

**CONTINGENCY PLANNING**

**ORGANIZATIONAL INVENTORY[[1]](#footnote-1)**

**Not-For-Profit Status & Governance**

**Business/Society #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Onsite Location Offsite Location Online URL**

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

Document of Intent 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Constitution 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Strategic Plan 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board/Organizational policies 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Board member list and

contact information 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current and previous  
annual reports 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Committee Terms of Reference**

**Onsite Location Offsite Location Online URL**

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

Collaborative Services

Committee 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[OTHER] Committee 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[OTHER] Committee 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

**Onsite Location Offsite Location Online URL**

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

Current and previous  
audited financial statements 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Statements (if not  
part of the computer system  
and regularly backed-up) 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blank Cheques 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer passwords 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Records 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Records 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Auditor**

Name:

Phone Number/Email:

Additional Vital Information about Auditor or Audit:

**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:

**Authorized cheque signers for your accounts**

**Investment Information (if applicable)**

Financial Planner / Broker Company

Representative Name:

Phone Number:

Email:

Who is authorized to make transfers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Notes**

**Funding Agreements, MOUs, and other Partnerships/Contracts**

**Agreement (e.g., Doctors of BC)**

Status:

Contact:

Agreement saved/stored here:

**Agreement (e.g., Health Authority)**

Status:

Contact:

Agreement saved/stored here:

**Agreement (e.g., School Board)**

Status:

Contact:

Agreement saved/stored here:

**Agreement (e.g., community organization)**

Status:

Contact:

Agreement saved/stored here:

Pending Funding Agreements/Contract/Partnerships for Follow-Up:

**Notes**

**Human Resources Information**

**Onsite Location Offsite Location Online URL**

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

HR Policies 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Files 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Contact Info 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payroll Services**

Company Name:

Account Number:

Payroll Rep:

Phone Number:

Email:

Additional Vital Information about Payroll:

**Contractor Information**

**Onsite Location Offsite Location Online URL**

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

Eg., ServiceAgreements 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eg., Contractor contact

information 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**

**Facilities Information (if applicable)**

**Onsite Location Offsite Location Online URL**

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

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:

Building Security Passcode:

Is there an office safe? Who has the combination/keys? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who has administrator passwords for computer security (server, firewall, etc.)?\_\_\_\_\_\_\_\_\_\_

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

**Notes**

**Legal Counsel**

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**

**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:

***Worksafe BC***

Policy Number

Representative 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:

***BC Medical Services Plan***

Policy Number

Representative 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**

**INVENTORY AUTHORIZATION**

**Date of Completion of Agency Information Inventory:**

**Name of Person Completing Document:**

**Title of Person Completing Document:**

*Signature of Person Completing Document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Signatures of Approval

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

*Chair of the Board Executive Director/Coordinator*

* Distribute a copy of the completed inventory to appropriate board members and senior staff
* Update this document each year and review

1. Adapted from Executive Consulting Canada’s The Contingency Toolkit [↑](#footnote-ref-1)