

**Succession Planning & Sustainability
Workshop Agenda
May, 2010**

TOPIC

HANDOUT/CD material*

I. Introductions/Background

RSP Publication: Succession Planning*
Succession Planning: Ready to Lead*

II. Overview 10 minutes

Agenda from West Virginia Training*
Terms list*

III. Possible Components

- Emergency vs. planned

Sustainability Checklist
Succession Planning Checklist: Advanced
Succession Planning Checklist: Triage
Emergency Succession Planning
Template

- Programmatic

Staff Project Operations Manual
Sample Workplan Format*
Program Sustainability Assessment

- Administrative

Table of Contents: Standard Operating
Procedures Manual
Table of Contents: Financial Operations Manual
Table of Contents: Administrative Manual

IV. How to get started?

V. Q & A

Sustainability Checklist

Agency Area	Sustainability ingredient/resource	Does it exist?	Is it updated?	Target date for review/completion	Monitoring/Accountability Plan
Governance	Strategic Plan/vision				
	Board operations manual: -organizational philosophy/values -job descriptions -board policies -history of organization -agency policies -budget -past minutes -roster of board members				
Administration	Administrative manual (includes personnel policies & contact list)				
	Common file organization system				
	Financial Policies Manual				
	Financial Operations Manual				
	Policies and Procedures Manual				
	Succession & emergency plans				
	Annual workplan; calendar				
Programs	Program/desk manual, includes: -updated contact lists -program calendar/workplan -updated job description -emergency plan				
	Professional development plan				
	Organized office & files!				

Succession Planning Checklist (Triage)

Critical Questions	Answers & Notes
Where is our organizations' money? Do we have lines of credit? Who is authorized on all of these accounts?	
Who will approve expenses and sign checks?	
Who will ensure compliance with contracts and grants?	
Who will ensure the organization is in good financial health? (ensure checks and balances are maintained, oversee audit, etc.)	
Who will supervise personnel?	
Is there anything about this transition that will threaten the organization's funding or future work? How can we address that?	
Who will communicate with our membership and key constituents about this transition? What are our talking points?	
Who is responsible for media contacts or public appearances during the transition?	
Who from the board will supervise the staff leadership during the transition?	
If staff have taken on additional responsibilities, how are they being compensated?	

Date Approved _____

Succession Planning Checklist – Advance Planning for Executive Transition

Complete?	What?	Who?
	Identify core values, vision, and goals	Board
	Update & maintain job description for ED	Board
	Support development of sustainable internal systems & processes	Board
	Provide support and governance to ensure organizational mission and values are upheld.	Board
	Develop organizational calendar of key activities	ED/Staff
	Cross-staff core organizational functions	Staff
	Share information regarding key files/documents	ED/Board & Staff
	Develop leadership of staff and membership	ED/Staff
	Develop constituent relationships across the organization (not based on individual personalities)	Board & Staff
	Create flexible succession plan (for Executive Director, key staff positions, and key board positions) and share it with staff and board	Board & Staff
	Update & maintain job descriptions for staff	ED/Staff
	Create redundant systems to support key staff work	ED/Staff
	Document internal agency processes/create operations manual(s)	ED/Staff


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 _____
 _____ (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 _____ (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.

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.

	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.



Signatures of Approval

_____ Organization Name

Board Chair _____ Date

Executive Director _____ Date

Dep. Dir/HR Dir/Other staff member _____ Date

Individual Selected as Acting Executive Director _____

Acting Executive Director's Current Title _____ Date



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STAFF PROJECT OPERATIONS MANUAL

TABLE OF CONTENTS

- Job Description
- Grant Overview
 - Funding Source
 - Project Overview
 - Goals and Objectives
 - Budget
 - Reports
 - Sample blank form(s)
 - Deadline schedule
 - Timeline of grant deliverables
- Project Update
 - Recent staff workplan
 - Planning information on current activities/projects
- Calendar of Meetings and Events
- Contacts
 - Updated listing of rape crisis center staff and allied professionals funded under this project
 - Project contacts with current information
 - Identify listserv(s) and current passwords and user names

- Equipment and Supplies
 - Computer (specify __laptop or __pc)
 - Computer password _____
 - Fax
 - Phone/Answering Machine
 - Other _____
 - Filing Cabinet(s) Please describe _____

- Meeting minutes (if applicable)
- Reports (copies of reports)
- Resources

- Copies of Grant-Funded Products
- FRIS Personnel Manual
- FRIS Standard Operating Procedures Manual

CONTACT LIST

Staff _____ Position _____

Date Updated _____

AGENCY _____
Name _____
Mailing Address _____
Phone _____ Fax _____
Cell _____
Email _____

Comments:

AGENCY _____
Name _____
Mailing Address _____
Phone _____ Fax _____
Cell _____
Email _____

Comments:

AGENCY _____
Name _____
Mailing Address _____
Phone _____ Fax _____
Cell _____
Email _____

Comments:

AGENCY _____
Name _____
Mailing Address _____
Phone _____ Fax _____
Cell _____
Email _____

Comments:

AGENCY _____
Name _____
Mailing Address _____
Phone _____ Fax _____
Cell _____
Email _____

Comments:

AGENCY _____
Name _____
Mailing Address _____
Phone _____ Fax _____
Cell _____
Email _____

Comments:

Sample Annual Workplan

Milestone/Task	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
Newsletter	X			X			X			X		
Volunteer training	X								X			
Reports Due	X			X			X			X		
Holiday Auction											X	
Summer fundraiser								X				
Update contacts						X						
Write grants		X	X									
Negotiate contracts				X	X							
Annual conference					X							
Annual Review								X				
Clean up files!								X				

Notes:

Sample Monthly Workplan

April	1 Write newsletter	2 NL Vol training	3 NL	4 NL Vol training	5 NL Follow up calls	6 Car wash fundraiser
7	8 NL to printer	9 Vol training	10 Staff meeting	11 Vol training	12 Print addresses	13
14	15 NL to bulk mail	16 Vol training	17 Staff meeting	18 Vol training	19	20
21	22	23 Make calls about spring break coverage	24 Finish on-call calendar for May	25	26	27
28	29	30				

Notes:

Remember to plan for summer vacation coverage
 Start writing June newsletter
 Cover volunteer shifts over spring break

Narrative Workplan Sample

Goals	Objectives	Deadline	Partners	Resources Needed
Revise Personnel Policies		12/2008	Board of Directors, personnel committee	HR atty
	Clean up recent legal changes, with atty review		Staff	Staff time
	Facilitate staff input			Cost of copies of new handbook
Hire new program director		9/2008	ED	Cost of advertising
	Revise job description		Program manager	Staff time
	Post announcement			
	Review resumes			
	Interview applicants			
	Check references			
	Make offer			

PROGRAM SUSTAINABILITY ASSESSMENT

Name _____ Date _____

Passwords/log-in codes

Computer _____ Other _____
Voicemail _____

Keys (building, office, files)

Clearly marked _____ Yes _____ No _____
If no, date for corrective action _____ Corrective action completed _____

Filing system:

Unsatisfactory	Needs Improvement	Satisfactory	Good	Excellent
1	3	5	7	10

Corrective Action Plan, if applicable: _____

Corrective action completed: _____

Filing current:

Unsatisfactory	Needs Improvement	Satisfactory	Good	Excellent
1	3	5	7	10

Corrective Action Plan, if applicable: _____

Corrective action completed: _____

Computer Files Backed-Up:

Unsatisfactory	Needs Improvement	Satisfactory	Good	Excellent
1	3	5	7	10

Corrective Action Plan, if applicable: _____

Corrective action completed: _____

Program Manual Current

Job Description	_____ Yes	_____ No	Contact List	_____ Yes	_____ No
Job Calendar	_____ Yes	_____ No	WorkPlan	_____ Yes	_____ No
Time Sheets	_____ Yes	_____ No	Grant requirements	_____ Yes	_____ No

Staff signature _____ Date _____

Supervisor's signature _____ Date _____

ADMINISTRATIVE MANUAL

Table of Contents

Section 1: General

Annual Report
Articles of Incorporation
Business Registration Certificate
By-Laws
IRS non-profit status
Lease(s)
Mission/Vision Statement
Office location(s) and hours of services
Organizational Chart
Service description

Section 2: Board of Directors

Board of Directors List
Board Committees and Purposes/By-Laws
Board Manual
Minutes of the last 12 months of Board Meeting Minutes
Conflict of Interest Policy
Sample Board Packet: Board Meeting Agenda, Minutes of Previous Meeting

Section 3: Funding/Financial

Audit
Budget

Section 4: Key Administrative Documents

Calendar
Emergency Succession Plan
Financial Operations Manual
Financial Policies
Personnel Manual
Policies and Procedures Manual
Program Manuals
Safety Policies
Volunteer Training Manual

FINANCIAL POLICIES MANUAL
WEST VIRGINIA FOUNDATION FOR RAPE INFORMATION AND SERVICES

Table of Contents

AUTHORITY AND RESPONSIBILITY
CASH DISBURSEMENTS
WAGES/SALARIES
PAYROLL POLICIES AND PROCEDURES
CREDIT CARD USE
PURCHASES
TRAVEL
CASH RECEIPTS
DONATIONS
INVESTMENTS
BANK ACCOUNTS AND CONTRACTS
SEGREGATION OF FINANCIAL DUTIES
FISCAL YEAR
ACCOUNTING METHOD
ANNUAL AUDIT
RECORD RETENTION
INVENTORY
PUBLIC INSPECTION OF FINANCIAL RECORDS