

Florida Nonprofit Alliance 2026 Compensation & Benefits Survey

CLASSIFICATION QUESTION

* 1

In what county is your organization headquartered?

Select

Organization Information

2

Please provide the following additional organization information:

* Organization Name:
Address:
City:
* Primary Contact Email:
Phone:
Website:

* 3

What is your organization's tax classification?

- S Corporation
- C Corporation
- LLC – Corporation
- LLC – Partnership
- Nonprofit / Tax-Exempt – 501(c)(3)
- Nonprofit / Tax-Exempt – 501(c)(4) (Social welfare organization)
- Nonprofit / Tax-Exempt – 501(c)(6) (Business league or trade association)
- Nonprofit / Tax-Exempt – Other 501(c) designation
- Sole Proprietorship
- Other

* 4

What is your organization's total annual operating budget?

- Less than \$50,000
- \$50,000 – \$499,999
- \$500,000 – \$999,999
- \$1 million – \$4.9 million
- \$5 million – \$9.9 million
- \$10 million – \$24.9 million
- \$25 million – \$49.9 million
- \$50 million or more

5

What is your organization's total number of employees?

Contract workers refers to non-employees engaged on a contract basis (e.g., 1099 independent contractors or external consultants).

If your organization has no full-time or part-time employees, please discontinue the survey. Based on eligibility requirements, your organization would not qualify for participation.

Full-time #:

Part-time #:

Paid Interns #:

Contract Workers #:

* 6

What is your organization's primary mission area?

- Arts, Culture & Humanities
- Education
- Environment & Animals
- Health
- Human Services
- International & Foreign Affairs
- Public & Societal Benefit
- Religion Related
- Mutual & Membership Benefit
- Other (please specify):

* 7

Are you a membership organization?

Membership organization: A nonprofit or association made up of paying or enrolled members that provides services, benefits, advocacy, or support to those members.

- Yes
- No

8

What is your organization's total number of members?

Total number of members:

9

How many Board members did your organization have during the 2025 calendar year?

Number of Board Members:

10

Approximately how many volunteers worked at your organization during the 2025 calendar year?

Number of
Volunteers:

11

What is the approximate total number of volunteer hours worked for your organization during the 2025 calendar year?

Total
Volunteer
Hours:

12

How many hours are in your standard full-time work week?

- 40 hours
 38 hours
 37.5 hours
 35 hours
 Other (please specify):

Salary Increases

13

Do your employees receive a standing annual salary increase?

- Yes
 No

14

Did your organization offer a salary increase in 2025?

- Yes
 No

15

By what percentage do you expect salaries to increase or decrease over the next 12 months?

Enter a positive number for an increase, negative number for a decrease, or 0 for no change.

Expected %
change:

16

What criteria does your organization consider when determining salary increases?

Select all that apply

Please provide approximate % ranges in the input boxes provided next to applicable selections

- Merit / superior individual performance; **enter %:**
- Merit / above average individual performance; **enter %:**
- Merit / average individual performance; **enter %:**
- Merit / Below-average individual performance; **enter %:**
- Cost of living adjustment (COLA); **enter %:**
- Longevity / Length of service; **enter %:**
- Across-the-board increase for all employees
- Based on compensation survey / market data

- Based on internal job equity factors
- Not applicable / Do not wish to disclose

Annual Incentives

17

Does your organization provide incentive pay and/or bonuses to employees?

- Yes
- No

18

Does your organization have a formal incentive plan tied to specific goals and metrics for any employee group?

- Yes
- No

19

Do you define formal incentive plan goals at the beginning of the performance period?

- Yes
- No

20

When determining incentive plan goals, what weight is placed on the following?

Sum must total 100%

Financial goals %:

Non-financial goals %:

21

How are bonus amounts determined?

Select all that apply

- Merit
- Annual performance review
- Organizational goal achievement
- Individual goal achievement
- Discretionary (determined by leadership)
- Other (please specify):

22

What are the targeted bonus amounts as a percent of base salary for the following employee groups?

Top Executive (CEO/ED):

Senior Executives / C-Suite:

Program Management Staff:

Development Staff:

Support / Administrative Staff:

Other Employees:

23

Can bonuses exceed the targeted incentive opportunity?

- Yes
 No

24

By what maximum percent can bonuses exceed the target for the following groups?

Top Executive:

Senior Executives:

Other Executives:

All Other Employees:

Long-Term Incentives

25

Does your organization offer a formal long-term incentive plan (a plan that awards a bonus or incentive for performance that spans more than one year)?

- Yes
 No

26

What type of award is provided?

Select all that apply

- Cash bonus
 Deferred compensation
 Profit sharing
 Other (please specify):

27

How long is the long-term incentive performance cycle?

- 2 years
 3 years
 4 years
 5 years or more
 Other (please specify):

28

What is the annualized target opportunity as a percent of base salary for the following employee groups?

CEO / Executive Director / Top Executive:

C-Suite (direct reports to the top executive):

All Other Employees:

Compensation Philosophy and Practices

29

Who oversees the HR functions at your organization?

- Executive Director / CEO / Chief HR Officer / VP of HR
- Associate Director / COO / HR Director or Manager
- CFO
- Other (please specify):

30

Does your organization have a formal, written compensation philosophy and/or plan?

- Yes
- No

31

Does your organization have a formal internal performance review process for employees?

- Yes
- No

32

How is the performance review conducted?

- Annual review
- Semi-annual review
- Quarterly review
- Ongoing / continuous feedback
- Other (please specify):

33

Does your organization provide employment contracts for any executives?

- Yes
- No

34

Which employee groups receive employment contracts?

Select all that apply

- CEO / Executive Director
- C-Suite / Senior Leadership
- Other (please specify):

35

Does your organization use salary grades and ranges?

- Yes
- No

36

Were salary ranges adjusted in calendar year 2025?

- Yes; by what %:
- No

37

Does your organization have a probationary or introductory period for new employees?

- Yes
- No

38

How long is the probationary / introductory period?

Please enter your response in months

39

Are employees eligible for paid time off during this period?

- Yes
- No

40

Are employees eligible for health insurance during this period?

- Yes
- No

41

Is your organization currently implementing locality pay for new hires?

Locality pay is a geographic salary adjustment that increases a base wage to account for a higher local cost of living or private-sector wage disparities.

- Yes; please describe:
- No

42

Is your organization currently implementing locality pay for existing employees?

Locality pay is a geographic salary adjustment that increases a base wage to account for a higher local cost of living or private-sector wage disparities.

- Yes; please describe:
- No

43

Does your organization offer pay advances to employees?

- Yes; Maximum dollar amount:
- Yes; Maximum percent of pay:
- No

44

What is your organization's practice for dealing with overtime for Exempt (salaried) staff?

- No formal policy

- Provide compensatory time off
- Pay straight time
- Pay overtime rates
- Do not compensate exempt staff for overtime
- Other (please specify):

45

Do you have employees who work on-call?

- Yes
- No

46

Which best describes your on-call pay practice?

- Pay for hours worked, including overtime
- Pay a flat rate for being on call
- Provide compensatory time off or flex-time
- Do not pay or provide time off (exempt staff only)
- Pay show-up rate and hourly pay for time worked
- No formal policy
- Other (please specify):

47

Do you have employees who work evening or night shifts?

- Yes; Please describe any additional compensation for evening or night shift work:
- No

48

Does your organization pay a per diem to employees on work-related travel?

- Yes; Standard per diem rate (\$/day):
- No

49

Does your organization use interns?

- Yes
- No

50

Are interns paid or unpaid?

- Paid; \$/hour or \$/year:
- Unpaid

Supplemental Executive Compensation

51

Does your organization offer supplemental deferred compensation to executive officer(s)?

- Yes
- No

52

Does your organization make employer contributions to a supplemental deferred compensation plan?

- Yes
- No

53

What amount is contributed as a percent of salary for the Top Executive?

- Less than 5%
- 5% – 9%
- 10% – 14%
- 15% or more

54

What amount is contributed as a percent of salary for the C-Suite (direct reports to the top executive)?

- Less than 5%
- 5% – 9%
- 10% – 14%
- 15% or more

Board Member Compensation

55

Do your Board members receive compensation?

Do not include reimbursement of expenses

- Yes
- No

56

What is the average annual level of compensation provided to each Board member?

- Less than \$1,000
- \$1,000 – \$4,999
- \$5,000 – \$9,999
- \$10,000 – \$24,999
- \$25,000 or more

Leave Benefits

57

What employee leave benefits does your organization offer?

Select all that apply

- Paid vacation
- Paid sick leave
- Pooled PTO (combines vacation and sick time)
- Paid personal days
- Paid holidays
- Floating holidays
- Sabbatical
- Jury duty / Jury service

- Volunteer service leave
- Military service leave
- Paid primary caregiver leave (childbirth / adoption / foster care)
- Paid secondary caregiver leave (childbirth / adoption / foster care)
- Unpaid primary caregiver leave (childbirth / adoption / foster care)
- Unpaid secondary caregiver leave (childbirth / adoption / foster care)
- Paid family illness leave
- Unpaid family illness leave (FMLA)
- Bereavement leave
- Unlimited PTO
- Other (please specify):
- None of the above

58

For regular, full-time employees, how is paid time off structured?

- Separated into vacation, sick, and holiday time
- Pooled PTO that combines vacation and sick time
- Combination of both

59

What is the average number of PTO or vacation days available to full-time employees per year?

Round to the nearest whole number

60

If vacation or PTO increases with years of service, please complete the table below:

	Vacation or PTO Days Per Year (Full-Time Employees)		
1 year of service			
2 years of service			
3 years of service			
4 years of service			
5 years of service			
6–9 years of service			
10 years of service			
11+ years of service			

61

How does paid leave accrue?

- Yearly allocation (full balance available at start of year)
- Earned over time by pay period
- Quarterly or monthly accrual
- Other (please specify):

62

Does unused paid leave roll over year to year?

- Yes; Maximum days that may roll over:
- No

63

Which option best describes your organization's current workplace policy?

Select all that apply

- Fully remote
- Hybrid (combination of remote and in-person)
- Fully in-person

64

Which employee groups are eligible for remote or hybrid work

Select all that apply

- All staff
- C-Suite / Senior Leadership
- Program staff
- Development staff
- Operations / Administrative staff
- Finance staff
- IT staff
- Other (please specify):

65

Does your organization pay travel and accommodation costs for remote employees when attending in-person staff or organizational meetings?

Does not apply to external meeting travel

- Yes
- No

66

Do you expect any remote or hybrid employees to return exclusively in-person during the next 12 months?

- Yes
- No

67

How are work schedules typically set for remote or hybrid employees?

- Set predominantly by the organization
- Set by mutual agreement between organization and employee
- Set predominantly by the employee

Medical Plans

68

Does your organization offer medical benefits to employees?

- Yes
- No

69

Which medical plan type(s) does your organization offer?

Select all that apply

- PPO (Preferred Provider Organization)
- HMO (Health Maintenance Organization)
- EPO (Exclusive Provider Organization)

- POS (Point of Service)
- HDHP (High Deductible Health Plan)
- Indemnity Plan (Fee for Service)

70

Does your organization offer a health plan compatible with a Health Savings Account (HSA)?

Please provide \$ amount the input boxes provided next to applicable selection

- Yes, single employee; annual employer HSA contribution (\$):
- Yes, family; annual employer HSA contribution (\$):
- No

71

What is the average annual employer cost per enrolled employee for each medical plan type offered? (Employer cost refers to the employer-paid portion of the premium. If costs vary by coverage tier, provide a blended average.)

	Plan Type	Single Employee (\$)	Family (\$)
PPO	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
EPO	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
POS	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

72

Does your organization offer a Health Reimbursement Arrangement (HRA)?

- Yes; annual employer HRA contribution per participating employee (\$):
- No

73

Who is eligible for medical coverage?

Select all that apply

- Employee only
- Employee + Spouse
- Employee + Dependents
- Employee + Family

74

What percentage of your full-time employees participate in medical benefits?

75

What percent of medical plan costs are paid by the employer for the employee?

76

What percent of medical plan costs are paid by the employer for spouse / dependents?

77

What is the waiting period for medical benefits eligibility?

- Immediate (first day of employment)
- 30 days
- 60 days

- 90 days
- First of the month following start date
- Other (please specify):

78

Does your organization offer an opt-out provision for employees who have medical coverage through another source?

- Yes
- No

79

Does your organization provide compensation to employees who opt out?

- Yes; Maximum dollar amount:
- Yes; Maximum percent of pay:
- No

80

If your organization does not offer medical benefits, do you provide any other assistance for employees to access coverage?

- Yes
- No

81

How does your organization assist employees in accessing coverage?

Select all that apply

- Provide a monthly stipend toward individual health coverage
- Refer employees to a health insurance marketplace (e.g., Healthcare.gov)
- Offer access to a health insurance broker or navigator
- Cover the cost of COBRA continuation coverage
- Other (please specify):

Dental Plans

82

Does your organization offer dental benefits to employees?

- Yes
- No

83

Which dental plan type(s) does your organization offer?

Select all that apply

- DPPO (Dental Preferred Provider Organization)
- DPOS (Dental Point of Service)
- DHMO (Dental Health Maintenance Organization)
- Indemnity Plan (Fee for Service)
- Dental Reimbursement Plan

84

Who is eligible for dental coverage?

Select all that apply

- Employee only
- Employee + Spouse
- Employee + Dependents
- Employee + Family

85

What percentage of your full-time employees participate in dental benefits?

86

What percent of dental plan costs are paid by the employer for the employee?

87

What percent of dental plan costs are paid by the employer for spouse / dependents?

Vision Plans

88

Does your organization offer vision benefits to employees?

- Yes
- No

89

Which vision plan type(s) does your organization offer?

Select all that apply

- Vision benefits package (comprehensive coverage)
- Vision discount plan
- Other (please specify):

90

Who is eligible for vision coverage?

Select all that apply

- Employee only
- Employee + Spouse
- Employee + Dependents
- Employee + Family

91

What percentage of your employees participate in vision benefits?

92

What percent of vision plan costs are paid by the employer for the employee?

93

What percent of vision plan costs are paid by the employer for spouse / dependents?

Life and Disability Plans

94

Does your organization offer life or disability benefits to employees?

- Yes
- No

95

Which plan(s) does your organization offer?

Select all that apply

- Basic Life Insurance for Employee
- Supplemental Life Insurance for Employee
- Supplemental Dependent Life Insurance
- Accidental Death and Dismemberment (AD&D)
- Short-Term Disability
- Long-Term Disability
- Employee Travel-Accident Insurance

96

What percent of life / disability plan costs are paid by the employer?

97

What is the multiple of salary provided by Basic Life Insurance? (e.g., 1x, 2x salary)

98

What percentage of your employees participate in life and disability benefits?

Retirement Plans

99

Does your organization offer a retirement plan to employees?

- Yes
- No

100

Which retirement plan(s) does your organization offer?

Select all that apply

- 401(k) Plan

- 403(b) Plan
- 457 Plan
- Defined Benefit Pension Plan
- Simple IRA Plan
- SEP-IRA Plan
- IRA Plan
- Money Purchase Plan
- Other defined contribution plan (please specify):

101

What is the employer contribution as a percent of salary?

e.g., 3%

102

Is the employer contribution discretionary or matching?

- Discretionary (employer decides amount each year)
- Matching (employer matches employee contributions up to a set %); maximum match %:
- Both discretionary and matching; maximum match %:

103

Does the plan include a Roth provision?

- Yes
- No

104

Does the plan allow participant loans?

- Yes
- No

105

When are employer contributions fully vested?

- Immediate
- 1 year
- 2 years
- 3 years (cliff vesting)
- Graded vesting schedule (please specify):
- N/A

Part-Time Employee Benefits

106

Are part-time employees (working fewer than 30 hours per week) eligible for benefits?

- Yes
- No
- Not applicable, we do not have part-time employees

107

Which benefits are available to part-time employees?

Select all that apply

- Medical benefits
- Dental benefits
- Vision benefits
- Life insurance
- Disability insurance
- Retirement plan
- Paid vacation
- Paid sick leave
- Other (please specify):

108

What percentage of part-time employees participate in the following benefits?

Medical
%:

Dental
%:

Vision
%:

Additional Benefits

109

Which of the following additional benefits and stipends does your organization offer to all employees?

Select all that apply

- Prescription and pharmacy benefits
- Transportation / commuter benefits
- Daycare / childcare assistance
- Pet insurance
- School / tuition reimbursement
- Parking
- Free food or coffee
- Gym membership / wellness reimbursement
- Mental health support / Employee Assistance Program (EAP)
- Student loan repayment assistance
- Paid training and professional development
- Financial wellness programs
- Relocation assistance for new employees
- Other (please specify):
- None

110

Does your organization provide any of the following cell phone benefits?

Select all that apply

- Organization-paid cell phone
- Cell phone reimbursement; average monthly amount (\$):
- Cell phone stipend; average monthly amount (\$):
- None

111

On what basis are positions identified as eligible for cell phone benefits?

Select all that apply

- All employees are eligible
- Positions requiring regular work away from the office
- On-call responsibilities (e.g., IT)
- Level of job responsibility
- Other (please specify):

112

Compared to the previous year, has your organization's benefits package:

- Increased / Improved
- Stayed the same
- Been reduced

Executive Benefits

113

Does your organization offer a Supplemental Executive Retirement Plan (SERP)?

A Supplemental Executive Retirement Plan (SERP) is an employer-sponsored, non-qualified deferred compensation plan. It provides select top executives with additional retirement income beyond the limits of standard plans like a 401(k)

- Yes
- No

114

What is the benefit amount as a percent of final average salary for the Top Executive?

- Less than 40%
- 40% – 49%
- 50% – 59%
- 60% – 69%
- 70% or more

115

What is the benefit amount as a percent of final average salary for the C-Suite?

- Less than 40%
- 40% – 49%
- 50% – 59%
- 60% – 69%
- 70% or more

116

What additional benefits are available to the top executive and/or C-Suite employees?

Select all that apply

- Supplemental life insurance
- Supplemental long-term care insurance
- Supplemental disability insurance
- Executive physical
- Financial counseling
- Legal counseling
- Pre-retirement counseling
- Tax counseling
- Reserved parking space
- Company car or car allowance
- Social club membership
- Athletic club membership

- Event tickets
- Cell phone
- First-class air travel
- Travel expenses for spouse / partner
- Identity theft protection
- Additional vacation days (above level offered to other employees)
- None of the above

Employee Needs and Skills

117

Please indicate which of the following employment or compensation practices apply to each job classification.

Select all that apply

If your organization does not have any employees in any of the listed job classifications, please skip this question.

	Covered by a union contract	Eligible for hazard pay
Administrative / Clerical	<input type="checkbox"/>	<input type="checkbox"/>
Professional / Technical	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Public Safety (Police / Fire / EMS)	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Trades / Operations / Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Field / Transportation / Logistics	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service / Client-Facing Roles	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

118

Please indicate whether any employees in the following job classifications are required to be bilingual or multilingual as part of their job description.

Select all that apply

- CEO
- Other executive
- Development/fundraising
- Program management
- Support/administrative
- Finance
- Marketing/PR/social media
- Other
- None

119

How much additional compensation is provided for bilingual or multilingual skills?

Maximum dollar amount:

Maximum percent of pay:

Workforce Trends

120

Does your organization have a formal succession plan?

- Yes
- No

121

How many existing positions had new incumbents during the 2025 calendar year due to voluntary turnover?

Do not include newly created positions, temporary employees, contractors, or volunteers

Full-time #:

Part-time #:

122

How many existing positions had new incumbents during the 2025 calendar year due to involuntary turnover?

Do not include newly created positions, temporary employees, contractors, or volunteers

Full-time #:

Part-time #:

123

How many job vacancies did your organization have in 2025?

124

Please indicate the number of vacancies by nonprofit job category in 2025:

CEO:

Other Executive:

Development / Fundraising:

Program Management:

Support / Administrative:

Finance:

Marketing / PR / Social Media:

Other:

125

Is your organization having difficulty finding qualified candidates for open positions?

- Yes
- No

126

Why is your organization having difficulty finding qualified candidates?

Select all that apply

- Cannot match expected salary
- Cannot match expected benefits package

- Cannot match relocation expenses
- Lack of qualified candidates in the market
- Fierce competition for experienced candidates
- Candidates accept other offers before we complete the interview process
- Other (please specify):
- I don't know

127

Which positions are hardest to fill?

Select all that apply

- Development / Fundraising
- Program delivery / management
- Support / Administrative / General office
- Finance / Accounting
- Executive
- Communications / Marketing / PR / Social Media
- Information Technology
- Maintenance / Facilities / Grounds / Drivers
- Other (please specify):

128

Why are these positions hardest to fill?

129

Which positions are hardest to retain?

Select all that apply

- Development / Fundraising
- Program delivery / management
- Support / Administrative / General office
- Finance / Accounting
- Executive
- Communications / Marketing / PR / Social Media
- Information Technology
- Maintenance / Facilities / Grounds / Drivers
- Other (please specify):

130

Why are these positions hardest to retain?

131

What geographic area does your organization primarily hire from?

Select all that apply

- Area immediately surrounding your organization

- Statewide (Florida)
- Outside of Florida
- None of the above / Not applicable

132

Please provide the following demographic information for your organization's top leadership positions:

	Gender	Age	Race	Ethnicity	Years in current role	Years in Nonprofit Sector
CEO / Executive Director	Select ▼		Select ▼	Select ▼		
COO	Select ▼		Select ▼	Select ▼		
CDO (Chief Development Officer)	Select ▼		Select ▼	Select ▼		
CFO	Select ▼		Select ▼	Select ▼		

133

Does your organization share workers with other organizations or use fractional workers?

e.g., shared CFO, part-time HR consultant

- Yes; please describe:
- No

Executive Transitions

134

Has your organization had a CEO / Executive Director transition in the last two years?

- Yes
- No

135

Did your new CEO come from within or outside of the nonprofit sector?

- Within the nonprofit sector
- Outside of the nonprofit sector

136

Did your new CEO come from the same geographic area as your organization?

- Yes, same geographic area
- No, from outside the geographic area

137

Do you expect a CEO change within the next year?

- Yes
- No