

Section I: CEO/ ED Financial & Compensation Package

1. Agency Name: Please click on your agency name which can be found in the alphabetized drop-down menu. (If you have difficulty finding your agency name, enter it at the bottom of the drop-down menu.)

2. In what state is your agency located? (For a list of Canadian cities and for Israel, scroll down to the bottom and click on the + sign)

3. Which of the following ranges best characterizes your agency's total annual budget for the year 2019?

- \$149,999 or less
- \$150,000 - \$499,999
- \$500,000 - \$999,999
- \$1 million - \$2,999,999
- \$3 million - \$9,999,999
- \$10 million - \$24,999,999
- \$25 million - \$49,000,000
- \$50 million +

4. Which of the following categories correspond to the (approximate) number of years the CEO has worked within the Jewish human service field?

- fewer than 3 years
- 4-6 years
- 7-10 years
- 11-14 years
- 15+ years

5. Which of the following categories correspond to the (approximate) number of years the CEO has worked at your agency?

- fewer than 3 years
- 4-6 years
- 7-10 years
- 11-14 years
- 15+ years

6. Please list any graduate degree/s earned by the CEO. (If none: Please write: "None")

7. Please indicate the gender identity of the CEO.

- Male
- Female
- Other

8. Is the CEO's position Full Time or Part Time?

- Full Time
- Part Time

9. If part-time, please indicate the number of hours per week. (Please enter ONLY whole numbers)

10. Does the CEO have a written contract?

- Yes
- No

11. If there is a contract in place, how many years does it cover? (Please enter ONLY whole numbers)

12. What is the CEO's yearly salary - without benefits - as of July 1, 2019? (Please enter ONLY whole numbers and no commas, dollar signs or letters.)

Yearly Salary: \$

13. Please indicate which of the following benefits are included in the CEO's financial package and if offered, whether they are FULLY or PARTIALLY paid by the employer/agency.

	Not Offered	Offered: Fully Paid	Offered: Partially Paid
Pension Plan - OTHER THAN 401k/403b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent Medical Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short Term Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long Term Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Other CEO Benefits

14. Does your agency provide the following to the CEO?

	Yes	No
bonus opportunities	<input type="radio"/>	<input type="radio"/>
incentive pay	<input type="radio"/>	<input type="radio"/>

If "Yes:" How is eligibility for each of these benefits determined?

15. If the CEO receives a car allowance (including car leasing), please indicate the amount. (Please enter ONLY whole numbers.)

If CEO does not receive this benefit, please indicate "0" (zero).

Contribution Amount \$:

16. What is the amount paid toward professional memberships? (Please enter ONLY whole numbers.)

If CEO does not receive this benefit, please indicate "0" (zero).

Contribution Amount \$:

17. If the CEO receives tuition reimbursement for him/herself, please indicate the amount. (Please enter ONLY whole numbers.)

If CEO does not receive this benefit, please indicate "0" (zero).

Contribution Amount \$:

18. If the CEO receives tuition reimbursement for his/her dependents, please indicate the amount. (Please enter ONLY whole numbers.)

If CEO does not receive this benefit, please indicate "0" (zero).

Contribution Amount \$:

19. If the CEO receives reimbursement toward synagogue membership, please indicate the amount. (Please enter ONLY whole numbers.)

If CEO does not receive this benefit, please indicate "0" (zero).

Contribution Amount \$:

20. Are there any other miscellaneous contributions to the CEO's financial package?

Yes

No

21. If yes, please indicate what they are and the \$ amount.

1.

2.

3.

4.

5.

Section II: Financial/ Compensation Packages for Other C-Suite Professional Positions

22. Chief Operating Officer (COO): If your agency has a COO, please indicate yearly salary & total financial package.

Please note: "financial package" includes ALL available employee benefits such as car allowance, pension contributions, etc.

Please enter ONLY whole numbers.

If no COO, please write "No COO" in bottom line.

Yearly Salary \$:

Total Financial Package \$:

No COO

23. Chief Financial Officer: If your agency has a CFO, please indicate yearly salary & total financial package.

Please note: "financial package" includes ALL available employee benefits such as car allowance, pension contributions, etc.

Please enter ONLY whole numbers.

If no CFO, please write "No CFO"

Yearly Salary \$:

Total Financial Package \$:

No CFO

24. Chief Development Officer: If your agency has a Chief Development Officer, please indicate yearly salary & total financial package.

Please note: "financial package" includes ALL available employee benefits such as car allowance, pension contributions, etc.

Please enter ONLY whole numbers.

If no Chief Development Officer, please write "No Chief Development Officer" in bottom line.

Yearly Salary \$:

Total Financial Package \$:

No Chief Development Officer

25. Chief Marketing Officer: If your agency has a Chief Marketing Officer, please indicate yearly salary & total financial package.

Please note: "financial package" includes ALL available employee benefits such as car allowance, pension contributions, etc.

Please enter ONLY whole numbers.

If no Chief Marketing Officer, please write "Chief Marketing Officer" in bottom line.

Yearly Salary \$:

Total Financial Package \$:

No Chief Marketing Officer

26. Chief Technology Officer: If your agency has a Chief Technology Officer, please indicate yearly salary & total financial package.

Please note: "financial package" includes ALL available employee benefits such as car allowance, pension contributions, etc.

Please enter ONLY whole numbers.

If no Chief Technology Officer, please write "No Chief Technology Officer" in bottom line.

Yearly Salary \$:

Total Financial Package \$:

Chief Technology Officer

27. Chief Human Resources Officer: If your agency has a Chief Human Resources Officer, please indicate yearly salary & total financial package.

Please note: "financial package" includes ALL available employee benefits such as car allowance, pension contributions, etc.

Please enter ONLY whole numbers.

If no HR/ Chief Human Resources Officer, please write "No Chief HR Officer" in bottom line.

Yearly Salary \$:

Total Financial Package \$:

No Chief Human Resources Officer

Other Compensation Packages & Benefit Information for Non C-Suite Staff

28. Clinical Social Workers: If your agency has Clinical Social Workers, please indicate the Salary RANGE (from LOW TO HIGH) AND ALSO the Hourly Range (From LOW to HIGH) for your agency's Clinical Social Workers:

Please enter ONLY whole numbers.

If no Clinical Social Workers, please write "No Clinical Social Workers" in bottom line.

Lowest Salary \$:

Highest Salary \$:

Lowest Hourly \$:

Highest Hourly \$:

No Clinical Social Workers

29. Case Managers: If your agency has Case Managers, please indicate the Salary RANGE (from LOW TO HIGH) AND ALSO the Hourly Range (From LOW to HIGH) for your agency's Case Managers.

If no Case Managers, please write "No Case Managers" in bottom line.

Lowest Salary \$:

Highest Salary \$:

Lowest Hourly \$:

Highest Hourly \$:

No Case Managers

30. Vocational Counselors: If your agency has Vocational Counselors, please indicate the Salary RANGE (from LOW TO HIGH) for your agency's Vocational Counselors. Please enter ONLY whole numbers. If no Vocational Counselors, please fill in "NA" in bottom line.

Lowest Salary \$:

Highest Salary \$:

Lowest Hourly \$:

Highest Hourly \$:

No Vocational Counselors

31. Please indicate which of the following benefits are included in the financial packages of other agency (non-C-Suite) full-time staff, and if offered, whether they are FULLY or PARTIALLY paid by the employer/agency.

	Not Offered	Offered: Fully Paid	Offered: Partially Paid
Pension Plan - OTHER THAN 401k/403b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent Medical Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short Term Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long Term Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. At which of the following levels of weekly staffing are the above benefits provided to the non-C-Suite staff?

- 20 hours
- 25 hours
- 30 hours
- Other (please specify)

Section III: Agency-Wide Information

33. What is the size of your agency's full-time equivalent professional staff?

34. What is the size of your agency's part-time staff? (Please enter ONLY whole numbers.)

35. Does your agency provide a 401k/403b to its employees?

Yes

No

36. If your agency provides a 401k/403b, does the plan have an employer contribution/match?

Yes

No

37. Does your agency offer any other retirement benefits?

Yes

No

If "Yes," please specify

38. Please indicate how many days your agency offers of VACATION LEAVE for each of the following categories: employees with the least years of service; employees with a mid-range years of service & employees with the most years of service.

If the particular benefit is NOT offered, please enter "0" (zero).

employees with the LEAST
years of service

employees with a MID-
RANGE years of service

employees with the MOST
years of service

39. Please indicate how many days your agency offers of SICK LEAVE for each of the following categories: employees with the least years of service; employees with a mid-range years of service & employees with the most years of service.

If the particular benefit is NOT offered, please enter "0" (zero).

employees with the LEAST
years of service

employees with a MID-
RANGE years of service

employees with the MOST
years of service

40. Please indicate how many days your agency offers of PAID TIME OFF for each of the following categories: employees with the least years of service; employees with a mid-range years of service & employees with the most years of service.

If the particular benefit is NOT offered, please enter "0" (zero).

employees with the LEAST
years of service

employees with a MID-
RANGE years of service

employees with the MOST
years of service

41. Please indicate how many days your agency offers for each of the following. (If the particular benefit is not offered, please enter "0" (zero):

Maternity/Paternity Leave:

Bereavement Leave:

42. On which of the following Jewish holidays is your agency closed?

	Yes	No
Rosh HaShanah: Day 1	<input type="radio"/>	<input type="radio"/>
Rosh Hashanah: Day 2	<input type="radio"/>	<input type="radio"/>
Yom Kippur	<input type="radio"/>	<input type="radio"/>
Sukkot: Day 1	<input type="radio"/>	<input type="radio"/>
Sukkot: Day 2	<input type="radio"/>	<input type="radio"/>
Shmini Atzeret	<input type="radio"/>	<input type="radio"/>
Simchat Torah	<input type="radio"/>	<input type="radio"/>
Passover: Day 1	<input type="radio"/>	<input type="radio"/>
Passover: Day 2	<input type="radio"/>	<input type="radio"/>
Passover: Day 7	<input type="radio"/>	<input type="radio"/>
Passover: Day 8	<input type="radio"/>	<input type="radio"/>
Shavuot: Day 1	<input type="radio"/>	<input type="radio"/>
Shavuot: Day 2	<input type="radio"/>	<input type="radio"/>

Contact Information

43. Name of individual completing the survey

44. E-mail address of individual completing survey

45. Telephone number of individual completing survey

THANK YOU FOR COMPLETING THIS SURVEY!

