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**
- **BANKING**
- **INSURANCE**
- **LEGAL**
- **HUMAN RESOURCES**
- **FACILITIES**
- **SERVICE CONTRACTS**
- **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.

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**Step #1:**

**VITAL INFORMATION INVENTORY**

Do You Know Where Your Most Valuable Documents Are Located?

<table>
<thead>
<tr>
<th>Nonprofit Status</th>
<th>Onsite Location Where?</th>
<th>Offsite Location Where?</th>
<th>Online URL Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Determination Letter</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bylaws</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mission Statement</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Board Minutes</td>
<td></td>
<td></td>
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<tr>
<td>Corporate Seal</td>
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</tr>
</tbody>
</table>

**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: _______________________________

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**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

<table>
<thead>
<tr>
<th>Employee Records/Personnel Info*</th>
<th>Onsite Location</th>
<th>Offsite Location</th>
<th>Online URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ _____________________________</td>
<td>□ ___________________</td>
<td>□ ___________________</td>
<td>□ ___________________</td>
</tr>
</tbody>
</table>
*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

<table>
<thead>
<tr>
<th>Office Lease (for renters)</th>
<th>□ ___________________</th>
<th>□ ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Deed (for owners)</td>
<td>□ ___________________</td>
<td>□ ___________________</td>
</tr>
</tbody>
</table>

Building Management

Company Name: ____________________________
Contact Name: ____________________________
Phone Number/Email: ________________________

Office Security System

Company Name: ____________________________
Account Number: ____________________________
Representative Phone Number/Email: ____________________________
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Company/Underwriter</th>
<th>Policy Number</th>
<th>Representative Phone Number/Email</th>
<th>Broker Phone Number/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Liability / Commercial Umbrella</strong></td>
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<tr>
<td><strong>Disability Insurance (short-term)</strong></td>
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<tr>
<td><strong>Directors &amp; Officers Liability</strong></td>
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<tr>
<td><strong>Disability Insurance (long-term)</strong></td>
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<tr>
<td><strong>Health Insurance</strong></td>
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<tr>
<td><strong>Life Insurance</strong></td>
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<tr>
<td><strong>Unemployment Insurance</strong></td>
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<tr>
<td><strong>Dental</strong></td>
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<tr>
<td><strong>Workers’ Compensation</strong></td>
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<tr>
<td><strong>Retirement Plan</strong></td>
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<tr>
<td><strong>Long Term Care</strong></td>
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</tbody>
</table>
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:

_______________________________  ________________________________
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

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,
exective retention support, executive performance planning and review, search committee training and support,
and next generation board and executive leadership training.

Southern California – (562) 484-8281
Pacific Northwest – (206) 799-1942

An Example Of Position Strategy Succession Planning
Graciously Offered To Third Sector Company For Training Purposes
By Our Client To Benefit Other Nonprofit Organizations