THE NONPROFIT ORGANIZATIONAL INFORMATION INVENTORY

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

The Agency Information Inventory is divided into sections that will let the Board of Directors, the Executive Director, and other members of the senior executive staff know how to quickly:

ACCESS DOCUMENTS that are fundamental to the management and operation of a nonprofit organization
CONTACT VENDORS who provide services and counsel to the organization including auditors, attorneys, payroll services, insurance companies, and facilities maintenance
REVIEW CONTRACTS which present legal obligations of the organization to provide service or operate in a specific fashion
CONTACT MAJOR DONORS who represent significant sources of charitable contributions

Our experience in interim executive management has proven that vital information needs to be gathered and accessible in the following key areas of operations for review at all times:

FINANCES & PAYROLL	**HUMAN RESOURCES**
BANKING	**FACILITIES**
INSURANCE	**SERVICE CONTRACTS**
LEGAL	**FUNDRAISING**

The Inventory should be completed and reviewed annually to make sure that during unplanned or planned transitions, organizational leadership has direct access to vital information necessary for making strategic leadership decisions. A copy of the Agency Information Inventory should be attached to the organization's annual Succession Planning Policy and part of the Budget Approval Process.

Step #1:

VITAL INFORMATION INVENTORY

Do You Know Where Your Most Valuable Documents Are Located?

	Onsite Location *Where?*	Offsite Location *Where?*	Online URL *Where?*
Nonprofit Status			
Charity Determination Letter	☐ ________	☐ ________	☐ ________
Bylaws	☐ ________	☐ ________	☐ ________
Mission Statement	☐ ________	☐ ________	☐ ________
Board Minutes	☐ ________	☐ ________	☐ ________
Corporate Seal	☐ ________		

Financial Information

Government Employer/Business Number #: ____________________

Current and previous tax returns	☐ ________	☐ ________	☐ ________
Current and previous audited financial statements	☐ ________	☐ ________	☐ ________

Financial Statements (if not part of the computer system and regularly backed-up)	☐ ________________	☐ ________________	☐ ________________
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: ____

Additional Vital Information about Auditor or Audit: ______________________

____

Most Recent Management Letter Reviewed: ______________________

Step #2:

KEY CONTACT INFORMATION

Do You Know Where Your Funds Are Held & By Whom?

Banking Information

Name(s): ____

Account & Account Number: ____

Account & Account Number: ____

Branch Representative(s): ____

Phone Number: ____

Email: ____

Name(s): ____

Account & Account Number: ____

Account & Account Number: ____

Branch Representative(s): ____

Phone Number: ____

Email: ____

Who are the authorized check signers this year for these accounts?

____

____

____

Investments Information

Financial Planner / Broker Company______________________________

Representative Name: ______________________________

Phone Number: ______________________________

Email:______________________________

Who is authorized to make transfers? ______________________________

____

Document Security

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

____

Step #3:

LEGAL INFORMATION

Do You Know Your Current Legal Standing & Your Counselor?

Legal Counsel

Attorney

Name:______________________________

Phone Number: ______________________________

E-mail: ______________________________

Most Recent Consultation with Legal Counsel: ____________________

Reason for Consultation: ______________________________

____

____

Pending Litigation, if any: ______________________________

____

____

Additional Vital Information about Legal Counsel: ____________________

____

Step #4:

HUMAN RESOURCES

Do You Know Your Current Personnel & Payroll Information?

Human Resources Information

	Onsite Location	**Offsite Location**	**Online URL**
Employee Records/ Personnel Info*	☐ ____________________	☐ ____________________	☐ ____________________

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

Additional Vital Information about Human Resources: ____
____
____
____

Payroll Information

Company Name: ____

Account Number: ____

Payroll Rep: ____

Phone Number: ____

Email: ____

Additional Vital Information about Payroll: ____
____
____

Step #5:

FACILITIES

Do You Know Your Current Facilities Management Information?

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: ____

Other Vital Information Regarding Facilities: ______________________________

____

____

Building Security Passcode: ______________________________________

Step #6:

CONTRACTS

Do You Know Your Current Contract Obligations?

CONTRACTS INFORMATION

Current Top Five Contracts of The Organization & the Total Contract Amount:

Contract 1: ____

Status: ____

Contact: ____

Contract 2: ____

Status: ____

Contact: ____

Contract 3: ____

Status: ____

Contact: ____

Contract 4: ____

Status: ____

Contact: ____

Contract 5: ____

Status: ____

Contact: ____

Contracting Supervisor: ______________________________________

Current Pending Contracts for Follow-Up:

____

____

Additional Vital Information about Contracts: ______________________________

____

____

Step #7:

INSURANCE

Do You Know Your Current Insurance Coverage & Have Adequate Protection?

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: ____________________

Long Term Care)
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____________________

Retirement Plan
Company/Underwriter:___________________________
Policy Number__________________________________
Representative Phone Number/Email______________
Broker Phone Number/Email____________________

Step #8:

FUNDRAISING

Do You Know the Status of Your Largest Charitable Gifts?

Fundraising Information

Current Top Five Charitable Contributors to the Organization

Necessary Follow-Up Required with These Contributors

Current Pending Funding Requests for Follow-Up

Recently Initiated Funding Requests for Follow-Up

Additional Vital Fundraising Information

Step #9:

AUTHORIZATION & APPROVALS

Is the Information Current and Correct?

INVENTORY AUTHORIZATION

Date of Completion of Agency Information Inventory: ______________________________

Name of Person Completing Document: ____

Title of Person Completing Document: ____

Signature of Person Completing Document:

____

Signatures of Approval

__________________________________ __________________________________

Chairman of the Board *Executive Director*

- Distribute a copy of the completed inventory to appropriate board members and senior staff who has been determined as appropriate keepers of vital organizational information
- Attach a copy of the report to your current operating budget and succession plan
- Provide an approved copy to your Interim or Acting Executive Director as soon as an agreement has been reached
- Review and Up-date this document annually as an essential component of the organization's budgeting process

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ThirdSectorCompany

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The Third Sector Company, Inc. is dedicated to fostering a continuity of professional and voluntary leadership for the nonprofit sector through succession planning training and consultation, interim executive management, executive retention support, executive performance planning and review, search committee training and support, and next generation board and executive leadership training.

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An Example Of Position Strategy Succession Planning
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