



INDIANA UNIVERSITY
CAPITAL PROJECTS

BUSINESS CONTINUITY PLAN

To ensure the successful delivery of the project below, we are requesting your firm complete the following information with your proposal. We appreciate and value your interest in providing professional services to Indiana University.

| | | |
|--------------------------|-----------------------------|--|
| IU Project Number & Name | | |
| Company Name | | |
| Address | | |
| Phone | | |
| Project Manager | Name | |
| | E-mail | |
| | Phone | |
| Primary Project Leads | Architecture | |
| | Interior Design | |
| | Engineering | |
| | Construction Administration | |
| Secondary / Backup Leads | Architecture | |
| | Interior Design | |
| | Engineering | |
| | Construction Administration | |

Additional information (Optional) – Please add up to one page of additional information for the Business Continuity Plan for this project for clarity’s sake if needed.

Date Submitted: _____