



Dear Executive Director:

Here it is, the **CAA Salary and Benefits Survey 2025**. This is our third decade of performing this biannual study and publishing the results in a useful Report so Community Action Agencies can see how their pay rates, personnel practices, fringe benefits, and budgets compare with CAAs of a comparable size nationwide.

The network continues to face challenges. Once again, a President's budget proposes to zero out key federal appropriations for community action. I remember way back -- when Presidents Nixon and then Reagan proposed to zero us out -- and we are still here. Since then, CAAs have grown significantly, braiding together sources of funding into a complex financial and personnel system. This survey will reflect community action in all its uniqueness. Find out for yourself and your colleagues how your agency's fringe benefits, personnel policies, and pay rates compare with other CAAs.

We ask many of the same questions that we did when the first survey was issued in 1995, and have added positions and types of benefits as programs have changed. As in years past, there is no grant money supporting this survey. This research is paid for by you through your purchase of the survey report. Agencies that submit their surveys before the deadline can purchase the Report for \$365 (prepaid). For non-participating agencies, the price of the Report will be \$495.00.

This year's survey is different from previous ones primarily in the method of distribution to you. Instead of using an online webform that some browsers cannot handle, we are sticking to **e-mail only** for survey submissions and follow-up.

We appreciate your understanding and your participation in this important study. Just fill out the survey below, and return it to us as soon as possible. If you have questions, contact Teresa Wickstrom at [teresa@cencomfut.com](mailto:teresa@cencomfut.com), or call her at 909-790-0670.

P.S. See a sample pay rate chart and the table of contents from our previous Report at <https://www.centerforcommunityfutures.com/caa/caa-salariesurvey2023>

Sincerely,

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**CAA Salary and Benefits Survey 2025**

Use Agency Data up to June 30, 2025

Please complete and submit this salary survey as soon as possible. (The previous deadline of Friday, October 24, 2025 has been extended indefinitely due to the government shutdown.)

- **It is most helpful if you** answer ALL of the questions, or reply “N/A” if the data is not available (except for the pay rates section, leave positions that don’t exist at your agency blank).
- Your individual agency responses will remain confidential.
- If you have questions you can send them via email to [teresa@cencomfut.com](mailto:teresa@cencomfut.com) and add Teresa Wickstrom to your safe senders (or equivalent) list.
- You can also call Teresa at 909-790-0670 but note that our offices are in Pacific Time.
- Use capital letter X to indicate Yes in the parenthesis of survey questions, like this: ( X )
- Thank you for your participation.

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

A. About Your Agency

- Agency Name:
- Mailing Address:   
City  ST  Zip
- Survey Responder:  (Name of person filling out most of the survey)  
Phone: (  )  Ext  with extension if applicable
- Name of Executive Director:
- E-mail if we have questions:
- Is your service delivery area mostly:  Urban  Rural  Mixed, Part Urban/Part Rural
- Is your agency:  Private non-profit  Public non-profit  Don't Know  Other
- Your agency's total budget from all funding sources: *Include in kind or matching share donations **only** if they were cash and used for salaries.*  
\$  (Must be a dollar amount).
- Number of people on your agency's latest payroll:  total persons. (NOT a dollar amount)
- 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...

NOTE: These three categories are not intended to include EVERY employee. None of these are catch-all categories.

- Clerical staff (Typists, Clerks, Data Entry Operators, etc.):  
 FTEs
- Program Specialists (Accountants, Nutritionists, Specialists, etc.):  
 FTEs
- Management (Executive Director, Program Directors, Dept Managers, etc.):  
 FTEs

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:
<i>Example:</i>	<i>Yes</i>	<i>Up to \$1,000,000.00</i>	<i>\$1,925.00</i>
Executive Director (only)	( ) Yes ( ) No	\$ <input type="text"/>	\$ <input type="text"/>

Board of Directors (only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
COMBINED/Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____

13. At what rate does your agency reimburse employees for use of their own automobiles on agency business? *If your agency does not reimburse mileage, please check here ( ).*  
 \$0. \_\_\_\_\_ cents/mile.

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.
- **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 title to enter the information.
- **DO NOT** delete 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 <b>lowest</b> pay rates.	<u>Hourly Pay Rate</u>	<u>Annual Salary</u>
Accountant, certified	\$ _____	\$ _____
Accountant, non-certified	\$ _____	\$ _____
Administrative Assistant (Agency)	\$ _____	\$ _____
Bookkeeper	\$ _____	\$ _____
Case Management Supervisor	\$ _____	\$ _____
Case Manager/Family Self Sufficiency Worker	\$ _____	\$ _____
Community Coordinator	\$ _____	\$ _____
Community Services Director	\$ _____	\$ _____
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	\$ _____	\$ _____

Question 15. The positions and <b>lowest</b> pay rates.	<b>Hourly Pay Rate</b>	<b>Annual Salary</b>
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: <input type="text"/>	\$	\$
Other MAJOR position: <input type="text"/>	\$	\$
Other MAJOR position: <input type="text"/>	\$	\$

16. Did your agency give Cost-of-Living pay increases to all your employees in calendar year 2024 or so far in 2025?  
 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 2024 or so far in 2025?

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... (If no money was paid, write "0." If the info is not available, write "N/A." No line should be left blank.)

Auditors \$ \_\_\_\_\_

Attorneys \$ \_\_\_\_\_

Management, Program Consultants \$ \_\_\_\_\_

**C. About Your Agency's Fringe Benefit Package.**

21. Check YES or NO beside each of the following fringe benefits your agency provides for full-time staff and indicate the **percentage of the cost paid** by the 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 <b>percentage of the cost</b> of the insurance is paid for by:	
Yes or No	Type of Insurance	% CAA Pays	% Employee Pays
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance, Single Coverage	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance, Dependent/Family	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Insurance, Single Coverage	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Insurance, Dependent/Family	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance, Short Term	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance, Long Term	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Benefits	_____%	_____%
		Is this a Match percent? <input type="checkbox"/> Y <input type="checkbox"/> N Is this a % of pay? <input type="checkbox"/> Y <input type="checkbox"/> N Describe: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuition Reimbursement	_____ % or \$ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Career Development Reimbursed	_____%	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision, Single	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision, Dependent	_____%	_____%
<input type="checkbox"/> Yes <input type="checkbox"/> 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 enter data only in the fields in which a change of days occurs.

- 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/PTO section. \* This column is NOT for adding up the previous entries.

<u>Years of Service:</u>	<u>Number of Vacation Days</u>	<u>Number of Sick Days</u>	<u>* Combined Leave Days/PTO</u>
Less than 1 Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
17 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
20+ Years	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>For 20+, give the maximum number of days awarded for over 20 years of service (which might be as high as 30 or more)</i>			

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 2025:

# Paid holidays.

Is there any variation in the number of paid holidays 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)? (Check 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?" (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.)

Yes  No

29. When was the last time your agency: (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.) **Must be MM/DD/YYYY format.**

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. Specific job titles are more helpful than generalizations.

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

Unqualified applicants

Competition

Location

Credentials/licenses/degrees required

Don't Know

Lack of benefits

Other, please describe:

Notes/Comments about this survey:

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](mailto:teresa@cencomfut.com) or call her at 909-790-0670.

**\*Thank You \***



**CAA Salary and Benefits Survey Report 2025 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 2025. For those who participate in the survey, the price of the Report is \$365 if you pay in advance for the PDF or Word file. It is \$395 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 \$495. 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, 2025. Please fill in the following.

We want to order the CAA Salary and Benefits Report 2025.

Yes       No       Undecided

Send it to:

1. Agency Name:

2. Mailing Address:

City, State, Zip code:

5. E-mail the Report to:

Name & Phone Number of person paying:

     *include extension if applicable*

Select Report Format: (PDF is default)

PDF, \$365 prepaid by check or credit card.

Word file, \$365 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 Matt 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](mailto:teresa@cencomfut.com) and add her to your Allowed e-mail list (or equivalent).

**\*\*\* Thank You \*\*\***

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