



CAA Salary and Benefits Survey 2019

by the Center for Community Futures

You can fill out this survey online at
www.cencomfut.com/CAASalarySurvey.htm

Use Agency Data up to June 30, 2019

Please complete and submit this salary survey **before Friday, October 4, 2019**. 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, State, Zip: _____

3. Survey Responder: _____ Phone: (____) _____ Ext: ____
(Name of person filling out most of the survey)

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: () a *private* non-profit OR () a *public* non-profit.

8. 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.

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

Mailing Address for the Center for Community Futures:

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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.

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>(x) YES () NO</i>	<i>Up to \$1,000,000.00</i>	<i>\$1,925.00</i>
Executive Director	() Yes () No		
Board of Directors	() Yes () No		
COMBINED/Both	() Yes () No		
Other	() Yes () No		

* *Cost per Year: If part of the premium is paid by your agency and part is covered by a general unit of government, show the ratio as well as the cost. Example: 70/30*

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 ().)
(Hint: The current Federal standard mileage rate is \$0.58.)

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 _____ %

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 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 salaries.	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 Services Director	\$	\$
Cook	\$	\$
Day Care Director	\$	\$
Deputy Director/Vice President	\$	\$
Driver	\$	\$
Economic Development Specialist	\$	\$
Energy/Weatherization Director	\$	\$
Executive Director/CEO/President	\$	\$
Executive Secretary	\$	\$
Family Self Sufficiency Supervisor	\$	\$
Finance/Fiscal Director	\$	\$
Head Start Director	\$	\$
Head Start Program Area Coordinator	\$	\$
Head Start Program Area Manager	\$	\$
Head Start Teacher, with Degree	\$	\$
Head Start Teacher, without Degree	\$	\$
Housing Director	\$	\$
Human Resources/Personnel Director	\$	\$
Human Resources/Personnel Manager	\$	\$
Janitor/Custodian/Maintenance Worker	\$	\$
LIHEAP Eligibility Worker	\$	\$

Question 15. The positions and salaries.	Lowest Paid Hourly Pay Rate	Lowest Paid Annual Salary
Office Manager	\$	\$
Outreach/Intake Supervisor	\$	\$
Outreach/Intake Worker	\$	\$
Receptionist	\$	\$
Solar Installer	\$	\$
Transportation Director	\$	\$
Typist/Clerk	\$	\$
Weatherization Installer	\$	\$
Other MAJOR position:	\$	\$
Other MAJOR position:	\$	\$

16. Did your agency give Cost-of-Living pay increases to all your employees in calendar year 2018 or so far in 2019?

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 2018 or so far in 2019?

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...

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:	Employer/CAA pays:	Employee pays
() ()	Health Insurance, Single Coverage	%	%
() ()	Health Insurance, Dependent/Family	%	%
() ()	Dental Insurance, Single Coverage	%	%
() ()	Dental Insurance, Dependent/Family	%	%
() ()	Life Insurance	%	%
() ()	Disability Insurance, Short Term	%	%
() ()	Disability Insurance, Long Term	%	%
() ()	Retirement Benefits	%	%
() ()	Does the Retirement percent reflect Agency match or percent of pay? Describe:		
() ()	Tuition Reimbursement (%) OR	%	%
() ()	Tuition Reimbursement (maximum \$)	\$	\$
() ()	Other Career Development Reimbursemt	%	%
() ()	Vision, Single	%	%
() ()	Vision, Dependent	%	%
() ()	Other:	%	%

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
Less than 1 Year:			
1			
2			
3			

Years of Service:	Number of Vacation Days	Number of Sick Days	Combined Leave Days
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
20+ *			

• 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 = 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 2019: _____ days.

(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: Years of Service Number of Holidays

D. About Your Agency's Other Personnel Practices

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

Yes No

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

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

26. Your agency's basic work week hours are: () 40 () 37.5 () 35 () under 35 () other

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...	Month	Day	Year
Updated its personnel policies:			
Updated its wage practices/ fringe benefits:			

- *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.*

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

() Yes () No

If "Yes," please list which ones:

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 if yes):

- | | |
|---|----------------------|
| Inadequate hours () | Competition () |
| Credentials/licenses/degrees required () | Lack of benefits () |
| Unqualified applicants () | Location () |
| Don't Know () | |
| Other (), please describe: | |

Notes/Comments:

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 2019 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 2019. For those who participate, the price is \$295 if you pay now for the PDF. It is \$325 if you order now but we bill you after the report is published. (The price will be \$445 for agencies that did not participate.) For prepaid hardcopy, the price is \$345; add \$30 for billing. Publication date is before December 31, 2019.

Please fill in the following.

No, we are not ordering the Report at this time.

YES! We want to order the *CAA Salary and Benefits Survey Report 2019*. Send it to:

Person's Name: _____

Agency Name: _____

Mailing Address: _____

City: State: ZIP + 4: _____

E-mail it to: _____

Qty: _____ PDF, \$295 prepaid.

_____ Hardcopy, \$345 prepaid.

Payment:

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

_____ Payment by credit card. We take Visa, MasterCard, and American Express. Jim Masters will call for the info.

_____ Bill us when you send the report. Select one: PDF: \$325. Hardcopy: \$375.

_____ Purchase Order # _____

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

Center for Community Futures
P.O. Box 5309
Berkeley, CA 94705

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

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