CAA Salary and Benefits Survey 2021

Center for Community Futures

You can fill out this survey online at
https://www.CenterForCommunityFutures.com/caa/caa-salarysurvey2021

Use Agency Data up to June 30, 2021

Please complete and submit this salary survey **before Friday, October 15, 2021.** Please answer ALL of the questions. **Your individual agency responses will remain confidential.** Thank you for your participation. If you have questions call Teresa Wickstrom at 909-790-0670 or e-mail teresa@cencomfut.com. Note: Our offices are in Pacific Time.

**** It Is Very Important that You Answer As Many Questions As Possible. ****

A. About Your Agency

1. Agency Name: _____

2. Mailing Address: _____

City _____ ST ___ Zip _____

3. Survey Responder: _____
(Name of person filling out most of the survey)
Phone: ( ) _____ Ext_____ *with extension if applicable*

4. Name of Executive Director:_____

5. E-mail if we have questions:_____

6. Is your service delivery area mostly: ( ) Urban ( ) Rural ( ) Mixed, Part Urban/Part Rural

7. Is your agency: ( ) Private non-profit ( ) Public non-profit

8. Your agency's total budget from all funding sources: $_____ (*Must be a dollar amount)*
Include in kind or matching share donations only if they were cash and used for salaries.

9. Number of people on your agency's latest payroll: _____total persons. (NOT a dollar amount)

10. Number of Full-Time Equivalent employees, latest payroll: _____ FTEs
If your agency has a 40-hour work week, one employee working the 40-hour workweek equals 1 FTE. Two part-time staff working 20 hours per week = 1 FTE.

Stop and review. If each of the first ten questions are not answered, we cannot use your survey data.

11. Number of Full-Time Equivalent Employees in the following categories, latest payroll...
Clerical staff _____ FTEs *(Typists, Clerks, Data Entry Operators, etc.)*
Program Specialists _____FTEs *(Accountants, Nutritionists, Specialists, etc.)*
Management _____FTEs *(Executive Director, Program Directors, Dept Managers, etc.)*
*NOTE: These three categories are **not** intended to include EVERY employee. None of these are catch-all categories.*

12. Does your agency have professional liability ("errors and omissions" or "E&O") insurance covering your Board and senior staff? *Do not include Employee Dishonesty unless it is a part of your E&O coverage*

	Yes or No	*If Yes, Amount of Coverage:*	*Cost per Year:*
Example:	*Yes*	*Up to $1,000,000.00*	*$1,925.00*
Executive Director	( ) Yes ( ) No	$_____	$_____
Board of Directors	( ) Yes ( ) No	$_____	$_____

COMBINED/Both	( ) Yes ( ) No	$_____‘	$_____’
Other	( ) Yes ( ) No	$_____‘	$_____’

13. At what rate does your agency reimburse employees for use of their own automobiles on agency business?
$0.____ cents/mile. (If your agency does not reimburse mileage, please check here ( ).
(The current Federal standard mileage rate is $0.56.)

14. Does your agency have "Exempt" and "Non-Exempt" categories, depending on whether employees are exempt from state wage-and-hour (overtime) laws?
( ) Yes ( ) No
If yes, Percent Exempt ___% Percent Non-Exempt ___% ***(Note: these two percentages must equal 100%)***

B. About Salaries and Pay Rates in Your Agency.

- **Provide the lowest-paid (minimum) annual salary or hourly pay rate for each position listed**.
- Skip positions that do not exist in your agency. Just leave them blank. Do not enter "$0" nor "N/A" because that skews the data.
- IMPORTANT: We do not intend to cover every single position title of your agency. The following positions are included in the survey because experience has shown that these are the *most common* job titles in CAAs. If there is a position listed below that is *essentially the same* but has a different title in your agency, please use the given position to enter the information.
- **DO NOT cross out the position titles listed.** You can add agency position titles at the bottom of the section under "Other." Use the "Other" fields for combined positions too.

Question 15. The positions and pay rates. *(* designates new positions we've added to this survey)*	**Lowest Paid Hourly Pay Rate**	**Lowest Paid Annual Salary**
Accountant, certified		
Accountant, non-certified		
Administrative Assistant (Agency)		
Bookkeeper		
Case Management Supervisor		
Case Manager/Family Self Sufficiency Worker		
Community Coordinator*		
Community Services Director		
Contact Tracer*		
Cook		
CSBG Coordinator*		
Day Care Director		
Deputy Director/Vice President		
Driver		
Economic Development Specialist		
Energy Director		
Executive Director/CEO/President		
Executive Secretary		
Family Self Sufficiency Supervisor		

Finance/Fiscal Director		
Grant Writer*		
Head Start Director		
Head Start Program Area Coordinator		
Head Start Program Area Manager		
Head Start Teacher, with Degree		
Head Start Teacher, without Degree		
Health Screener*		
Housing Director		
Housing Navigator*		
Human Resources/Personnel Director		
Human Resources/Personnel Manager		
Janitor/Custodian/Maintenance Worker		
LIHEAP Eligibility Worker		
Office Manager		
Outreach/Intake Supervisor		
Outreach/Intake Worker		
Receptionist		
Rental Assistance Staff*		
Shelter Staff*		
Solar Installer		
Transportation Director		
Typist/Clerk		
Weatherization Crew Lead*		
Weatherization Director*		
Weatherization Energy Auditor*		
Weatherization Intake Specialist*		
Weatherization Program Manager*		
Weatherization Retrofit Installer		
Weatherization Quality Control Inspector*		
Youth Program Leader*		
Other MAJOR position:_____		
Other MAJOR position:_____		
Other MAJOR position:_____		

16. Did your agency give Cost-of-Living pay increases to all your employees in calendar year 2020 or so far in 2021?
( ) Yes ( ) No
If "Yes," (average) percent of COLA increase: ____%. *Do not write a range such as 2-5%. Use the most commonly given percentage increase.*
If the percentage is not available, what was the dollar amount awarded? $ ____

17. Did your agency give merit pay increases to any employees in 2020 or so far in 2021?
( ) Yes ( ) No
If Yes, amount of largest merit increase: ____% Or the largest dollar amount awarded? $ ____

18. Did your agency give gain-sharing or profit sharing with any employees in the last fiscal year?
( ) Yes ( ) No
If yes, what amounts for what type(s) of gains or ventures?
____

19. Do you contemplate doing gain-sharing or profit-sharing at any point in the future?
( ) Yes ( ) No
If yes, for what type(s) of gains or profit-making activity?
____

20. In your last fiscal year, what is the total amount your agency paid for Contract Professionals...
Auditors $ ____
Attorneys $ ____
Management, Program Consultants $ ____
If no money was paid, write "0." If the info is not available, write "N/A." No line should be left blank.

C. About Your Agency's Fringe Benefit Package.

21. Check **YES or NO** beside each of the following fringe benefits your agency provides for professional staff and indicate the contributions of employer and employee to each benefit. **Note that we are asking for a Percentage of the cost paid, not a dollar figure. Reading across, the percentages provided must equal 100%.**

Does the CAA provide this insurance for full-time staff?		If the Insurance is provided for, what **percentage of the cost** of the insurance is paid for by:	
Yes or No	Type of Insurance	% CAA Pays	% Employee Pays
( ) Yes ( ) No	Health Insurance, Single Coverage	____%	____%
( ) Yes ( ) No	Health Insurance, Dependent/Family	____%	____%
( ) Yes ( ) No	Dental Insurance, Single Coverage	____%	____%
( ) Yes ( ) No	Dental Insurance, Dependent/Family	____%	____%
( ) Yes ( ) No	Life Insurance	____%	____%
( ) Yes ( ) No	Disability Insurance, Short Term	____%	____%
( ) Yes ( ) No	Disability Insurance, Long Term	____%	____%
( ) Yes ( ) No	Retirement Benefits	____%	____%
		Is this a Match percent? ( ) Yes ( ) No Is this a percentage of pay? ( ) Yes ( ) No Describe: ‘	
( ) Yes ( ) No	Tuition Reimbursement	____% or $ ____‘	

( ) Yes ( ) No	Other Career Development Reimbursement	%		
( ) Yes ( ) No	Vision, Single	%		%
( ) Yes ( ) No	Vision, Dependent	%		%
( ) Yes ( ) No	Other Insurance: Describe:_____‘	%		%

22. How many vacation days per year, and sick leave days per year, does your agency give, for various periods of years-of-service?

- Information about Accrual or Accumulation policies is not used – so don't include it.
- In many instances, the number of days given for leave does not vary by years of service — if this applies to your agency, you can draw continuance lines.
- Please note that we are asking for the total number of Days awarded--**not hours earned per month** nor billing cycle. You may need to convert your agency's vacation and sick leave policies to number of days per year.
- For less than one year of service, give the maximum number of days awarded.
- If Vacation Days and Sick Days are combined (i.e., leave days), check here: ( ) and fill out ONLY the Combined Leave Days column.

Years of Service:	**Number of Vacation Days**	**Number of Sick Days**	**Combined Leave Days** *(Not for adding previous two column entries)*
Less than 1 Year			
1 Year			
2 Years			
3 Years			
4 Years			
5 Years			
6 Years			
7 Years			
8 Years			
9 Years			
10 Years			
11 Years			
12 Years			
13 Years			
14 Years			
15 Years			
16 Years			
17 Years			
18 Years			
19 Years			
20 Years			

20+ Years	_	_	_

For 20+, give the maximum number of days awarded for over 20 years of service (which might be as high as 30 or more)

23. The amount your agency has budgeted for fringe benefits constitutes what percentage of your agency's budget for all their salaries and wages?

___%

Fringe benefits = Your agency's fringe benefits which might include health, dental, life, disability insurance; retirement benefits; tuition reimbursement; career development reimbursement; other insurance; paid vacation and sick days. Usually ranges from 20 to 40% of agency's salaries & wages budget.

24. Number of paid Holidays your agency gives in 2021:

___ Paid holidays.

(Hint: New Year's Day + Birthday of Martin Luther King, Jr. + Washington's Birthday +Memorial Day + Independence Day + Labor Day + Columbus Day + Veterans Day + Thanksgiving Day + Christmas Day =10).

Is there any variation by years of service?

( ) Yes ( ) No

If yes, please describe: _____

D. About Your Agency's Other Personnel Practices

25. Does your agency give paid maternity leave (in addition to personal, disability, or sick leave)?

Select No if Maternity leave is only covered under Disability leave.

( ) Yes ( ) No

If "Yes," list maximum length of maternity leave: ___ days

26. Your agency's basic work week hours are:

( ) 40 ( ) 37.5 ( ) 35 ( ) Under 35

27. Does your agency give "flex-time" (permitting employees some choice when their workday starts)?

( ) Yes ( ) No

28. Does your agency permit "job sharing?"

( ) Yes ( ) No

By job sharing, we mean when 2 or more people occupy the exact same position. It does not refer to individuals having the same position titles but working different jobs.

29. When was the last time your agency: (Must enter M/D/YYYY)

Give the specific month, day, and the year. If your Agency is working on updating now, we still need to know the dates of the last updates.

Updated its personnel policies? __/__/____

Updated its wage practices/fringe benefits? __/__/____

30. Are there any positions you have had difficulty recruiting for in the last year?

( ) Yes ( ) No

If "Yes," please list which positions have been difficult to recruit:

_____

Are recruiting difficulties due (at least in part) to the low salary you must offer?

( ) Yes ( ) No

Are there other reasons for recruiting difficulties? (check as many as apply):

( ) Inadequate Hours

( ) Competition
( ) Credentials/licenses/degrees required
( ) Lack of benefits
( ) Unqualified applicants
( ) Location

( ) Covid-19
( ) Don't Know
( ) Other, please describe: _____

Notes/Comments: This is where you can provide more information about any of your responses.
_____

31. Stop and review. Have you answered each of the questions, especially the first ten? If *any* of them are blank, Teresa will need to contact you for the missing information. If you have questions, please e-mail her at teresa@cencomfut.com or call her at 909-790-0670.

***Thank You ***

CAA Salary and Benefits Survey Report 2021 Order Form

As our special thanks for your time and effort in completing this survey, we would like to give you a discount on the purchase of the CAA Salary and Benefits Survey Report 2021. For those who participate in the survey, the price of the Report is $345 if you pay in advance for the PDF or Word file. It is $375 if you order now but—after publication – we call you for credit card information.

For agencies that do not participate: PDF or Word file is $475.

For both participating and nonparticipating agencies, add $30 if we have to send you an invoice.

If you pay by credit card we email a receipt through the Square system that processes the payments. If you pay by check we will e-mail you a "Paid" invoice copy as receipt.

Publication date is before December 31, 2021.

Please fill in the following.

We want to order the CAA Salary and Benefits Report 2021. Send it to:

( ) Yes ( ) No ( ) Undecided

Person's Name: _____

Agency Name: _____

Mailing Address: _____

City _____ ST ____ Zip _____

E-mail it to: _____

Phone Number of person paying: ( ) _____ Extension: _____

Select:
( ) PDF, $345 prepaid by check or credit card.

( ) Word file, $345 prepaid by check or credit card.

Payment Options:

( ) Check enclosed made payable to Center for Community Futures. EIN: 68-0162602

( ) Credit card: Visa, MasterCard, and American Express. Who should Jim call for the info?

( ) Bill us when you send the report. Add $30.

( ) Purchase Order # (if available)

E-mail the completed survey to Teresa Wickstrom, teresa@cencomfut.com, or mail it to the address below.

*** * * Thank You * * ***

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