***Operations Inventory***

*The* ***Operations Inventory*** *is a tool to collect and organize all of the information critical to keeping our organization operating smoothly in the event of an unexpected departure of the Executive Director/CEO or other critical management staff.*

**Nonprofit Status:**

* IRS Determination Letter
* IRS Form 1023
* Mission Statement
* 1 year of Board Minutes

**Financial and Access Information:**

|  |  |
| --- | --- |
| Information | Location/Person(s) with Access |
| * Employer Identification Number (EIN#):
 |  |
| * Current and three years previous 990s
 |  |
| * Current and previous three years audited financial statements
 |  |
| * Financial statement
 |  |
| * Sales Tax Exemption Certificate
 |  |
| * Blank checks
 |  |
| * Computer passwords
 |  |
| * Donor records (location and access)
 |  |
| * Client records (location and access)
 |  |
| * Vendor records (location and access)
 |  |
| * Volunteer records (location and access)
 |  |

**Key Contacts:**

|  |  |
| --- | --- |
| **Bank Name:** | **Investment Firm:** |
| Branch contact name: |  | Financial Planner/Broker: |  |
| Account number(s): |  | Account numbers(s): |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email: |  |
|  |
| **Legal Counsel:** | **Payroll Contact:** |
| Fax #: |  | Contact Name: |  |
| Email |  | Account number: |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email: |  |
|  |
| **Office Lease:** | **Building Management/Maintenance:** |
| Contact Name: |  | Contact Name: |  |
| Account number: |  |  |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email |  |
|  |
| **Security Company:** |  |
| Contact Name: |  |
| Account Number: |  |
| Phone #: |  |
| Fax # |  |
| Email |  |

**Insurance Contacts:**

|  |  |
| --- | --- |
| **General Liability:** | **Directors and Officers Liability:** |
| Contact Name: |  | Contact Name: |  |
| Account number: |  | Account number: |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email: |  |
|  |
| **Health Insurance:** | **Unemployment Insurance:** |
| Contact Name: |  | Contact Name: |  |
| Account number: |  | Account number: |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email: |  |
|  |
| **Workers’ Compensation:** | **Disability Insurance:** |
| Contact Name: |  | Contact Name: |  |
| Account number: |  | Account number: |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email: |  |
|  |
| **Life Insurance:** | **Dental Insurance:** |
| Contact Name: |  | Contact Name: |  |
| Account number: |  | Account number: |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email: |  |
|  |
| **Long Term Care Coverage:** | **Retirement Plan:** |
| Contact Name: |  | Contact Name: |  |
| Account number: |  | Account number: |  |
| Phone #: |  | Phone #: |  |
| Fax #: |  | Fax #: |  |
| Email: |  | Email: |  |

**Name of person completing this document:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This document was last updated on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Critical Chief Executive Functions; Training and Management Staff**

*Use the* ***Critical Chief Executive Functions*** *table to identify the critical functions and job responsibilities necessary for your organization to continue operating smoothly during an unexpected leadership transition. Identify which staff will be responsible for each of the chief executive functions, and/or where opportunities exist for cross training staff to fill those roles.*

|  |  |  |
| --- | --- | --- |
| **Executive Function** | **Cross Training Opportunities** | **Management Person Identified** |
| Board Development |  |  |
| Communication and Public Relations |  |  |
| Fund Development |  |  |
| Fiscal Oversight |  |  |
| Staff Oversight and Development |   |  |
| Contract Management and Organization Compliance |  |  |
| Grant Allocation and Oversight |  |  |
| Advocacy |  |  |
| Volunteer Management |  |  |
|  |  |  |
|  |  |  |