOP, the COOP must be submitted with this completed form.

Agency Name:	

As part of the Contract, the Erie County Department of Mental Health is requiring the following information and Attestation as it pertains to your Disaster Preparedness and COOP (formerly known as D-COOP).

Please provide the following information as applicable:

A. List the names of **three (3)** critical individuals in your organization to be contacted with their title, phone numbers (**be sure to include current Cell No.**), and email address:

Contact 1:

Name:	
Title:	
Office Phone No.:	
Cell Phone No.:	
Email:	

Contact 2:

Name:	
Title:	
Office Phone No.:	
Cell Phone No.:	
Email:	

Contact 3:

Name:	
Title:	
Office Phone No.:	
Cell Phone No.:	
Email:	

Revised - JC 06.09.2026

B. For Agencies who operate licensed and or certified housing, please also include the name, location and main phone number for all residences (you may attach as a separate sheet):

Residence Name:	Address:	Main Phone Number:

C. Continuity of Operations Plan (COOP) Participation Attestation:

1. My agency has a COOP Plan in place? ☐ **YES** ☐ **NO**
   a. Plan attached ☐ **YES**
   (*Attaching a plan is mandatory*)
2. My agency would like assistance in developing/updating a COOP Plan? ☐ **YES** ☐ **NO**
3. My agency can be operational with a minimal period of disruption for essential functions but within 12 hours? ☐ **YES** ☐ **NO**
4. My agency is capable of maintaining sustained operations until normal business activities can be reconstituted? ☐ **YES** ☐ **NO**

In case follow-up is required, please provide the name and contact information of the person completing this form:

Name of Person Completing this Form	
Email Address of Person Competing this Form	
Phone Number of Person Completing this Form	

I agree to collaborate with Jenna Colern, Mental Health Emergency Disaster Response Coordinator (Jenna.Colern@erie.gov) in the development/updating of a COOP for my agency that meets the satisfactory review of the Erie County Department of Mental Health. I understand that if my agency has a COOP in place we will annually review and update our COOP.

Authorized Signature:	
Printed Name:	
Title:	
Date:	

Revised - JC 06.09.2026