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**Keeping the Keys to Your Parent Center**  
An organizational tool to keep track of key places, people, codes, and other essential information

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Developed by CPIR’s Product Development Committee

*With special thanks to Tracy Kahlo* (the Military Branch @Washington PAVE)

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very Center has a horror story it can tell. Ever had a key staff leave and take the administrative access to your website with them? Remember that time you couldn’t renew your domain name, because no one knew what the password was? Where’s the Center’s bank account kept? Who can withdraw funds, who signs the paychecks? Oh *no*, no one knows!

This organizational tool can come to your rescue—well, *prevent* your needing to *be* rescued. Fill it out, update it as necessary. Safe-keep it. Don’t forget *where* you have safe-kept (stored, hidden, secured) it. And don’t be the *only* one who knows…

The tool itself, called *Key Information of Our Parent Center*, begins after this introduction, suggested uses, and the brief Table of Contents that follow. Feel free to jump to page 3—and the tool itself.

**About This Tool**The tool is basically a **road map** to the important documents and other vital information involved in running your organization every day. The information you record herein is especially critical when succession planning is being discussed and prepared for, and/or when it actually happens.

This tool combines several resources available in the [Parent Center Board Professional Development Tool Kits](https://www.parentcenterhub.org/webinar-toolkits-board-development/). It blends Tool Kit #5 (*Succession Planning*) with parts of the *Emergency Succession Plan* (by the Center for Nonprofit Advancement) and the *Organizational Inventory Sample* (from Communities in Schools.



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**Using This Tool**You can always just fill out the form as is—which is no small task in itself. BUT you can also ***modify*** the form to suit your center’s operations or particulars. For example:

* **Keep it current** | As key information changes, you’ll need to update the form to reflect the new information.
* **Add sections or line items** | Is there a key area you’d like to capture that’s not included here? Add it, whether it’s a full section or just a line item within an existing section.
* **Delete a section or a line item** | You may not need some items or sections listed. Delete them.
* **Be wily with what you share and with whom** | It’s stating the obvious, but be *extremely* *mindful* that some of your Center’s information is sensitive, needs to be kept secure, and shared with only a very few people. Not everyone needs to know financial passwords, account numbers, and the like.

Happily, the form is easy to modify. This means you can create different versions for different people. First, **save the original** **under a new file name** (using Word’s “save as” function). Then, working in the copy you’ve created, delete information that’s not appropriate to share with a wider or different group of recipients. Result? A version of your key information that includes *only* the information you *do* wish to share.

* **Secure it!** | Where will you keep the master copy of your Center’s key information? Who else will know where to find the master copy in a pinch? Who else has access to that “hiding place”? Tough questions to answer. The most important aspect is *remembering* where you’ve secured the keys to your kingdom. Don’t keep changing that place either, or you’ll never be able to find the form when you need it!

**Table of the Tool’s Sections**

* Nonprofit Status
* Financial Information
* Auditor
* Bank
* Investments
* Legal Counsel
* Human Resources Information
* Payroll
* Facilities Information
* Office Security System
* Insurance Information

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**Key Information of Our Parent Center**

**\_\_**[**Type the name of your center here**]**\_**

**Date This Form was Filled Out or Last Updated**: *[Fill in the date when this form is being filled out or updated.]*

**Name of Person Completing or Updating Document**: *[Fill in the name of the person completing or updating this form.]*

**Nonprofit Status** *(Delete any of these items or locations that aren’t relevant for your center.)*

IRS Determination Letter

* Onsite Location *[Fill in…where.]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

IRS Form 1023

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Bylaws

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Mission Statement

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Board Minutes

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Corporate Seal

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

***Next Page: Financial Information about Your Center***

**Financial Information** *(Delete any of these items or locations that aren’t relevant for your center.)*

Employer Identification Number (EIN) #: *[Fill in EIN number.]*

Current and previous Form 990s

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Current and previous audited financial statements

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

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

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Internal Control Document

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

State or District Sales-Tax Exemption Certificate

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Blank Checks

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Computer passwords

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Donor Records

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Client Records

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Gambling/Raffle

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

***Continued on next page…***

Vendor Records

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Volunteer Records\*

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

**Auditor**

Name: *[Fill in the name of your center’s auditor.]*

Company: *[If the auditor is with a company, fill in the company’s name.]*

Phone Number: *[Fill in the auditor’s phone #.]*

Email: [*Fill in the auditor’s email address.]*

**Bank**

Name: *[Fill in the name of the bank your center uses.]*

Account Numbers: *[Enter all of your center’s account numbers at that bank, separated by a \*\*]*

Branch Representative(s): *[Fill in the name of the bank’s representative you work with, if any.]*

Phone Number: *[Fill in the phone number of the bank and/or its representative.]*

Fax: *[Fill in the bank or representative’s fax number.]*

Email: *[Fill in the bank and/or its representative’s email address.]*

**Investments**

Financial Planner / Broker Company: *[Fill in the name of planner or broker company, if any.]*

Representative Name: *[Fill in the name of the representative you normally work with.]*

Phone Number: [Fill in the financial planner’s or broker representative’s phone number.]

Email: *[Fill in pertinent email addresses.]*

***If not outlined in the Internal Controls:***

Who is authorized to make transfers? *[List person authorized for transfers.]*

Who is authorized to make *wire* transfers? *[List person authorized for wire transfers.]*

Are there alternatives? *[List your center’s alternatives for transfers or wire transfers.]*

Who are the authorized check signers? *[Fill in the names of those authorized to sign checks for your center.]*

Is there are office safe? *[Type in “Yes” or “No”]*

Who has the combination or keys to the office safe? *[Fill in the name of person(s) with combination or keys to the office safe.]*

**Legal Counsel**

Name: *[Fill in the name of attorney for your Parent Center.]*

Firm of attorney: *[Fill in the firm’s name, if relevant.]*

Phone number: *[Fill in the phone # of the attorney.]*

Firm’s phone number: *[Fill in the phone # of the attorney.]*

Attorney’s email address: *[Fill in the attorney’s email address.]*

Firm’s email address: *[Fill in the email address of the attorney’s firm, if relevant.]*

**Human Resources Information**

Employee Records/ Personnel Info *(Names, home addresses, phone numbers, email, emergency contacts, etc.)*

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

I-9s

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

**Payroll**

Company Name: *[Fill in name of the company that does your center’s payroll.]*

Account Number: *[Fill in the account number from which payroll is drawn.]*

Payroll Rep: *[Fill in name of the company’s representative who does your center’s payroll.]*

Phone Number: *[Fill in the phone # of the representative who does your center’s payroll.]*

Email: *[Fill in the representative’s email address.]*

**Facilities Information**

Office Lease (for renters)

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

Building Deed (for owners)

* Onsite Location *[Where?]*
* Offsite Location *[Where?]*
* Online URL *[Where?]*

**Office Security System**

Company Name: *[Fill in name of the company responsible for office security system.]*

Account Number: *[Fill in your center’s account number with that company.]*

Representative’s Phone Number: *[Fill in the phone # of the person you’d call at that company.]*

Representative’s email address: *[Fill in the email address of that person.]*

Broker’s Phone Number: *[Fill in the phone # of the broker you’d call at that company.]*

Broker’s email address: *[Fill in the email address of the broker.]*

**Insurance Information**

***General Liability / Commercial Umbrella***

Company/Underwriter: *[Fill in name of company or underwriter for your center’s insurance policy.]*

Policy Number: *[Fill in your center’s insurance policy number.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of the insurance representative.]*
* Phone number: *[Fill in the phone number of the insurance rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the name of the insurance broker.]*
* Phone number: *[Fill in the phone number of the insurance broker.]*
* Email address: *[Fill in the broker’s email address.]*

***Directors & Officers Liability***

Company/Underwriter: *[Fill in name of company or underwriter for your center’s insurance policy.]*

Policy Number: *[Fill in your center’s insurance policy number.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of the insurance representative.]*
* Phone number: *[Fill in the phone number of the insurance rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the name of the insurance broker.]*
* Phone number: *[Fill in the phone number of the insurance broker.]*
* Email address: *[Fill in the broker’s email address.]*

***Health Insurance***

Company/Underwriter: *[Fill in name of company or underwriter for your center’s health insurance.]*

Policy Number: *[Fill in the policy number of your center’s health insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of the health insurance representative.]*
* Phone number: *[Fill in the phone number of the health insurance rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the name of the health insurance broker.]*
* Phone number: *[Fill in the phone number of the health insurance broker.]*
* Email address: *[Fill in the broker’s email address.]*

***Unemployment Insurance***

Company/Underwriter: *[Fill in company/underwriter for your center’s unemployment insurance policy.]*

Policy Number: *[Fill in the policy number for your center’s unemployment insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of the unemployment insurance representative.]*
* Phone number: *[Fill in the phone number of the unemployment insurance rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the name of the unemployment insurance broker.]*
* Phone number: *[Fill in the phone number of the unemployment insurance broker.]*
* Email address: *[Fill in the broker’s email address.]*

***Workers’ Compensation***

Company/Underwriter: *[Fill in name of company/underwriter of your worker’s compensation policy.]*

Policy Number: *[Fill in the policy number for your center’s worker’s compensation insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of the worker’s compensation representative.]*
* Phone number: *[Fill in the phone number of the worker’s compensation rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the name of the worker’s compensation broker.]*
* Phone number: *[Fill in the phone number of the worker’s compensation broker.]*
* Email address: *[Fill in the broker’s email address.]*

***Disability Insurance (short-term)***

Company/Underwriter: *[Fill in name of company/underwriter for your center’s short-term disability insurance policy.]*

Policy Number: *[Fill in the policy number for your center’s short-term disability insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of representative of your center’s short-term disability insurance.]*
* Phone number: *[Fill in the phone number of the rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the broker’s name for your center’s short-term disability insurance.]*
* Phone number: *[Fill in the broker’s phone number.]*
* Email address: *[Fill in the broker’s email address.]*

***Disability Insurance (long-term)***

Company/Underwriter: *[Fill in name of company/underwriter for your center’s long-term disability insurance policy.]*

Policy Number: *[Fill in the policy number for your center’s long-term disability insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of representative of your center’s long-term disability insurance.]*
* Phone number: *[Fill in the phone number of the rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the broker’s name for your center’s long-term disability insurance.]*
* Phone number: *[Fill in the broker’s phone number.]*
* Email address: *[Fill in the broker’s email address.]*

***Life Insurance***

Company/Underwriter: *[Fill in name of company/underwriter for your center’s life insurance policy.]*

Policy Number: *[Fill in the policy number for your center’s life insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of the representative for your center’s life insurance policy.]*
* Phone number: *[Fill in the phone number of the rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the broker’s name for your center’s life insurance policy.]*
* Phone number: *[Fill in the broker’s phone number.]*
* Email address: *[Fill in the broker’s email address.]*

***Dental***

Company/Underwriter: *[Fill in name of company/underwriter for your center’s dental insurance policy.]*

Policy Number: *[Fill in the policy number for your center’s dental insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of representative of your center’s dental insurance.]*
* Phone number: *[Fill in the phone number of the rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the broker’s name for your center’s dental insurance.]*
* Phone number: *[Fill in the broker’s phone number.]*
* Email address: *[Fill in the broker’s email address.]*

***Long Term Care***

Company/Underwriter: *[Fill in name of company/underwriter for your center’s long-term care policy.]*

Policy Number: *[Fill in the policy number for your center’s long-term care insurance.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of representative of your center’s long-term care insurance.]*
* Phone number: *[Fill in the phone number of the rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the broker’s name for your center’s long-term care insurance.]*
* Phone number: *[Fill in the broker’s phone number.]*
* Email address: *[Fill in the broker’s email address.]*

***Retirement Plan***

Company/Underwriter: *[Fill in name of company/underwriter for your center’s retirement plan.]*

Policy Number: *[Fill in the policy number for your center’s retirement plan.]*

Representative’s name, phone number, and email address

* Name: *[Fill in the name of representative of your center’s retirement plan.]*
* Phone number: *[Fill in the phone number of the rep.]*
* Email address: *[Fill in the rep’s email address.]*

Broker’s name, phone number, and email address

* Name: *[Fill in the broker’s name for your center’s retirement plan.]*
* Phone number: *[Fill in the broker’s phone number.]*
* Email address: *[Fill in the broker’s email address.]*