

#### **Disaster Box Content Checklist**

Date Updated: Updated by	<u> </u>
<ul> <li>□ Organizational Documents</li> <li>• Charter/Articles of Incorporation</li> <li>• Board Bylaws</li> <li>• Budget</li> <li>• IRS Determination Letter</li> <li>• Most Recent Form 990</li> <li>• Most Recent Audit</li> <li>• Standards Certification Binder</li> <li>• Your COOP Documents</li> </ul>	<ul> <li>□ Contact Information</li> <li>• Employees</li> <li>• Board and Volunteers</li> <li>• Funders and Donors</li> <li>• Clients Directory</li> <li>• Communication Plan</li> <li>• Business Contacts</li> </ul>
<ul> <li>□ Administrative Documents</li> <li>• Insurance Policies</li> <li>• Memoranda of Understanding</li> <li>• Grants and Contracts</li> <li>• Leases and/or Deeds</li> <li>• Personnel Policies</li> <li>• Process Documents (Accounting Procedures, Hiring Paperwork, etc.)</li> </ul>	<ul> <li>□ Inventories</li> <li>• Computer/Network Inventory</li> <li>• Equipment Inventory</li> <li>• Office Inventory</li> <li>• Photo or Video Inventory</li> <li>• Data Backup</li> <li>• Backup Copies of Software and Licenses</li> </ul>
<ul> <li>□ Financial Statements/Documents</li> <li>• Depreciation Schedule</li> <li>• Chart of Accounts</li> <li>• Bank Account Information</li> <li>• Investment Information</li> <li>• General Ledger</li> <li>• Aged Receivables</li> <li>• 1099 Vendor Report</li> </ul>	

**Budget Projections** 



### **Assessing Vulnerability**

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



#### **Reviewing Insurance Coverage**

Date Updated:	Updated by:

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Business Owners Comb Policy prope	yees do or fail to						
<b>Policy</b> prope	•						
	ines						
	erty/renters,						
busine	ess interruption						
	ability policies.						
	cts board of						
	ors and staff from						
	nal liability for						
	ns while working						
	e organization.						
	s vehicles used by						
	rganization and						
staff.	J						
	s spontaneous						
	ecruited unpaid						
worke							
	al insurance that						
	s specific dates						
	or activities.						
Other:							



### **Employees Contact Record**

Date Updated:	Updated by:_			
Employee Name:				
Employee Title/Posi	tion:			
Employee Home Co	ontact Information			
Physical Address:				
City:	State:		Zip Code:	
Phone:	Alt	ernate	Phone:	
Personal Email:			Best Way to Contact:	
Emergency Contact	t <b>#1</b>			
Name:		Relation	nship:	
Phone:	Location:			
<b>Emergency Contact</b>	t #2			
Name:	F	Relation	ship:	
Phone:	L	ocation	ո։	
Community Respon	ıse			
Disaster Role(s):	☐ National Guard		☐ 211/Crisis Line	
	☐ Office of Emergency Prepared	Iness	☐ Fire Department	
	☐ Red Cross Shelter Worker		☐ Chaplain	
	☐ Law Enforcement		☐ Other:	
Certification(s):	☐ First Aid		☐ EMT	
	□ CPR		☐ Sign Language	
	□ NIMS		☐ Ham Radio	
	☐ Other Special Licenses:			
	-			<del></del>

Notes:



Notes:

### Disaster Preparedness: Continuity of Operation Plan (COOP)

#### **Board and Volunteer Contact Record**

Date Updated:	Updated by:		
Board/Volunteer Na	ame:		
Doord Walcustoon Da	da.		
Board/ Volunteer Ro	ole:		
Board/Volunteer V	Vork Information		
Employer:	Position	n/Title:	
Physical Address:			
City:	State:	Zip Code:	
Email:	Work Pho	one:	
	ersonal Information		
Address:			
City:	State:	Zip Code:	
Email:	Cell Phon	<b>e:</b>	
Emergency Contact			
Name:	Relatio	•	
Phone:	Locatio	n:	
Emergency Contact			
Name:	Relatio	•	
Phone:	Locatio	n:	
Community Respon			
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:		



### **Special Equipment Inventory**

Date Updated:	Updated by:	
General Information	/- ·	
User:	Position/Role:	
Vendor:	Purchase Date:	
Price:	Quantity:	
Brand:	Model:	
Model #:	Serial #:	
Replacement Information	Discourage of the second of th	
Vendor:	Phone #:	
Alternate Vendor:	Phone #:	
Order Time for Replacement:		
☐ Photos Taken and ID Numbers:		
Additional Factor (6		
Additional Features/Specs		
Notes:		
INOTES:		



#### **Business Services Contact Record**

Date Updated:	lladatad b
Date Ubdated:	Updated by:
Date opaatea	opaatea 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					



#### **Additional Business Services Contact Record**

Date Updated:	Updated by:

Business Type	Company Name	Contact	Phone	Email	Account #



### **Land and Buildings Inventory**

Date Updated:	Updated by:
Date Opuateu	opulica by

Date of Purchase or Donation	Address, City, State and Zip	Parish Lot/Block Numbers or GIS longitude/latitude	Photo ID #	Acreage and/or Square Footage	Assessed Value	Date of Last Assessment



### **Office Inventory**

Furniture, Equipment, Books and Other Items in Office

Date Updated:	Updated by:

#	Item	Brand	Model	Vendor	Price	Photo #	Notes
		2					
		1	1				



### **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	Discourage of the second of th	
Vendor:	Phone #:	
Alternate Vendor:	Phone #:	
Order Time for Replacement:		
☐ Photos Taken and ID Numbers:		
Additional Factor (6		
Additional Features/Specs		
Notes:		
INOTES:		



### **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:	<del></del>
Notes:	



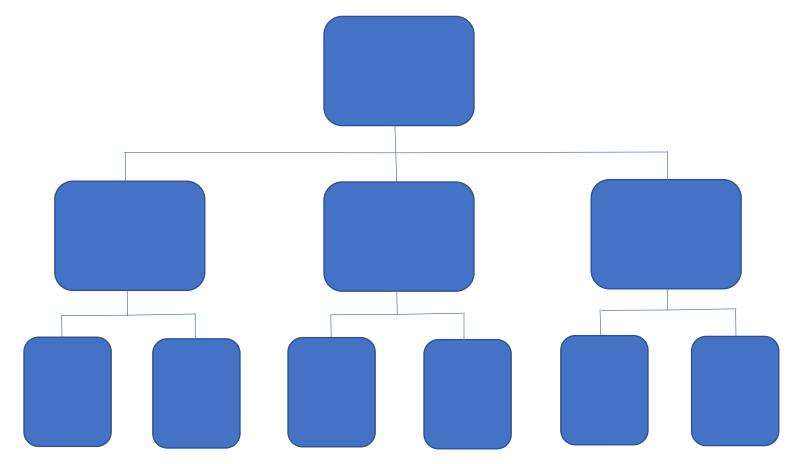
### Online Programs, Applications and Website Login Inventory

Date Updated:	Updated by:
Date opuated	opulica by

Program/ Application	Link to Access Program/App	Main User	Login Username	Login Password	Notes:
Adobe Acrobat					
QuickBooks					
Canva					
Stripe					
Constant Contact					
Bloomerang					
Facebook					
Twitter					
Google Docs					



### SAMPLE PHONE TREE





#### **Alternate Site Data Sheet**

Date Updated:		Updated I	oy:		
Site Information	1				
Contact:			Title:		
Address:					
Phone:			Email:		
Home/Alternate	e Contact Inform	ation			
Address:					
City:		State:		Zip:	
Phone:			Email:		
Cell Phone:			Text Msg: 🗆 Y	es 🗆 No	
C'I - I t-I'					
Site Logistics	puters Available		Number of Dhe	mas Avsilable.	
Number of Com	•	•	Number of Phones Available:  Internet/Phone Service: ☐ Yes ☐ No		
List Required Eq			internet/Filone Service. 🗆 Tes 🗀 No		
List Nequired Eq	uipilient.				
List Required So	ftware:				
	ipment and Servi	,	T	T	
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?
	reison kesponsible	Completeur
Gather updates for your Disaster Boxes		
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:		
What your organization's response actions are		
Who to contact with questions		
Where response operations will be located		
Where response operations will be located     When someone will be back in the office (if possible)		
when someone will be back in the office (ii possible)		
Add information to your website and social media platforms		
regarding:		
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)		
tinen some sim we buck in the cine (ii 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.		
LOCK all Willdows.		
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:	Date Updated:	Updated by:
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#### 48 Hours Prior to Evacuation

40 Hodist Hot 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.		
response functions.		
Communicate with your property manager so that you know		
each other's plans. Get copies of keys and security codes if		
necessary.		
If your nonprofit will be active in the hurricane response		
efforts, go shopping for:		
<ul> <li>Water and food for all essential employees, volunteers</li> </ul>		
and clients for a minimum of 3 days.		
<ul> <li>Spare batteries for flashlights, radios, portable TVs, and</li> </ul>		
other electronics.		
<ul> <li>Ensure that all staff and organizational vehicles have</li> </ul>		
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		
	1	i



#### **Pre-Evacuation Report**

Date Updated:_			
Employee Name	ə:		
Employee Title/	Position:		
Evacuation De	stination		
Physical Addre	ess:		
City:	State:	Zip Code:	
Phone:	Alte	Alternate Phone:	
Email:		Best Way to Contact:	
Bank Routing 8	& Account Number:		
Emergency Cor	ntact		
Name:	Re	Relationship:	
Phone:	En	Email:	
Project Deadli	nes (Please include all current projects	and those upcoming in the next 4 weeks)	
Project 1:	Tasks (include progress and	Contacts (name, phone & email):	
-	deadline):		
	•		
	Goals:	Financial Obligations:	
Project 2:	Tasks (include progress and	Contacts (name, phone & email):	
•	deadline):		
	•		
	Goals:	Financial Obligations:	





### **Parish Coordinated Response Contact Record**

Updated by:		
State	Zip Code:	
	-	
Best Way to Contact:		
	best way to contact.	
Ctata	Zip Code:	
	•	
Aiternate	Best Way to Contact:	
	best way to contact.	
State:	Zip Code:	
Alternate Phone:		
	Best Way to Contact:	
Ctata	Zip Code:	
	•	
Alternate		
	Best Way to Contact:	
	State: Alternate  State: Alternate	