

Disaster Box Content Checklist

Date Updated: _____ Updated by: _____

Organizational Documents

- Charter/Articles of Incorporation
- Board Bylaws
- Budget
- IRS Determination Letter
- Most Recent Form 990
- Most Recent Audit
- Standards Certification Binder
- Your COOP Documents

Contact Information

- Employees
- Board and Volunteers
- Funders and Donors
- Clients Directory
- Communication Plan
- Business Contacts

Administrative Documents

- Insurance Policies
- Memoranda of Understanding
- Grants and Contracts
- Leases and/or Deeds
- Personnel Policies
- Process Documents (Accounting Procedures, Hiring Paperwork, etc.)

Inventories

- Computer/Network Inventory
- Equipment Inventory
- Office Inventory
- Photo or Video Inventory
- Data Backup
- Backup Copies of Software and Licenses

Financial Statements/Documents

- Depreciation Schedule
- Chart of Accounts
- Bank Account Information
- Investment Information
- General Ledger
- Aged Receivables
- 1099 Vendor Report
- Budget Projections

Assessing Vulnerability

Date Updated: _____ Updated by: _____

Disaster Type	Preparations	Resources
Flooding	<input type="checkbox"/> Assess flood risk to your office and clients, are you in a flood zone? <input type="checkbox"/> Review and adjust flood insurance coverage if appropriate. <input type="checkbox"/> Assess relocation options for critical equipment in impending flooding.	National Flood Insurance Program: (800)621-FEMA floodsmart@fema.dhs.gov https://www.floodsmart.gov
Fire	<input type="checkbox"/> Locate and post maps of fire extinguishers and building exits. <input type="checkbox"/> Establish plans for people with mobility problems. <input type="checkbox"/> Test smoke alarms.	Louisiana State Fire Marshall: 1-800-256-5452 sfm.dps.louisiana.gov
Hurricane	<input type="checkbox"/> Know the evacuation routes. <input type="checkbox"/> Develop plan to protect human and physical assets. <input type="checkbox"/> Do you need a generator?	National Hurricane Center: https://www.nhs.noaa.gov GOHSEP (State office for emergency preparedness): (225)925-7500 https://gohsep.la.gov
Tornado	<input type="checkbox"/> Identify safe internal space in your office. <input type="checkbox"/> Identify nearest safe building.	National Weather Service: https://www.weather.gov Storm Prediction Center: https://www.spc.noaa.org
Chemical Leak	<input type="checkbox"/> Know location of nearby interstate highways and railroads. <input type="checkbox"/> Know how and have adequate supplies to shelter in place.	Shelter in Place Workplace Plan: https://www.osha.gov/sltc/etools/evacuation.shelterinplace.html
Pandemic	<input type="checkbox"/> Take annual flu shot, preventative medications. <input type="checkbox"/> Follow OSHA (Occupational Safety and Health Administration) steps on workplace preparations.	OSHA Pandemic Influenza: https://www.osha.gov/sltc/pandemicinfluenza/index/html Louisiana Dept. of Health & Hospitals: Ldh.la.gov
Medical Emergency	<input type="checkbox"/> Staff records should include information on chronic conditions. <input type="checkbox"/> Does your organization serve vulnerable populations? <input type="checkbox"/> All staff should save ICE (In Case of Emergency) contact on cell phone.	OSHA Safety & Health Topics: https://www.osha.gov/sltc
Terrorism	<input type="checkbox"/> Does your organization have a shelter in place plan? <input type="checkbox"/> Staff should be aware of Evacuation plan. <input type="checkbox"/> Run annual practice drills.	GOSHEP: (225)925-7500 https://gohsep.la.gov Louisiana State Police: (225)925-6006 https://www.lsp.org

Employees Contact Record

Date Updated: _____ Updated by: _____

Employee Name: _____

Employee Title/Position: _____

Employee Home Contact Information

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Personal Email: _____ Best Way to Contact: _____

Emergency Contact #1

Name: _____ Relationship: _____

Phone: _____ Location: _____

Emergency Contact #2

Name: _____ Relationship: _____

Phone: _____ Location: _____

Community Response

Disaster Role(s): National Guard 211/Crisis Line
 Office of Emergency Preparedness Fire Department
 Red Cross Shelter Worker Chaplain
 Law Enforcement Other: _____

Certification(s): First Aid EMT
 CPR Sign Language
 NIMS Ham Radio
 Other Special Licenses: _____

Notes:

Board and Volunteer Contact Record

Date Updated: _____ Updated by: _____

Board/Volunteer Name: _____

Board/Volunteer Role: _____

Board/Volunteer Work Information

Employer: _____ Position/Title: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Work Phone: _____

Board/Volunteer Personal Information

Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Cell Phone: _____

Emergency Contact #1

Name: _____ Relationship: _____
 Phone: _____ Location: _____

Emergency Contact #2

Name: _____ Relationship: _____
 Phone: _____ Location: _____

Community Response

Disaster Role(s): National Guard 211/Crisis Line
 Office of Emergency Preparedness Fire Department
 Red Cross Shelter Worker Chaplain
 Law Enforcement Other: _____

Certification(s): First Aid EMT
 CPR Sign Language
 NIMS Ham Radio
 Other Special Licenses: _____

Notes:

Special Equipment Inventory

Date Updated: _____ Updated by: _____

General Information

User:	Position/Role:
Vendor:	Purchase Date:
Price:	Quantity:
Brand:	Model:
Model #:	Serial #:

Replacement Information

Vendor:	Phone #:
Alternate Vendor:	Phone #:
Order Time for Replacement:	

Photos Taken and ID Numbers: _____

Additional Features/Specs

Notes:

Business Services Contact Record

Date Updated: _____ Updated by: _____

Business Type	Company Name	Contact	Phone	Email	Account #
Accountant/CPA					
Banker					
Benefits Admin					
Building Manager					
Building Security					
Creditor					
Creditor #2					
Creditor #3					
Electric Company					
Gas/Heat					
I.T. Consultant					
I.T. Vendor					
Insurance Agent					
Insurance Agent #2					
Internet Service					
Landlord					
Lawyer					
Payroll Processing					
Phone Company					
Website Host					

Software and Licensing Inventory

Date Updated: _____ Updated by: _____

Program Name	
Version:	Purchase Date:
Vendor:	# of Licenses:
Product Key:	
Notes:	

Program Name	
Version:	Purchase Date:
Vendor:	# of Licenses:
Product Key:	
Notes:	

Program Name	
Version:	Purchase Date:
Vendor:	# of Licenses:
Product Key:	
Notes:	

Program Name	
Version:	Purchase Date:
Vendor:	# of Licenses:
Product Key:	
Notes:	

Program Name	
Version:	Purchase Date:
Vendor:	# of Licenses:
Product Key:	
Notes:	

Special Equipment Inventory

Date Updated: _____ Updated by: _____

General Information

User:	Position/Role:
Vendor:	Purchase Date:
Price:	Quantity:
Brand:	Model:
Model #:	Serial #:

Replacement Information

Vendor:	Phone #:
Alternate Vendor:	Phone #:
Order Time for Replacement:	

Photos Taken and ID Numbers: _____

Additional Features/Specs

Notes:

Computer Workstation Inventory

Date Updated: _____ Updated by: _____

General Information

User:	Position/Role:
Laptop/Computer Brand:	
Model:	Model #:
Serial #:	Purchase Date:

Hardware Specs

Processor (mHz):	Hard Drive (GB):
Memory/RAM:	CD-Drive:
Other Hardware:	

Software Applications

Operating System:	Office Version:
Antivirus Brand and Version:	
Other Software:	

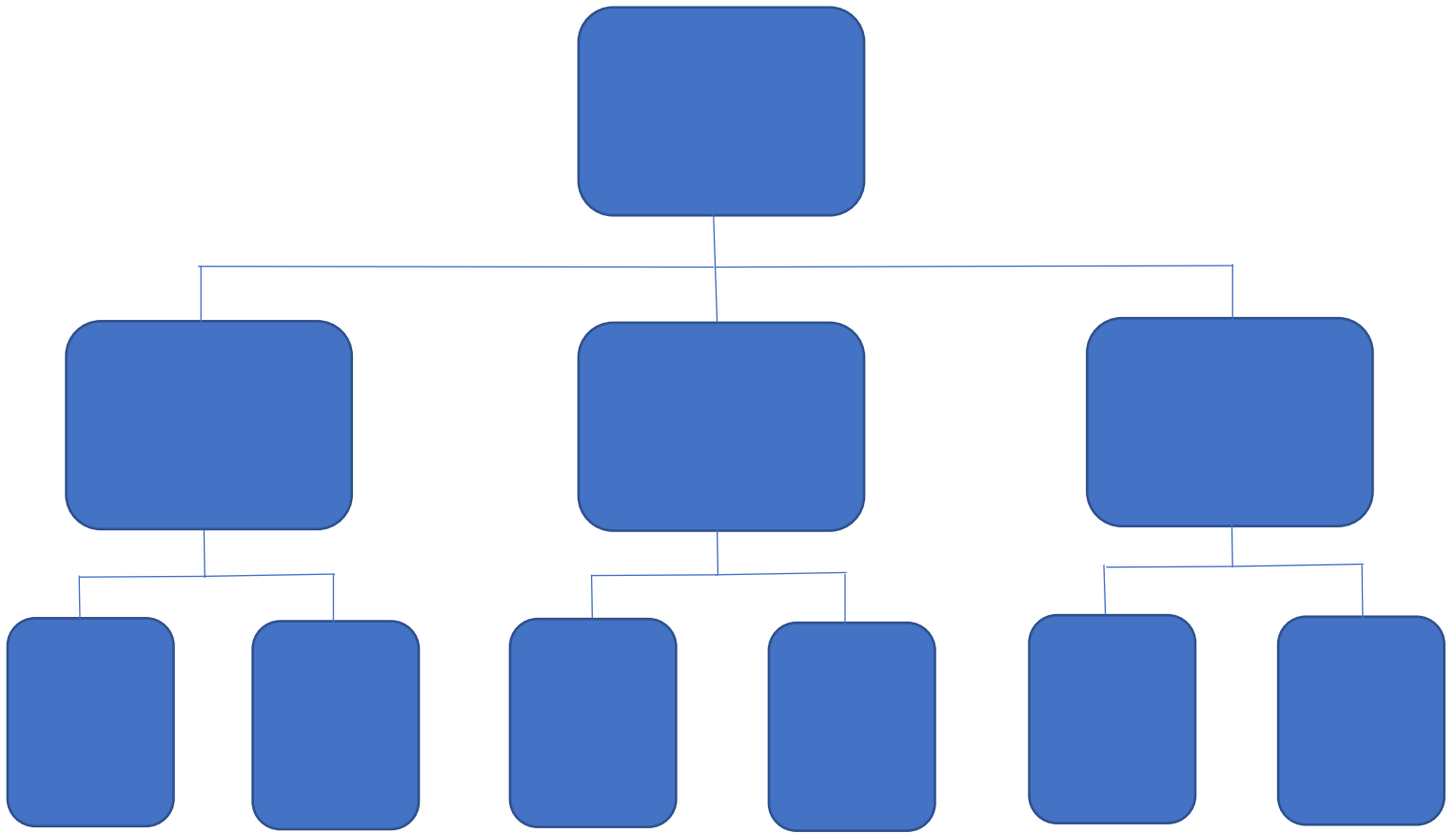
Monitor

Brand:	Model:
Model #:	Serial #:
Vendor:	Purchase Date:

Photos Taken and ID Numbers: _____

Notes:

SAMPLE PHONE TREE



Alternate Site Data Sheet

Date Updated: _____ Updated by: _____

Site Information

Contact:	Title:
Address:	
Phone:	Email:

Home/Alternate Contact Information

Address:			
City:	State:	Zip:	
Phone:	Email:		
Cell Phone:	Text Msg: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Site Logistics

Number of Computers Available:	Number of Phones Available:
Number of Desks Available:	Internet/Phone Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
List Required Equipment:	

List Required Software:

Alternative Equipment and Service Providers

Service	Name	Phone	Email	Account #	Notes
Computer					
Furniture					
Phone Redirect					

Notes:

Memo of Understanding Sample Template

This should be inserted on your organization's letterhead

00/00/0000

Name of the person entering MOU with

Their Address

Their City, State and Zip Code

Memorandum of Understanding

This affidavit will serve as a Memorandum of Understanding (MOU) between [organization's name] and [second organization's name]. This MOU is effective starting [start date] and will end on [end date].

The purpose of the agreement between [organization's name] and [second organization's name] is [detail the purpose of the agreement]. A detailed description of the agreement between [organization's name] and [second organization's name] is listed below:

- State what organization 1 is agreeing to do, including major deliverables and timeframes
- State what organization 2 is agreeing to do, including major deliverables and timeframes

Per the agreement reached between [organization's name] and [second organization's name] the following financial arrangements have been set:

- State the financial arrangements for compensations, if any

This memorandum of understanding is authorized by the following representatives from [organization's name] and [second organization's name].

[Insert Name, Title and Organization]

[Insert Name, Title and Organization]

24 Hours Prior to Evacuation

Date Updated: _____ Updated by: _____

24 Hours Prior to Evacuation

Tasks	Person Responsible	Completed?
Gather updates for your Disaster Boxes <ul style="list-style-type: none"> • Most recent digital backups • Print out up-to-date client and funder lists • Print and upload to cloud storage up-to-date payroll information 		
Update your office voicemail message to explain: <ul style="list-style-type: none"> • What your organization’s response actions are • Who to contact with questions • Where response operations will be located • When someone will be back in the office (if possible) 		
Add information to your website and social media platforms regarding: <ul style="list-style-type: none"> • What your organization’s response actions are • Who to contact with questions • Where response operations will be located • When someone will be back in the office (if possible) 		
Unplug all electronic equipment. Raise electronics off the floor and away from windows. Cover electronics with trash bags.		
File all papers and lock all cabinets and drawers.		
Collect all recent mail to take with you.		
Pack up equipment being evacuated.		
Lock all windows.		
Close every interior door.		
Post contact information in waterproof cover conspicuously (in case emergency crews or other individuals need to contact you).		
Lock exterior door.		

48 Hours Prior to Evacuation

Date Updated: _____ Updated by: _____

48 Hours Prior to Evacuation

Tasks	Person Responsible	Completed?
Remind board, employees and volunteers of communication plan, check-in times, email addresses and phone numbers.		
Have employees and board leadership complete pre-evacuation report, and then add them to your Disaster Box.		
Remind employees of disaster policies and procedures, especially any payroll effects.		
Communicate with stakeholders and response collaboration partners to confirm gathering point location, time and response functions.		
Communicate with your property manager so that you know each other's plans. Get copies of keys and security codes if necessary.		
<p>If your nonprofit will be active in the hurricane response efforts, go shopping for:</p> <ul style="list-style-type: none"> • Water and food for all essential employees, volunteers and clients for a minimum of 3 days. • Spare batteries for flashlights, radios, portable TVs, and other electronics. • Ensure that all staff and organizational vehicles have full tanks of gas, and maintain additional gas in a spare tank. • Other supplies you identify as necessary for your response activities. 		
Withdraw petty cash		

Pre-Evacuation Report

Date Updated: _____ Updated by: _____

Employee Name: _____

Employee Title/Position: _____

Evacuation Destination

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Email: _____ Best Way to Contact: _____

Bank Routing & Account Number: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Email: _____

Project Deadlines (Please include all current projects and those upcoming in the next 4 weeks)

Project 1:	Tasks (include progress and deadline):	Contacts (name, phone & email):
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Goals:	Financial Obligations:
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Project 2:	Tasks (include progress and deadline):	Contacts (name, phone & email):
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Goals:	Financial Obligations:
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Parish Coordinated Response Contact Record

Date Updated: _____ Updated by: _____

Food Bank

Contact: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Alternate Phone:** _____

Personal Email: _____ **Best Way to Contact:** _____

Notes:

Office of Emergency Preparedness

Contact: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Alternate Phone:** _____

Personal Email: _____ **Best Way to Contact:** _____

Notes:

Red Cross

Contact: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Alternate Phone:** _____

Personal Email: _____ **Best Way to Contact:** _____

Notes:

United Way

Contact: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Alternate Phone:** _____

Personal Email: _____ **Best Way to Contact:** _____

Notes:

