

Organization 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 Organizational 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, legal counsel, 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 in 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.



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	☐ _____	☐ _____	☐ _____

Financial Information

Business Number #: _____

Charity 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	☐ _____	☐ _____	☐ _____

Auditor

Name:

Phone Number/Email:

Additional Vital Information About Auditor or Audit:

FUNDRAISING

Do You Know The Status of Your Largest Charitable Gifts?

Fundraising Information

Current Top Five Charitable Contributions Donors To The Organization

Necessary Follow-Up Required With These Donors

Current Pending Funding Requests For Follow-Up

Recently Initiated Funding Requests For Follow-Up

Additional Vital Fundraising Information

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:

Fax:

Email:

Name(s):

Account & Account Number:

Account & Account Number:

Branch Representative(s):

Phone Number:

Fax:

Email:

Who are the authorized check signers for your 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?

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:

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:

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:

CONTRACTS

Do You Know Your Current Contract Obligations?

Contracts Information

Current Top Five Contracts Of The Organization & The Total Contract Amount:

1.
Status:
Contact:

2.
Status:
Contact:

3.
Status:
Contact:

4.
Status:
Contact:

5.
Status:
Contact:

Contracting Supervisor:

Current Pending Contracts For Follow-Up:

Additional Vital Information About Contracts:

PROJECTS

Do You Know Your Current Projects?

Project Information

Current Top Five Projects Of The Organization & The Total Project Amount:

1.
Status:
Roles/Responsibilities:
Funding sources (confirmed):
Partners/Contacts:
2.
Status:
Roles/Responsibilities:
Funding sources (confirmed):
Partners/Contacts:
3.
Status:
Roles/Responsibilities:
Funding sources (confirmed):
Partners/Contacts:
4.
Status:
Roles/Responsibilities:
Funding sources (confirmed):
Partners/Contacts:
5.
Status:
Roles/Responsibilities:
Funding sources (confirmed):
Partners/Contacts:

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:

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:

Long Term Care

Company/Underwriter:

Policy Number:

Representative Phone Number/Email:

Broker Phone Number/Email

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

Chair of the Board

Artistic Director

Managing Director

- **Distribute a copy of the completed inventory to appropriate board members and senior staff**
- **Attach a copy of the report to your current Succession Planning Policy**
- **Update this document each year and review**