|  |  |  |
| --- | --- | --- |
| Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary and Alternate Points of Contact (Name, Email, please)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. What do you do well inside your organization (organizational resilience)? 2. What areas do/would you need assistance from the COAD-OC? | What can/do you do well for other organizations/individuals? |
| Before (Preparedness Actions) |  |  |
| During (Response Actions) |  |  |
| After (Recovery Actions) |  |  |