

NONPROFIT SUCCESSION PLAN

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COMPANY:

Street Address:

City, State and Zip:

Website:

VERSION:

DATE:

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR

PREPARED BY		TITLE		DATE	
APPROVED BY		TITLE		DATE	

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3. PROCEDURES AND CONDITIONS

Discuss the chain of command in the event of an unplanned absence and outline procedures.

A. AUTHORITY AND COMPENSATION OF ACTING EXECUTIVE DIRECTOR

B. BOARD OVERSIGHT

C. COMMUNICATION PLAN

[Empty box for communication plan]

D. COMPLETION OF EMERGENCY SUCCESSION PERIOD

[Empty box for completion of emergency succession period]

4. SUCCESSION PLAN: TEMPORARY, UNPLANNED ABSENCE – SHORT TERM

[Empty box for succession plan: temporary, unplanned absence – short term]

5. SUCCESSION PLAN: TEMPORARY, UNPLANNED ABSENCE – LONG TERM

6. SUCCESSION PLAN: PERMANENT CHANGE IN EXECUTIVE DIRECTOR

7. CHECKLIST FOR ACCEPTANCE OF SUCCESSION PLANS

X	CATEGORY	DETAILS
	Succession Plan Approval	
	Review Schedule	
	Signatories	
	Organizational Charts	
	Vital Organizational Information	
	Copies	

8. APPROVAL AND SIGNATURES

A. APPROVALS

SIGNATURE		DATE	
NAME			
TITLE			

SIGNATURE		DATE	
NAME			
TITLE			

SIGNATURE		DATE	
NAME			
TITLE			

SIGNATURE		DATE	
NAME			
TITLE			

B. WITNESSES

SIGNATURE		DATE	
NAME			
TITLE			

SIGNATURE		DATE	
NAME			
TITLE			

9. ORGANIZATIONAL INFORMATION

A. NONPROFIT STATUS

NONPROFIT STATUS	ONSITE LOCATION	OFFSITE LOCATION	ONLINE URL
IRS Determination Letter			
IRS Form 1023			
Bylaws			
Mission Statement			
Board Minutes			

B. HUMAN RESOURCES

HUMAN RESOURCES INFO	ONSITE LOCATION	OFFSITE LOCATION	ONLINE URL
Employee Records / Personnel Info			
I-9s			

C. FACILITIES

FACILITIES INFORMATION	ONSITE LOCATION	OFFSITE LOCATION	ONLINE URL
Building Deed (if owned)			
Office Lease (if rented)			

D. FINANCIAL INFORMATION

FINANCIAL INFORMATION	ONSITE LOCATION	OFFSITE LOCATION	ONLINE URL
EIN			
Current Form 990			
Previous Form 990s			
Current Audited Financial Statements			
Previous Audited Financial Statements			
Financial Statements			
State or District Tax Exemption Certificate			
Blank Checks			
Computer Passwords			
Online Account Passwords			
Donor Records			
Funding Schedule			
Client Records			
Vendor Records			
Volunteer Records			

10. CONTACT INVENTORY

A. FINANCIAL

AUDITOR NAME	PHONE	EMAIL	ADDRESS

BANK NAME	ACCOUNT NUMBERS	LINE OF CREDIT

BRANCH REPRESENTATIVE	PHONE	EMAIL	ADDRESS

INVESTMENTS: FINANCIAL PLANNER / BROKER COMPANY

BRANCH REPRESENTATIVE	PHONE	EMAIL	ADDRESS

WHO IS AUTHORIZED TO MAKE STOCK AND WIRE TRANSFERS?	WHO IS AUTHORIZED TO SIGN CHECKS?

B. LEGAL COUNSEL

ATTORNEY NAME	PHONE	EMAIL	ADDRESS

C. KEY STAKEHOLDER CONTACTS

STAKEHOLDER NAME	PHONE	EMAIL	ADDRESS

D. PAYROLL

COMPANY NAME	ACCOUNT NUMBER		
PAYROLL REPRESENTATIVE	PHONE	EMAIL	

E. FACILITIES

BUILDING MANAGEMENT COMPANY NAME	REPRESENTATIVE NAME	PHONE	EMAIL

OFFICE SECURITY COMPANY NAME	ACCOUNT NUMBER		
REPRESENTATIVE NAME	PHONE	EMAIL	

F. INSURANCE INFORMATION

POLICY TYPE	COMPANY / UNDERWRITER	POLICY NUMBER	REPRESENTATIVE PHONE / EMAIL	BROKER PHONE / EMAIL
General Liability / Commercial Umbrella				
Directors & Officers Liability				
Retirement Plan				
Worker's Compensation				
Health Insurance				
Unemployment Insurance				
Disability Insurance: Short-Term				
Disability Insurance: Long-Term				
Life Insurance				
Dental Insurance				
Long-Term Care				

