**Organization Inventory Information**

**CONTINGENCY PLANNING TOOLKIT**

February 2013

**Vital Resource Information**

**Do You Know Where Your Most Valuable Documents Are Located?**

 **Onsite Location Offsite Location Online URL**

 ***Where? Where? Where?***

**Charity/**

**Not-For-Profit Status**

Letters patent 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Articles of Incorporation 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trust Deed 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**Privacy Policy** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

**Business Number #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current and previous
Charitable Returns 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current and previous
Society Returns 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current and previous
Annual Summary 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

**Notes**

**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 Attorney?**

**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:

**Notes**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Payroll Information**

Company Name:

Account Number:

Payroll Rep:

Phone Number:

Email:

Additional Vital Information about Payroll:

**Notes**

**Facilities Management**

**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:**

**Notes**

**Contracts**

**Do You Know Your Current Contract Obligations?**

**Contracts Information**

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

Status:

Contact:

Status:

Contact:

Status:

Contact:

Status:

Contact:

Status:

Contact:

Contracting Supervisor:

Current Pending Contracts for Follow-Up:

Additional Vital Information about Contracts:

**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:

***Workers’ Compensation***

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:

***Dental***

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

***Medical Services Plan***

Company:

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:

***Retirement/Pension Plan***

Company/Underwriter:

Policy Number

Representative Phone Number/Email:

Broker Phone Number/Email:

**Notes**

**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

**Notes**

**Authorization and 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Notes**

## Signatures of Approval

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Chair of the Board Executive Director/Artistic Director/ General Manager*

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