## Information and Contact Inventory for \_\_\_ (Organization Name) \_\_\_

Knowing where your organization’s key information is located is critical so that if an emergency succession should occur, your organization would be able to quickly continue work in the most efficient and effective way.

**Onsite Location Offsite Location Online URL**

**Nonprofit Status**

IRS Determination Letter 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRS Form 1023 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bylaws 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mission Statement 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Minutes 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Seal 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

Employer Identification Number (EIN) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current and previous  
Form 990s 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current and previous  
audited financial statements 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Statements (if not  
part of the computer system  
and regularly backed-up) 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State or District Sales-Tax  
Exemption Certificate 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blank Checks 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer passwords 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Records 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Records 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Records 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Records\* 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Note: Nonprofits that are heavily volunteer-based may need to know the following information about their volunteers who they are, how to contact them (home/work phone, email, cell, etc.), where they live/work, expertise, special skills, or any information related to their usefulness or willingness to help the agency (for example, volunteer Jane Doe can walk to our satellite office, lift heavy boxes and knows CPR).*

*Auditor*

Name:

Phone Number/Email:

*Bank*

Name(s):

Account Numbers:

Branch Representative(s):

Phone Number:

Fax:

Email:

*Investments*

Financial Planner / Broker Company

Representative Name:

Phone Number:

Email:

Who is authorized to make transfers? Who is authorized to make wire transfers? Are there alternatives?

Who are the authorized check signers?

Is there an office safe? Who has the combination/keys?

**Legal Counsel**

*Attorney*

Name:

Phone Number:

E-mail:

**Human Resources Information**

**Onsite Location Offsite Location Online URL**

Employee Records/  
Personnel Info\* 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Names, home addresses, phone numbers, email, emergency contacts, etc.*

I-9s 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Payroll*

Company Name:

Account Number:

Payroll Rep:

Phone Number:

Email:

**Facilities Information**

Office Lease (for renters) 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Deed (for owners) 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Building Management*

Company Name:

Contact Name:

Phone Number/Email:

*Office Security System*

Company Name:

Account Number

Representative Phone Number/Email:

Broker Phone Number/Email:

**Insurance Information**

*General Liability / Commercial Umbrella*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Directors & Officers Liability*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Health Insurance*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Unemployment Insurance*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Workers’ Compensation*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Disability Insurance (short-term)*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Disability Insurance (long-term)*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Life Insurance*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Dental*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Long Term Care*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

*Retirement Plan*

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

**Date of Completion for Information and Contact Inventory:**

**Name of Person Completing Document:**

*The Emergency Succession Plan and the supporting documents (the information and contact inventory, job descriptions, and organizational charts) should be reviewed and updated annually.*

## Signatures of Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name

Board Chair Date

Executive Director Date

Dep. Dir/HR Dir/Other staff member Date

Individual Selected as Acting Executive Director

Acting Executive Director’s Current Title Date

*We acknowledge the leadership of Transition Guides (notably Tom Adams and Don Tebbe, as well as plan guidance from Karen Gaskins Jones, and Victor Chears) in guiding The Center for Nonprofit Advancement in grasping the impact of Succession Planning and Executive Transitions. Additional thanks to Troy Chapman of the Support Center for Nonprofit Management of New York City, Tim Wolfred of CompassPoint Nonprofit Services for their guidance on the development of this document. The Information and Contact Inventory document is adapted by permission from the Nonprofit Coordinating Committee of New York*