

Emergency Succession Plan For

(Organization Name)

Leadership plays an essential role in the success of a nonprofit organization. And a change in Chief Executive leadership is as inevitable as the passing of time.

This document will help a nonprofit organization recognize that planning for unplanned or temporary leadership change is a best practice—in line with other plans nonprofits regularly complete (e.g., strategic plan, communications plan, fundraising plan). An Emergency Succession Plan can bring order in a time a time of turmoil, confusion and high-stress.

This is a template. Feel free to adapt to make it appropriate for your organization. Action items or areas for tailoring are noted with a <u>line</u> or a *symbol.

The term "Executive Director" is used throughout this document to address the Chief Paid Staff Member. Should your organization use a title other than Executive Director, feel free to use the title as directed by your organization's bylaws or practice.

May this process bring your organization peace of mind in your day-to-day work.

Disclaimer Statement: This document is provided as guidance for a nonprofit organization facing a change in leadership. It should not be regarded as a substitute for legal advice or counsel. The advice of a competent attorney should be sought any time a nonprofit is considering

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The form can be downloaded in an electronic format at www.nonprofitadvancement.org



Important Organizational Information. Complete the attached *Information and Contact Inventory* and attach it to this document. Also attach a current list of the organization's board of directors.

Copies. Copies of this Emergency Succession Plan along with the corresponding documentation shall be maintained by The Board Chair, the Executive Director, the Acting Executive Director Appointee, the human resources department, and the organization's attorney.

Bank	
Name(s):	
Account Numbers:	
Branch Representative(s):	
Phone Number:	
Fax:	
Email:	
la contraca esta	
Investments	
Financial Planner / Broker Company	
Representative Name:	
Phone Number:	
Email:	
Who is authorized to make transfers? Who is authorized to make wire transfers? Are ther	re alternatives?
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E-mail:	

Onsite Location Offsite Location Online URL Employee Records/ Personnel Info* *Names, home addresses, phone numbers, email, emergency contacts, etc. I-9s Payroll Company Name: Account Number: Payroll Rep:

Facilities Information Office Lease (for renters) Building Deed (for owners)

Phone Number:

Email:

Human Resources Information

Building Management

Company Name: ______
Contact Name: _____



Disability Insurance (long-term)	Representative Phone Number/Email:
Company/Underwriter:	Broker Phone Number/Email:
Policy Number	
Representative Phone Number/Email:	Long Term Care
Broker Phone Number/Email:	Company/Underwriter:
	Policy Number
Life Insurance	Representative Phone Number/Email:
Company/Underwriter:	Broker Phone Number/Email:
Policy Number	
Representative Phone Number/Email:	Retirement Plan
Broker Phone Number/Email:	Company/Underwriter:
	Policy Number
Dental	Representative Phone Number/Email:
Company/Underwriter:	Broker Phone Number/Email:
Policy Number	
Date of Completion for Information and Cont	act Inventory:
Name of Person Completing Document:	

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