



2017 Compensation Survey

Introduction

Welcome to the 2017 AGRM Compensation Survey!

The survey can be completed in approximately one hour. Please answer all questions based on your most recently completed fiscal year. If your mission is located outside the United States, please convert any currency figures to US Dollars.

It is best if you complete the survey online. If for some reason that is not possible, please print out a copy of the survey, complete it, and mail it to AGRM at 7222 Commerce Center Drive, Suite 120, Colorado Springs, CO 80919. [Click this link](#) to download the survey as a PDF. The PDF is helpful for printing the survey, as well as for preparing to enter data. If you have questions about how to complete a particular section of the survey, please email Justin Boles, Director of Member Services, at jboles@agrm.org.

For completing the survey, your mission will receive a copy of the tabulated results at no charge (a \$119 value). A permanent link to the electronic version of the survey will be posted within your mission's online profile, accessible by the executive leader and your mission's billing contact. It's a PDF that can be provided to your mission's HR director or other key staff. To be eligible to receive the survey results free of charge, we require a sufficient amount of data to be entered...well beyond the preliminary information.

Please complete the survey by the close of business on Tuesday, October 18, 2017.

Thank you again for your participation!

* 1. Please provide information about you and your organization.

Name:

Mission:

Address 1:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

* 2. In what AGRM district is your mission located? [Click here to see AGRM's district map.](#)

- Bluegrass
- Deep South
- Evergreen
- Great Lakes
- Heartland
- Liberty
- Northern Lights
- Rawhide
- Sierra



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General Information

* 3. Tell us about the services you provide. Please check the highest level of service that characterizes your ministry. We realize that some may offer services from a level higher (e.g., clinical dental care) but still be at a basic level overall. Please err on the side of the basic level. Be sure to indicate the level that reflects what you offered in the last completed fiscal year.

- LEVEL 1: Drop-in center with meals and/or formal counseling
- LEVEL 2: The above plus overnight accommodations
- LEVEL 3: The above plus an addiction recovery program
- LEVEL 4: The above plus transitional housing
- LEVEL 5: The above plus career/vocational training
- LEVEL 6: The above plus specialized outreach and/or clinical services

4. What is the age of your mission?

- Fewer than 10 years old
- 11–20 years old
- 21–30 years old
- 31-50 years old
- 51-100 years old
- More than 100 years old

5. How many paid employees do you have at your mission (please enter numbers only)?

Number of full-time (30 or more hours per week) employees

Number of part-time (fewer than 30 hours per week) employees

6. How many volunteers do you have at your mission (please enter numbers only)?

Full-time volunteers (30 or more hours per week)

Part-time volunteers (fewer than 30 hours per week)

7. Please indicate your mission's turnover rate for the most recently completed fiscal year. Please enter only numbers for each field (no words or symbols). There are a few different ways to calculate this. One acceptable method is to divide total employee separations for the most recently completed fiscal year by the average number of employees for that same period.

8. Which option below best describes your employee turnover rate? (Compare the last three fiscal years.)

- Turnover rate is increasing.
- Turnover rate is decreasing.
- Turnover rate is stable.



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Revenue and Expenses

9. Provide a dollar figure for your total annual expenses.

\$

10. Provide a dollar figure for:

Total revenue INCLUDING gifts in kind

Total gifts in kind

11. Please provide a dollar figure for total salary expense for all employees (EXCLUDING benefits).

\$

12. Please provide a dollar figure for total benefit expense for all employees (EXCLUDING salary).

\$

13. Please provide a dollar amount for total annual expense for health insurance. (NOTE: This should be included in the total for the previous question.)

\$

14. Do you pay bonuses to any employees?

Yes

No

15. Please indicate the percentage of salary increase for the following categories (compare the most recently completed fiscal year to the previous fiscal year). Enter 0 if there was no salary increase:

Total salary increase (%)

CEO/Executive Leadership salary increase (%)

Department Directors salary increase (%)

Staff salary increase (%)



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Revenue and Expenses (cont'd)

16. Please indicate which factors determine salary increases:

- Cost of living allowance (COLA)
- Individual Performance
- Length of service
- Department's performance
- Organization's performance
- Across-the-board increases

Other (please specify):



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COLA

17. What was your cost of living allowance (COLA) for the most recently completed fiscal year? We're looking for a percentage, but do not include the % symbol.

18. If non-monetary gifts were given in lieu of COLA, please describe:



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Benefits

19. What health benefits do you offer? (Check all for which your mission pays some portion of the cost.)

- Medical/hospitalization
- Prescription drugs
- Mental health
- Dental
- Vision
- Short-term disability
- Long-term disability
- FSA/HRA/HSA
- Long-term care
- Supplemental (e.g. Aflac)
- Our mission does not offer any of these benefits

Other (please specify)

20. Please indicate what percentage of health insurance premiums your mission pays for the following categories. Please do not include the % symbol.

Employee only (%):

Employee plus family (%):

21. Please indicate below all additional benefits you offer.

	CEO/Executive Leadership	Department Directors	Staff
Auto provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto mileage reimbursed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health club membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community club membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals at mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition for ongoing education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional dues paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial/tax counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabbatical leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental long-term disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment/retirement planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free medical exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify:

22. Does your mission offer a retirement plan?

- Yes
- No



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Retirement Plan Dependent

23. Select the option below that best describes your mission's retirement plan.

- Defined benefit
- Defined contribution paid by mission
- Defined contribution paid by employee
- Defined contribution paid by mission and employee



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Life Ins

24. Does your mission offer life insurance?

Yes

No



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Life Ins Dependent

25. Select the option below that best describes your mission's life insurance benefit.

- The mission pays the premium.
- The employee pays the premium.



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Benefits (cont'd)

Please indicate how many paid vacation days are offered to the following employees at various tenure levels.

26. Less than 1 year:

CEO/Executive

Leadership:

Department

Directors:

Staff:

27. 1 year:

CEO/Executive

Leadership

Department

Directors

Staff

28. 5 years:

CEO/Executive
Leadership

Department
Directors

Staff

29. 10 years:

CEO/Executive
Leadership

Department
Directors

Staff

30. More than 10 years:

CEO/Executive
Leadership

Department Directors

Staff

31. Please indicate which paid holidays are offered to full-time and part-time staff at your mission:

	Full-time (30 or more hours per week)	Part-time (fewer than 30 hours per week)
New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>
Birthday of Martin Luther King, Jr.	<input type="checkbox"/>	<input type="checkbox"/>
Washington's Birthday	<input type="checkbox"/>	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	<input type="checkbox"/>
Easter Monday	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Day	<input type="checkbox"/>	<input type="checkbox"/>
Independence Day	<input type="checkbox"/>	<input type="checkbox"/>
Labor Day	<input type="checkbox"/>	<input type="checkbox"/>
Columbus Day	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Day	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Day	<input type="checkbox"/>	<input type="checkbox"/>
Friday after Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>
Family Day (Canada)	<input type="checkbox"/>	<input type="checkbox"/>
Victoria Day (Canada)	<input type="checkbox"/>	<input type="checkbox"/>
Canada Day (Canada)	<input type="checkbox"/>	<input type="checkbox"/>
August Civic Holiday (Canada)	<input type="checkbox"/>	<input type="checkbox"/>
Remembrance Day (Canada)	<input type="checkbox"/>	<input type="checkbox"/>
Boxing Day (Canada)	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

32. Does your mission compensate some or all of your board members?

Yes

No

33. Does your board have an approved executive succession plan?

Yes

No

34. Does your mission reimburse board member expenses?

Yes

No



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Board Expenses Reimbursement

35. What board member expenses are reimbursed?



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Compensation

Please provide dollar figures for either annual salary or hourly rate, and annual bonus (if applicable), for the following positions within your mission. Leave blank for positions that do not exist within your mission. Please enter only numbers and a decimal for each field (no words or symbols).

36. Annual Salary or Hourly Rate - We'll convert annual amounts to hourly rates and hourly rates to annual amounts (\$):

CEO/Executive Leadership position

Chief Operating Officer

Chief Financial Officer

Human Resources Director

Program Director

Chief Development Officer

Gifts in Kind Supervisor

Director of Community Relations

Accountant or Bookkeeper

Accounting Clerk

Information Technology Manager

Youth Center Director

Case Worker

Mental Health Counselor

Chaplain

House Parent

Volunteer Coordinator

Office Manager

Executive or Administrative Assistant

Thrift Store Manager

Thrift Store Clerk

Security Supervisor

Maintenance or Building Supervisor

Janitor or Maintenance Worker

Food Services Manager

Cook

Receptionist or Client Registration Personnel

37. Annual Bonus (\$):

CEO/Executive Leadership position

Chief Operating Officer

Chief Financial Officer

Human Resources Director

Program Director

Chief Development Officer

Gifts in Kind Supervisor

Director of Community Relations

Accountant or Bookkeeper

Accounting Clerk

Information Technology Manager

Youth Center Director

Case Worker

Mental Health Counselor

Chaplain

House Parent

Volunteer Coordinator

Office Manager

Executive or Administrative Assistant

Thrift Store Manager

Thrift Store Clerk

Security Supervisor

Maintenance or Building Supervisor

Janitor or Maintenance Worker

Food Services Manager

Cook

Receptionist or Client Registration Personnel



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Comments

38. Thank you for completing the 2017 AGRM Compensation Survey!

Please enter any additional comments and/or explanations here:



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Thank You page

Thank you for completing the 2017 AGRM Compensation Survey! Please click "done" to submit your results. If you've entered a sufficient amount of data, we'll let you know when your free report is ready and how to access it. It will take several weeks for analysis, tabulation, and formatting.