

Information and Contact Inventory

NONPROFIT STATUS

	Onsite Location	Online URL
IRS Determination Letter	<input type="checkbox"/> _____	<input type="checkbox"/> _____
IRS Form 1023	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Bylaws	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Mission Statement	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Board Minutes	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Property and franchise tax exemption certificates	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Trademark certificate	<input type="checkbox"/> _____	<input type="checkbox"/> _____
State Certificate of Incorporation	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Endowment agreement	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Corporate Seal	<input type="checkbox"/> _____	<input type="checkbox"/> _____

FINANCIAL INFORMATION

Employer Identification Number (EIN) #:		
Current & Previous Form 990s	<input type="checkbox"/>	<input type="checkbox"/>
Current & Previous audited financial statements	<input type="checkbox"/>	<input type="checkbox"/>
State or District Sales-Tax Exemption Certificate	<input type="checkbox"/>	<input type="checkbox"/>
DUNNS and Merchant Info.	<input type="checkbox"/>	<input type="checkbox"/>
1099MISC tax forms	<input type="checkbox"/>	<input type="checkbox"/>
Blank Checks		

Computer Information

- CAC Network Server _____
- Backup Schedule _____

- Password-network administrator _____
- Case Tracking System administration _____
- Financial software access _____
- Fundraising software access _____

FINANCIAL INFORMATION

Onsite Location

Online URL

- Donor Records _____
- Member Center Records _____
- Vendor Records _____
- Volunteer Records _____

Auditor

Name: _____
Phone #: _____
Email Address: _____

Banking Information

Name: _____
Account #: _____
Branch Representative _____
Phone #: _____
Fax #: _____
Email Address: _____

Banking Information

Name: _____
Account #: _____
Branch Representative _____
Phone #: _____
Fax #: _____
Email Address: _____

Banking Information

Name: _____
Account #: _____
Branch Representative _____
Phone #: _____
Fax #: _____
Email Address: _____

Investments

Financial Planner /
Broker Company: _____
Representative Name: _____
Phone #: _____
Fax #: _____
Email Address: _____

	Name	Title
Who is authorized to make Banking and/or Investment transfers?	1	_____
	2	_____
	3	_____
Who are the authorized check signers?	1	_____
	2	_____
	3	_____
Is there an office safe?		_____
Who has the combination/keys?		_____

Attorney

Company Name: _____
Counsel Name: _____
Phone #: _____
Email Address: _____

HUMAN RESOURCES INFO

Onsite Location

Online URL

Employee Records/Personnel Info* _____ _____

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

I-9s _____ _____

Professional Employee Organization (PEO)

Company Name: _____
Account #: _____
Representative: _____
Phone #: _____
Fax #: _____
Email Address: _____

General Liability/Commercial Umbrella

Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____

Disability Insurance (Short-Term)

Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____

Directors & Officers Liability

Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____

Unemployment Insurance

Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____

Workers' Compensation

Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____

Disability Insurance (Long-Term)

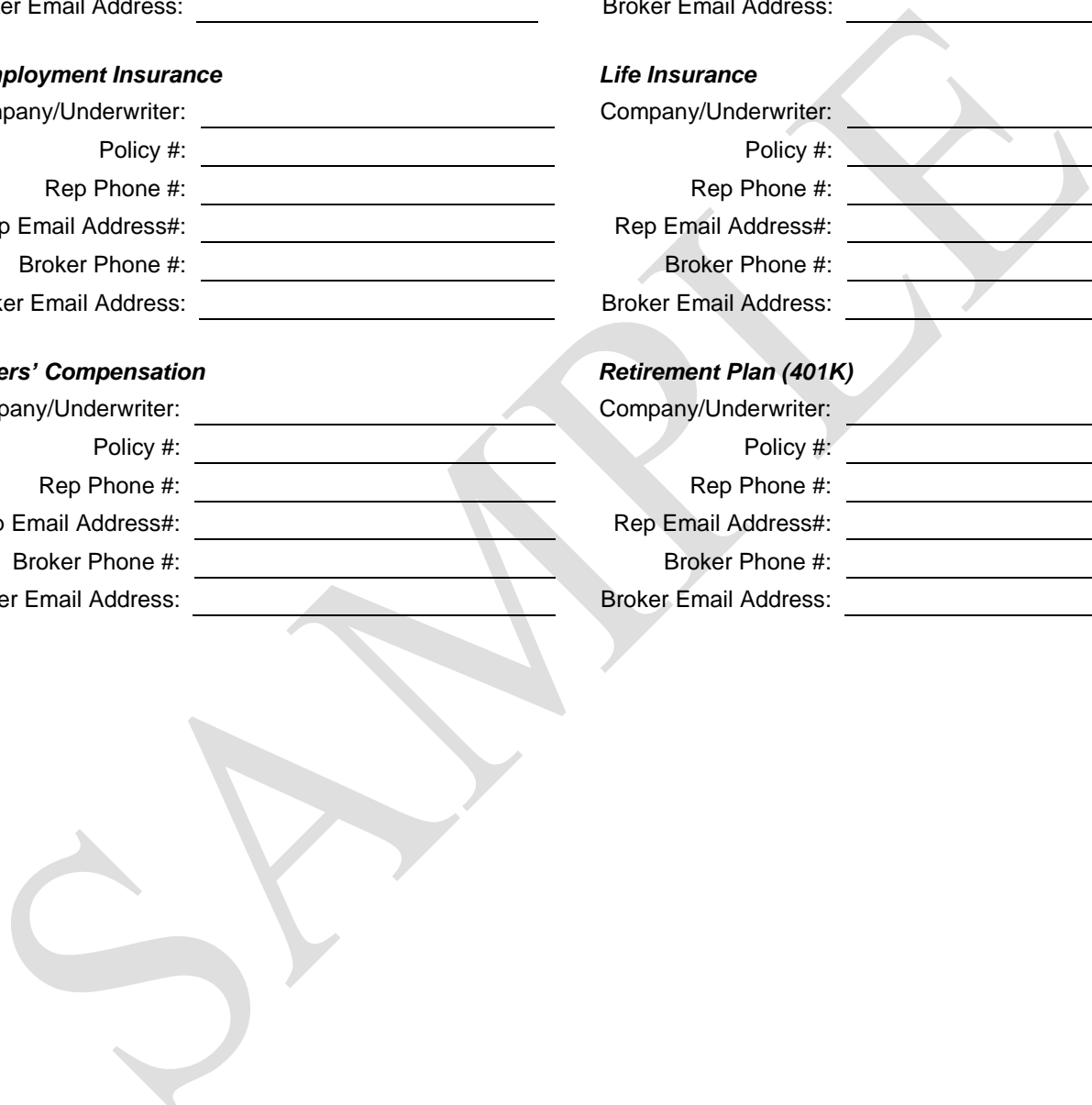
Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____

Life Insurance

Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____

Retirement Plan (401K)

Company/Underwriter: _____
Policy #: _____
Rep Phone #: _____
Rep Email Address#: _____
Broker Phone #: _____
Broker Email Address: _____



FACILITIES INFORMATION

Onsite Location

Online URL

Building Deed/Lease _____ _____

Building Management

Company Name: _____
Contact Name: _____
Office Phone #: _____
Cell Phone #: _____
Email Address: _____

Office Security System

Company Name: _____
Account #: _____
Contact Name: _____
Rep. Phone #: _____
Rep. Email Address: _____
Broker Phone #: _____
Broker Email Address: _____

Vendor Information

IT Support

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Website Consultants

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Other Key Vendors

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Company Name: _____
Account #: _____
Contact Name: _____
Phone #: _____
Email Address: _____

Name of Person Completing Document

Title

Date of Completion

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