

Emergency Succession Plan

For

(Organization Name)

A change in executive leadership is inevitable for all organizations and can be a very challenging time. Therefore, it is the policy of _____ to be prepared for an emergency change in leadership to ensure the stability and accountability of the organization until such time as interim or permanent leadership is identified. The Board of Directors shall be responsible for implementing this policy and its related procedures.

The Board of Directors of _____ recognizes that this is a plan for contingencies due to the unexpected disability, death or departure of the Executive Director. If the organization is faced with the unlikely event of an untimely vacancy, _____ has in place the following emergency succession plan to facilitate the transition to both interim and longer-term leadership if necessary.

The Board of Directors of _____ has reviewed the job description of the Executive Director. The job description is attached. The board has a clear understanding of the Executive Director's role in organizational leadership, program development, program administration, operations, Board of Directors relationships, financial operations, resource development and community presence.

Succession Plan in Event of a Temporary, Unplanned Absence: Short-Term

A short-term temporary absence is one of less than three months in which it is expected that the Executive Director will return to his/her position once the events precipitating the absence are resolved. An unplanned absence is one that arises unexpectedly, in contrast to a planned leave, such as a vacation or a sabbatical. The Board of Directors is authorized (or authorizes the Executive Committee) of _____ to implement the terms of this emergency plan in the event of the unplanned absence of the Executive Director.

In the event of an unplanned absence of the Executive Director, the Deputy Director (or other highest ranking staff member) is to immediately inform the Board Chair (or highest ranking volunteer board member) of the absence. As soon as it is feasible, the Chair should convene a meeting of the Board of Directors/Executive Committee (**circle one**) to affirm the procedures prescribed in this plan or to make modifications as the Committee deems appropriate.

At the time that this plan was approved, the position of Acting Executive Director would be:

_____ (Name) _____ (Title)

Should the standing appointee to the position of Acting Executive Director be unable to serve, the first and second back-up appointees for the position of Acting Executive Director will be:

(1) _____ (Name) _____ (Title)

(2) _____ (Name) _____ (Title)

If this Acting Executive Director is new to his/her position and fairly inexperienced with this organization (less than _____ months/years), the Executive Committee/Board of Directors (**circle one**) may decide to appoint one of the back-up appointees to the acting executive position. The Executive Committee/Board of Directors (**circle one**) may also consider the option of splitting executive duties among the designated appointees.

Authority and Compensation of the Acting Executive Director

The person appointed as Acting Executive Director shall have the full authority for decision-making and independent action as the regular Executive Director.

The Acting Executive Director may be offered: (check one)

- A temporary salary increase to the entry-level salary of the executive director position.
- A bonus of \$_____ during the Acting Executive Director Period.
- No additional compensation.

Board Oversight

The board member(s)/board committee (**circle one**) responsible for monitoring the work of the Acting Executive Director shall be _____ (list by name or office).

The above named people will be sensitive to the special support needs of the Acting Executive Director in this temporary leadership role.

Communications Plan

Immediately upon transferring the responsibilities to the Acting Executive Director, the Board Chair (or highest ranking Board member) will notify staff members, members of the Board of Directors and key volunteers of the delegation of authority.

As soon as possible after the Acting Executive Director has begun covering the unplanned absence, Board members and the Acting Executive Director shall communicate the temporary leadership structure to the following key external supporters of _____: This may include (but not be limited to) government contract officers, foundation program officers, civic leaders, major donors and others (please specify): _____

Completion of Short-Term Emergency Succession Period

The decision about when the absent Executive Director returns to lead _____ should be determined by the Executive Director and the Board Chair. They will decide upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the Board Chair, with the intention of working their way back up to a full-time commitment.

Succession Plan in Event of a Temporary, Unplanned Absence: Long-Term

A long-term absence is one that is expected to last more than three months. The procedures and conditions to be followed should be the same as for a short-term absence with one addition:

The Executive Committee/Board of Directors (**circle one**) will give immediate consideration, in consultation with the Acting Executive Director, to **temporarily** filling the management position left vacant by the Acting Executive Director. This is in recognition of the fact that for a term of more than three months, it may not be reasonable to expect the Acting Executive Director to carry the duties of both positions. The position description of a temporary manager would focus on covering the priority areas in which the Acting Executive Director needs assistance.

Completion of Short-Term Emergency Succession Period

The decision about when the absent Executive Director returns to lead _____ should be determined by the Executive Director and the Board Chair. They will decide upon a mutually agreed upon schedule and start date. A reduced schedule for a set period of time can be allowed, by approval of the Board Chair, with the intention of working their way back up to a full-time commitment.

Checklist for Acceptance of All Types of Emergency Succession Plans

- Succession plan approval.** This succession plan will be approved by the Executive Committee and forwarded to the full Board of Directors for its vote and approval. This plan should be reviewed annually.
- Signatories.** The Board Chair, the Executive Director, the deputy director or human resources administrator and the Acting Executive Director shall sign this plan, and the appointees designated in this plan.
- Organizational Charts.** Two organizational charts need to be prepared and attached to this plan: 1) a current organizational chart reflecting staffing positions and lines of authority/reporting throughout the organization; and 2) an organizational chart that reflects how that structure will change within the context of an emergency/unplanned absence of the Executive Director.
- 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, and the human resources department.

Information and Contact Inventory for _____

Knowing where your organization’s key information is located is critical so that if an emergency succession should occur, your organization would be able to quickly continue work in the most efficient and effective way.

	Onsite Location	Offsite Location	Online URL
Nonprofit Status			
IRS Determination Letter	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
IRS Form 1023	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Bylaws	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Mission Statement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Board Minutes	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Corporate Seal	<input type="checkbox"/> _____		

Financial Information

Employer Identification Number (EIN) #: _____

Current and previous Form 990s	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Current and previous audited financial statements	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Financial Statements (if not part of the computer system and regularly backed-up)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
State or District Sales-Tax Exemption Certificate	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Blank Checks	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Computer passwords	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Donor Records	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Client Records	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Vendor Records	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Volunteer Records*	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Note: Nonprofits that are heavily volunteer-based may need to know the following information about their volunteers who they are, how to contact them (home/work phone, email, cell, etc.), where they live/work, expertise, special skills, or any information related to their usefulness or willingness to help the agency (for example, volunteer Jane Doe can walk to our satellite office, lift heavy boxes and knows CPR).*

Auditor

Name: _____

Phone Number/Email: _____

Bank

Name(s): _____

Account Numbers: _____

Branch Representative(s): _____

Phone Number: _____

Fax: _____

Email: _____

Investments

Financial Planner / Broker Company _____

Representative Name: _____

Phone Number: _____

Email: _____

Who is authorized to make transfers? Who is authorized to make wire transfers? Are there alternatives?

Who are the authorized check signers?

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

Legal Counsel

Attorney

Name: _____

Phone Number: _____

E-mail: _____

Human Resources Information

	Onsite Location	Offsite Location	Online URL
Employee Records/ Personnel Info*	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<i>*Names, home addresses, phone numbers, email, emergency contacts, etc.</i>			
I-9s	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Payroll

Company Name: _____

Account Number: _____

Payroll Rep: _____

Phone Number: _____

Email: _____

Facilities Information

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: _____

Broker Phone Number/Email: _____

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: _____

Health Insurance

Company/Underwriter: _____
Policy Number _____
Representative Phone Number/Email: _____
Broker Phone Number/Email: _____

Unemployment Insurance

Company/Underwriter: _____
Policy Number _____
Representative Phone Number/Email: _____
Broker Phone Number/Email: _____

Workers' Compensation

Company/Underwriter: _____
Policy Number _____
Representative Phone Number/Email: _____
Broker 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: _____

Dental

Company/Underwriter: _____
Policy Number _____
Representative Phone Number/Email: _____
Broker Phone Number/Email: _____

Long Term Care

Company/Underwriter: _____
Policy Number _____
Representative Phone Number/Email: _____
Broker Phone Number/Email: _____

Retirement Plan

Company/Underwriter: _____
Policy Number _____
Representative Phone Number/Email: _____
Broker Phone Number/Email: _____

Date of Completion for Information and Contact 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.

Emergency Succession Plan

Signatures of Approval

Board Chair

Date

Executive Director

Date

Individual Selected as Acting Executive Director

Date

Acting Executive Director's Current Title

Date

We gratefully acknowledge the Center for Nonprofit Advancement (www.nonprofitadvancement.org) for their template used to guide this document.