

Introduction

Welcome to the 2022 Citygate Network Compensation Survey!

The survey can be completed in approximately one hour, or more quickly if you have the data handy. Please answer all questions based on your most recently completed fiscal year. If your ministry is located outside the United States, please convert any currency figures to US Dollars.

[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, Citygate Network vice president, at jboles@citygatenetwork.org.

For completing the survey, your ministry 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 ministry's online profile, accessible by your CEO, billing contact, and profile manager. It's a PDF that can be provided to your 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 Friday, November 5, 2021.

Thank you again for your participation!

Note that the survey will save responses page-by-page. If you go back or exit a page, your responses on that page will not be saved. Clicking "Next" will save your answers.

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

Name:

Ministry:

Address 1:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

* 2. In what Citygate Network district is your ministry located? [Click here to see our district map.](#)

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

General Information

Note that the survey will save responses page-by-page. If you go back or exit a page, your responses on that page will not be saved. Clicking "Next" will save your answers.

* 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 some services from a higher level but still be at a basic level overall. Please err on the side of the basic level so that your organization's data can be properly categorized. 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 ministry?

- 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 ministry (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 ministry throughout the year (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 ministry's employee 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.

Revenue and Expenses

Note that the survey will save responses page-by-page. If you go back or exit a page, your responses on that page will not be saved. Clicking "Next" will save your answers.

9. Provide a dollar figure for your total annual expenses (numbers and a decimal only...no commas).

\$

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. Comparing the current fiscal year (2021) to the previous fiscal year (2020), did your total cost for health insurance premiums:

- Increase more than 25%
- Increase 16% - 25%
- Increase 8% - 15%
- Remain relatively stable (0% - 7% increase)
- Decrease 1% - 7%
- Decrease 8% - 15%
- Decrease more than 15%
- I'm not sure
- NA - Our ministry does not contribute toward health insurance premiums

Feel free to comment on your answer above.

15. Do you pay bonuses to any employees?

- Yes
- No

16. 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 (%)

Revenue and Expenses (cont'd)

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17. Please indicate which factors determine salary increases (check all that apply):

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

Other (please specify):

COLA

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18. 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.

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

Benefits

Note that the survey will save responses page-by-page. If you go back or exit a page, your responses on that page will not be saved. Clicking "Next" will save your answers.

20. 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)

21. 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 spouse
(%):

Employee plus family
(%):

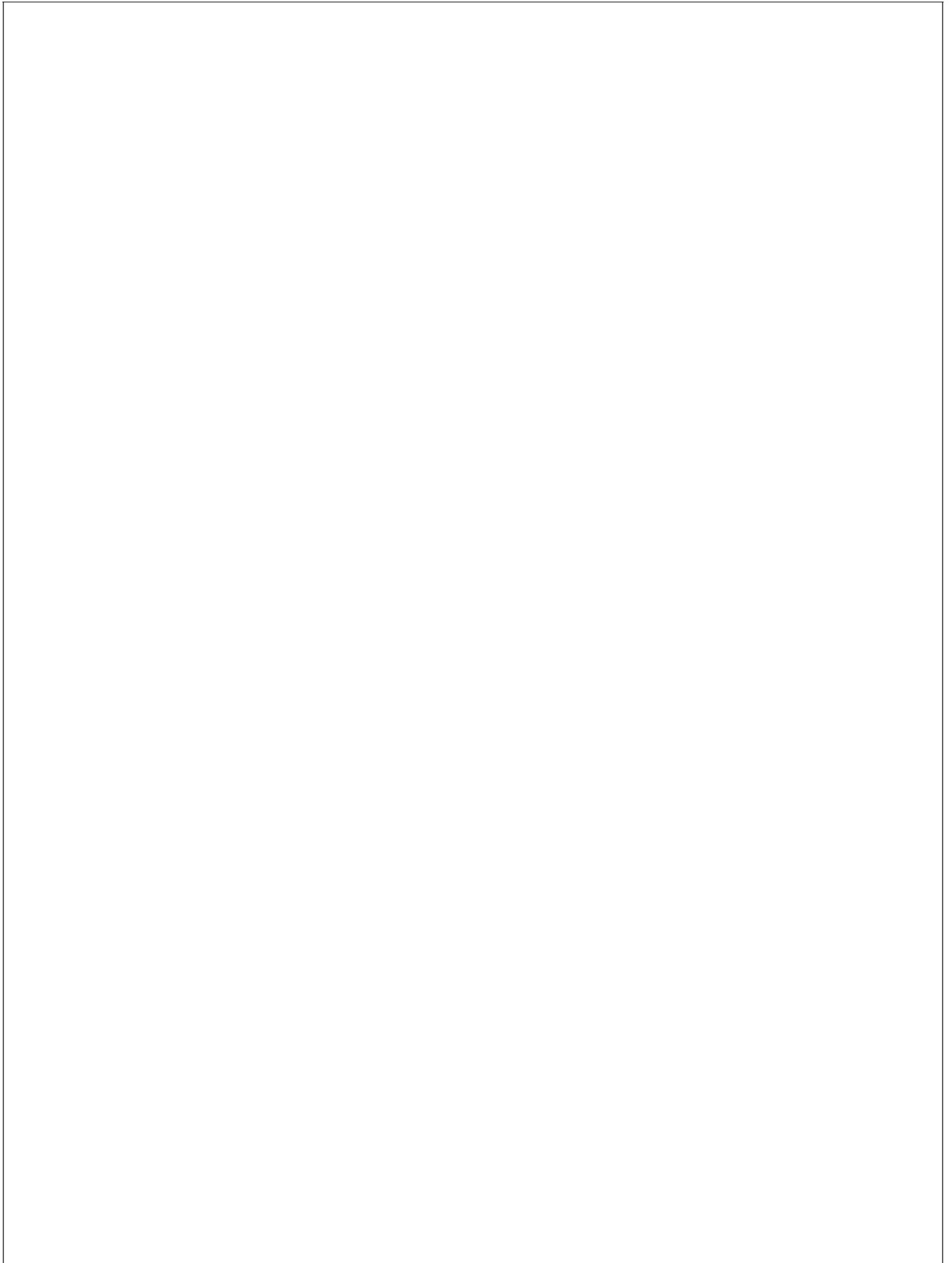
22. Please indicate below all additional benefits you offer.

	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:

23. Does your ministry offer a retirement plan?

- Yes
- No



Retirement Plan Dependent

24. Select the option below that best describes your ministry's retirement plan.

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

25. Does your ministry offer life insurance?

Yes

No

Life Ins Dependent

26. Select the option below that best describes your ministry's life insurance benefit.

- The ministry pays the premium.
- The employee pays the premium.
- The premium cost is shared.

Benefits (cont'd)

Note that the survey will save responses page-by-page. If you go back or exit a page, your responses on that page will not be saved. Clicking "Next" will save your answers.

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

27. Less than 1 year:

CEO/Executive Leadership:

Department Directors:

Staff:

28. 1 year:

CEO/Executive
Leadership

Department Directors

Staff

29. 5 years:

CEO/Executive
Leadership

Department Directors

Staff

30. 10 years:

CEO/Executive Leadership

Department Directors

Staff

31. More than 10 years:

CEO/Executive Leadership

Department Directors

Staff

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

	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):

33. Does your ministry compensate some or all of its board members (beyond expense reimbursement)?

Yes

No

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

Yes

No

35. Does your ministry reimburse board member expenses?

Yes

No

Board Expenses Reimbursement

36. What board member expenses are reimbursed?

Compensation

Note that the survey will save responses page-by-page. If you go back or exit a page, your responses on that page will not be saved. Clicking "Next" will save your answers.

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).

37. First, use the radio buttons to indicate the position type (Full-time, Part-time, etc), then enter the annual salary or hourly rate in the text field using only numbers and a decimal. We'll convert annual amounts to hourly rates and hourly rates to annual amounts:

	Full-Time Employee	Part-Time Employee	Contractor working at least 30 hours per week	Contractor working fewer than 30 hours per week
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CEO/Executive Leadership position

Enter the annual salary or hourly rate, using only numbers and a decimal

Chief Operating Officer

Enter the annual salary or hourly rate, using only numbers and a decimal

Chief Financial Officer

Enter the annual salary or hourly rate, using only numbers and a decimal

Human Resources Director

Enter the annual salary or hourly rate, using only numbers and a decimal

Program Director

Enter the annual salary or hourly rate, using only numbers and a decimal

Chief Development Officer

Contractor Contractor
working at working
least 30 fewer than
Full-Time Part-Time hours per 30 hours
Employee Employee week per week

Enter the annual salary or hourly rate, using only numbers and a decimal

Gifts in Kind Supervisor

Enter the annual salary or hourly rate, using only numbers and a decimal

Director of Community Relations

Enter the annual salary or hourly rate, using only numbers and a decimal

Accountant or Bookkeeper

Enter the annual salary or hourly rate, using only numbers and a decimal

Accounting Clerk

Enter the annual salary or hourly rate, using only numbers and a decimal

Information Technology Manager

Enter the annual salary or hourly rate, using only numbers and a decimal

Youth Center Director

Enter the annual salary or hourly rate, using only numbers and a decimal

Case Worker

Enter the annual salary or hourly rate, using only numbers and a decimal

Mental Health Counselor

Enter the annual salary or hourly rate, using only numbers and a decimal

Chaplain

Full-Time Employee Part-Time Employee Contractor working at least 30 hours per week Contractor working fewer than 30 hours per week

Enter the annual salary or hourly rate, using only numbers and a decimal

House Parent

Enter the annual salary or hourly rate, using only numbers and a decimal

Volunteer Coordinator

Enter the annual salary or hourly rate, using only numbers and a decimal

Office Manager

Enter the annual salary or hourly rate, using only numbers and a decimal

Executive or Administrative Assistant

Enter the annual salary or hourly rate, using only numbers and a decimal

Thrift Store Manager

Enter the annual salary or hourly rate, using only numbers and a decimal

Thrift Store Clerk

Enter the annual salary or hourly rate, using only numbers and a decimal

Security Supervisor

Enter the annual salary or hourly rate, using only numbers and a decimal

Maintenance or Building Supervisor

Enter the annual salary or hourly rate, using only numbers and a decimal

Janitor or Maintenance Worker

Contractor Contractor
working at working
least 30 fewer than
Full-Time Part-Time hours per 30 hours
Employee Employee week per week

Enter the annual salary or hourly rate, using only numbers and a decimal

Food Services Manager

Enter the annual salary or hourly rate, using only numbers and a decimal

Cook

Enter the annual salary or hourly rate, using only numbers and a decimal

Receptionist or Client Registration Personnel

Enter the annual salary or hourly rate, using only numbers and a decimal

38. 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

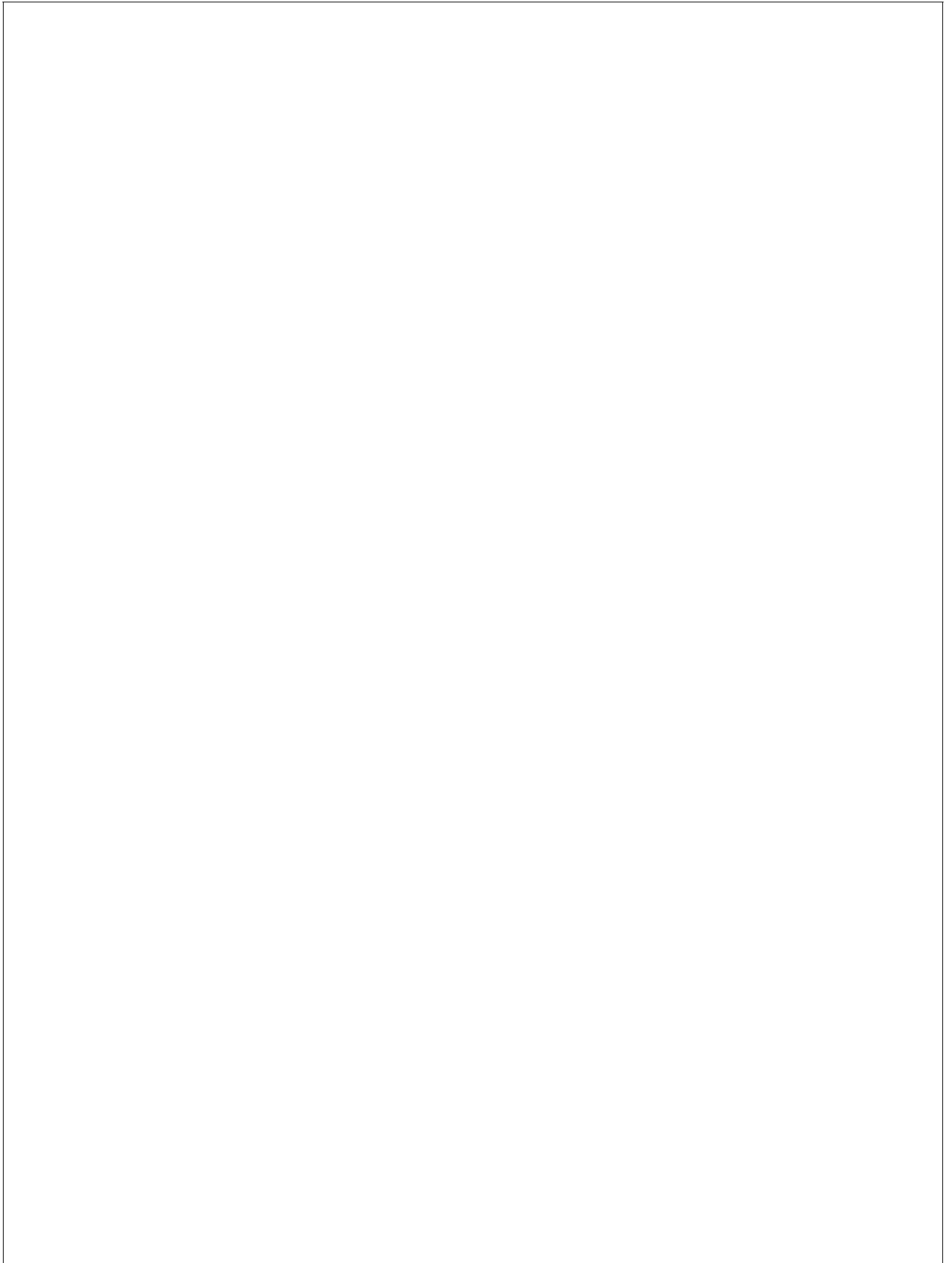
Maintenance or Building Supervisor

Janitor or Maintenance Worker

Food Services Manager

Cook

Receptionist or Client Registration Personnel



Comments

39. You're almost done!

Please enter any additional comments and/or explanations here:

Thank You page

Thank you for completing the 2022 Citygate Network 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.