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 line 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 policy changes or activities that may affect the legal status or liability exposure of the organization.
The Board of Directors of _____(Organization Name)_____
recognizes that this is a plan for contingencies due to the disability, death or departure of the Executive Director. If the organization is faced with the unlikely event of an untimely vacancy, _____(Organization Name)_____
has in place the following emergency succession plan to facilitate the transition to both interim and longer-term leadership.

The Board of _____(Organization Name)_____ 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 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 _____(Organization Name)_____ 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 or Executive Committee (choose 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 and

(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 or Board of Directors (circle one) may decide to appoint one of the back-up appointees to the acting executive position. The Executive Committee or 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) or board committee (circle one) responsible for monitoring the work of the Acting Executive Director shall be _____________________________.

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 (Organization Name)_. 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 (Organization Name) 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 or 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 Long-Term Emergency Succession Period**

The decision about when the absent Executive Director returns to lead (Organization Name) 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 the way up to a full-time commitment.

**Succession Plan in Event of a Permanent Change in Executive Director**

A permanent change is one in which it is firmly determined that the Executive Director will not be returning to the position. The procedures and conditions should be the same as for a long-term temporary absence with one addition:

The Board of Directors will appoint a Transition and Search Committee within (add number) days to plan and carry out a transition to a new permanent executive director. The Board will also consider the need for outside consulting assistance depending on the circumstances of the transition and the board’s capacity to plan and manage the transition and search. The Transition and Search Committee will also determine the need for an Interim Executive Director, and plan for the recruitment and selection of an Interim Executive Director and/or permanent Executive Director.

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**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. Prepare and attach an organizational chart reflecting staffing positions and lines of authority/reporting throughout the organization. Prepare and attach a second 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, the human resources department, and the organization’s attorney.
Information and Contact Inventory for ___ (Organization Name)___

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.

<table>
<thead>
<tr>
<th>Nonprofit Status</th>
<th>Onsite Location</th>
<th>Offsite Location</th>
<th>Online URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRS Determination Letter</td>
<td>□ ______________</td>
<td>□ ______________</td>
<td>□ __________</td>
</tr>
<tr>
<td>IRS Form 1023</td>
<td>□ ______________</td>
<td>□ ______________</td>
<td>□ __________</td>
</tr>
<tr>
<td>Bylaws</td>
<td>□ ______________</td>
<td>□ ______________</td>
<td>□ __________</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>□ ______________</td>
<td>□ ______________</td>
<td>□ __________</td>
</tr>
<tr>
<td>Board Minutes</td>
<td>□ ______________</td>
<td>□ ______________</td>
<td>□ __________</td>
</tr>
<tr>
<td>Corporate Seal</td>
<td>□ ______________</td>
<td>□ ______________</td>
<td>□ __________</td>
</tr>
</tbody>
</table>

Financial Information

Employer Identification Number (EIN) #: ____________________________________________

Current and previous Form 990s

Current and previous audited financial statements

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

State or District Sales-Tax Exemption Certificate

Blank Checks

Computer passwords

Donor Records

Client Records

Vendor Records

Volunteer Records*

*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: __________________________________________________________

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Human Resources Information

<table>
<thead>
<tr>
<th></th>
<th>Onsite Location</th>
<th>Offsite Location</th>
<th>Online URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Records/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel Info*</td>
<td>☐ _____________</td>
<td>☐ ______________</td>
<td>☐ __________</td>
</tr>
<tr>
<td>*Names, home addresses, phone numbers, email, emergency contacts, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I-9s</td>
<td>☐ _____________</td>
<td>☐ ______________</td>
<td>☐ __________</td>
</tr>
</tbody>
</table>

Payroll

Company Name: __________________________________________________________

Account Number: _______________________________________________________

Payroll Rep: ___________________________________________________________

Phone Number: _________________________________________________________

Email: __________________________________________________________________

Facilities Information

<table>
<thead>
<tr>
<th></th>
<th>Onsite Location</th>
<th>Offsite Location</th>
<th>Online URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Lease (for renters)</td>
<td>☐ _____________</td>
<td>☐ ______________</td>
<td></td>
</tr>
<tr>
<td>Building Deed (for owners)</td>
<td>☐ _____________</td>
<td>☐ ______________</td>
<td></td>
</tr>
</tbody>
</table>

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 ______________________________
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.

Signatures of Approval

Organization Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Chair</td>
<td></td>
</tr>
<tr>
<td>Executive Director</td>
<td></td>
</tr>
<tr>
<td>Dep. Dir/HR Dir/Other staff member</td>
<td></td>
</tr>
</tbody>
</table>

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