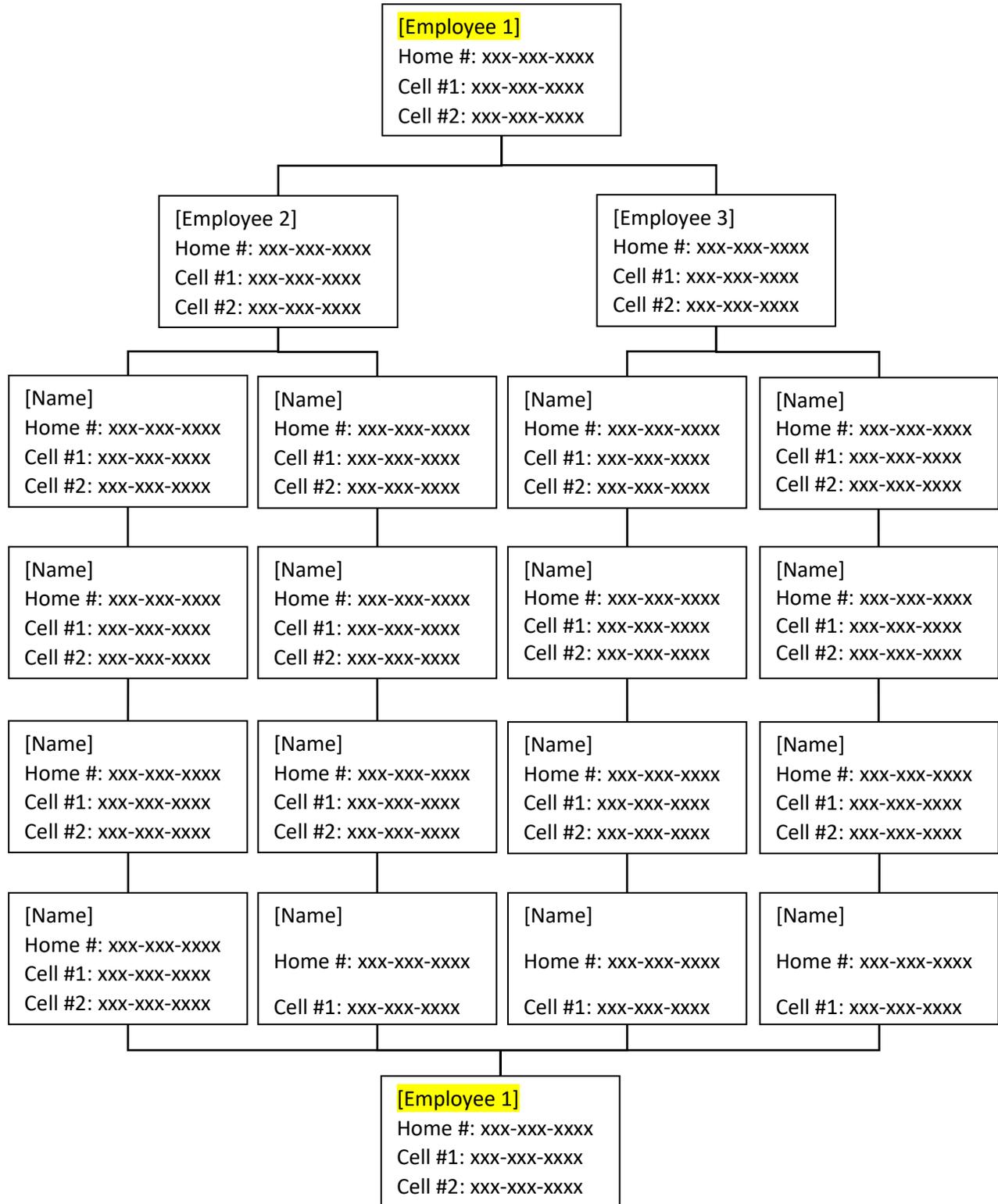


# **Text or Phone Tree Template**



# Text / Phone Tree Template



### **How to use a Text/Phone Tree**

1. [Employee 1] will contact Employees 2 & 3 with the information that needs to be passed down through the tree, and then each of those people will contact the person below them.
2. When you receive a text/phone call you must then:
  - If Text: confirm you received the text and will continue the tree
  - Contact the Employee under your name
3. If you do not reach the next person on the tree (ie: you get no response / voicemail, or no answer):
  - You must then contact the next person on the list - keep doing this until you reach someone.
  - You are responsible for that missed person(s) and must continue to try to contact them. Once you make contact, if you have already skipped over them, instruct them to not continue the tree.
  - Information on who has not been contacted or responded should be communicated back to Employee 1 after 6 hours
4. The last person in each row contacts Employee 1 to let them know the text/phone tree was completed

#### **Notes for designing a Text / Phone tree for your organization:**

- Traditionally these “trees” were set up for phone calls, but often in a disaster phone lines go down or can be overwhelmed, whereas text messages are often able to go through. Choose which method best suits your organization and the type of disaster you are likely to experience.
- Employee 1 should be selected based on their ability to manage and oversee the completion of the tree and be well connected to those in the organization making decisions about disaster response and communications. Head of HR or an office manager is often a good choice here.
- All employees should be included in the tree. Expand on or add to the tree as needed to accommodate all staff.
- One person should be put in charge of contacting new staff who have not yet been added to the tree since its last update.
- Include this tree in the list of documents that the organization updates on a regular basis.

# Disaster Box Content Checklist



### 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

# Employees Contact Record



### 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:



**Business Services Contact Record**

Date Updated: \_\_\_\_\_ Updated by: \_\_\_\_\_

<b>Business Type</b>	<b>Company Name</b>	<b>Contact</b>	<b>Phone</b>	<b>Email</b>	<b>Account #</b>
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					

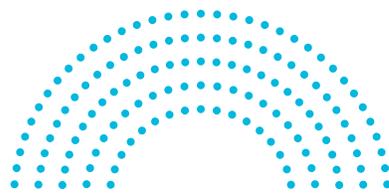


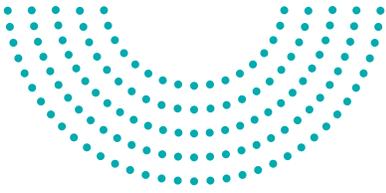
# Supplier Contact Details

## *Use this chart*

to keep track of your suppliers and any information about them that could be relevant to restore continuity.

Supplier name			
Contract type			
Reference number			
Contact details			





# Technology Recovery Contacts

*Use the form below*

to keep track of contacts such as computer maintenance providers that you'll need during your recovery.

Name				
Role (such as network, database, systems)				
Type of vendor (such as consultant, company, corporation)				
Preferred contact method (email/mobile/IM)				
Contact info				

# **Technology and Facilities Information**





**Alternate Site Data Sheet**

Date Updated: \_\_\_\_\_ Updated by: \_\_\_\_\_

**Site Information**

<b>Contact:</b>	<b>Title:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Email:</b>

**Home/Alternate Contact Information**

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

**Site Logistics**

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

**List Required Software:**

**Alternative Equipment and Service Providers**

Service	Name	Phone	Email	Account #	Notes
Computer					
Furniture					
Phone Redirect					

**Notes:**

## Computer Workstation Inventory

Date Updated: \_\_\_\_\_ Updated by: \_\_\_\_\_

### General Information

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

### Hardware Specs

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

### Software Applications

<b>Operating System:</b>	<b>Office Version:</b>
<b>Antivirus Brand and Version:</b>	
<b>Other Software:</b>	

### Monitor

<b>Brand:</b>	<b>Model:</b>
<b>Model #:</b>	<b>Serial #:</b>
<b>Vendor:</b>	<b>Purchase Date:</b>

Photos Taken and ID Numbers: \_\_\_\_\_

### Notes:



### Special Equipment Inventory

Date Updated: \_\_\_\_\_ Updated by: \_\_\_\_\_

#### General Information

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

#### Replacement Information

<b>Vendor:</b>	<b>Phone #:</b>
<b>Alternate Vendor:</b>	<b>Phone #:</b>
<b>Order Time for Replacement:</b>	

Photos Taken and ID Numbers: \_\_\_\_\_

#### Additional Features/Specs

#### Notes:

## 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:** \_\_\_\_\_

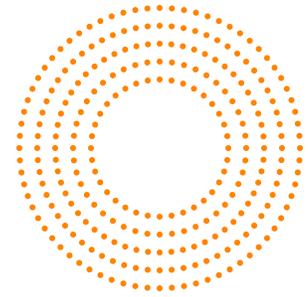
**Vendor:** \_\_\_\_\_ **# of Licenses:** \_\_\_\_\_

**Product Key:** \_\_\_\_\_

**Notes:**



# Technology Priorities Assessment



*This chart may be helpful  
in identifying the  
essential applications  
that are required to operate  
your organization.*

You can map which applications may be needed over the 24 hours, three days, and week following a disaster.

Department			
Location			
Application			
Workstation/server ID			
Needed within 1 day?			
Needed within 3 days?			
Needed within 7 days?			

# Key Recovery Staff

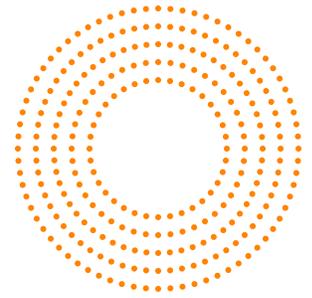
*Here we assume that all staff members are available to help.*

If that's true, the table below helps you to identify the personnel who are essential to recover your systems and where these systems will be recovered.

Service type			
Assigned personnel			
Location			



# Report Requirements



## *Use this chart*

to keep track of all of the reports that you have and need. Note if a report is of a central or critical nature and its special requirements.

Report/file name				
Author				
Last modified by				
Last known location				
Encrypted?				
Priority (high/mid/low)				
Recovered?				
Checked out by				

# Phone System Recovery

## *Use this chart*

to identify what your phone requirements will be after a disaster.

Number at primary site				
Replacement available?				
Necessary at recovery site?				
Single line?				
Two lines?				
Speaker phone				
Recording				
Private line?				

# Data Backup Records

Information about where, how, and how frequently your data is stored and backed up	
Instructions for how to restore your data	
Passwords for encrypted data	
Login information for administrative accounts on all computers	
Login information for web hosting and backup service providers	

# Pre-Evacuation Report



**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)**

<b>Project 1:</b>	<b>Tasks (include progress and deadline):</b>	<b>Contacts (name, phone &amp; email):</b>
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<b>Goals:</b>	<b>Financial Obligations:</b>
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<b>Project 2:</b>	<b>Tasks (include progress and deadline):</b>	<b>Contacts (name, phone &amp; email):</b>
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<b>Goals:</b>	<b>Financial Obligations:</b>
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# 24 Hours Prior to Evacuation



**24 Hours Prior to Evacuation**

Date Updated: \_\_\_\_\_ Updated by: \_\_\_\_\_

**24 Hours Prior to Evacuation**

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

**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"> <li>• Water and food for all essential employees, volunteers and clients for a minimum of 3 days.</li> <li>• Spare batteries for flashlights, radios, portable TVs, and other electronics.</li> <li>• Ensure that all staff and organizational vehicles have full tanks of gas, and maintain additional gas in a spare tank.</li> <li>• Other supplies you identify as necessary for your response activities.</li> </ul>		
Withdraw petty cash		

# Continuity Worksheet



## Continuity Worksheet

<b>Site: Event:</b>	<b>Probability: Impact:</b>
<b>Mission Essential Functions (MEFs) affected</b>  (Include associated Essential Supporting Activities (ESAs))	<i>List all Mission Essential Functions (MEFs) that are affected by the event</i>
<b>Staff Responsible</b>	<i>For each MEF, list the names and contact information for all related staff, all related volunteers, and all of their assigned alternates</i>
<b>Communication Needs</b>	<i>List all means of communication necessary to perform affected MEFs</i>
<b>Necessary Actions and Alternatives</b>	<i>List the functions, alternatives, and staff/volunteer requirements for each affected MEF</i>
<b>Alternate Site Activations</b>	<i>List the alternate site options for each affected MEF</i>
<b>Critical Equipment &amp; Existing Replacement Inventory</b>	<i>List the replacement options for all critical equipment that is unusable</i>

<b>Critical Supplies &amp; Existing Replacement Inventory</b>	<i>List the replacement options for all critical supplies that are unavailable</i>
<b>Vital Records &amp; Backup Locations</b>	<i>List the records and their backup locations for all vital records</i>
<b>Locations and Contacts for Replacements</b>	<i>List the names, contact information, and locations of all vendors who can be contacted regarding the replacement of unusable equipment and supplies. If a third-party manages databases, IT, and digital records, include their information.</i>
<b>External Partner Contacts</b>	<i>List the agencies, contact names, and contact information of any external partners who fund or may rely on MEF performance</i>
<b>Other Contacts</b>	<i>List any other parties that should be contacted if continuity operations begin</i>

# **Memo of Understanding Sample Template**



## 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].

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[Insert Name, Title and Organization]

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[Insert Name, Title and Organization]