2026 NFPay Survey for the Canadian Not-for-Profit Sector

Demographics

1. ***Please upload your completed Submission Template file** *

Browse...

2. **Organization name** *

3. **Please provide the email of the preferred contact to receive the NFPay report.**

4. **Operational budget** *

Based on current fiscal year.

- < $2 Million
- $2 - $5 Million
- $5.1 - $10 Million
- $10.1 - $15 Million
- $15.1 - $20 Million
- $20.1 - $30 Million
- $30.1 - $40 Million
- $40.1 - $50 Million
- $50.1 - $100 Million
- > $100 Million

5. **Managed assets** *

Total estimated value of property, investments etc that are managed by the organization.

- < $1 Million
- $1.1 - $5 Million
- $5.1 - $10 Million
- $10.1 - $50 Million
- >$50.1 Million

6. **Please indicate how many paid employees your Organization from the ranges below (include all statuses of staff on payroll)** *

- 1-25
- 26-100
- 101-200
- 201-500
- 500+

7. **How many hours comprise your standard work week? (Used for Salaried staff - ie. 37.5hrs/week)** *

8. **Organization's Canadian Head office location:** *

Please input the province and city where the organization's primary location is headquartered.

Province

City

9. **(Type) Please select the option that best describes your organization. If more than one option can be selected, please include this under "Other".** *

If none of the options fit your organization please select "Other" to describe.

- [ ] Registered Charity
- [ ] Government Funded Agency
- [ ] Member-based (Fee(s) for membership)
- [ ] Other

*

10. **Please select the option that best describes your organization.** *

If none of the options fit your organization please select "Other" to describe.

- [ ] Arts and Culture
- [ ] Community Support
- [ ] Education and Child Development
- [ ] Medical and Health
- [ ] Professional Services (Not Financial)
- [ ] Financial Services
- [ ] Sports and Recreation
- [ ] Social Services - Developmental Services
- [ ] Sustainability and Environment
- [ ] Technology and Innovation
- [ ] Other

Staff Turnover

11. **What was your turnover rate for the past fiscal year for voluntary reasons?** *

(# voluntary terminations/total population at the beginning of the period) ie. If your turnover rate is 3.4%, please enter 3.4

12. **What was your turnover rate for the past fiscal year for involuntary reasons?** *

(# involuntary terminations/total population at the beginning of the period) ie. If your turnover rate is 3.4%, please enter 3.4

For the Unionized Sector ONLY:

For each year of the agreement, indicate the negotiated economic increase (usually expressed as a percentage).

- Look for sections titled "Wages," "Salaries," or "Cost of Living Adjustments (COLA)."
- If the increase is a flat dollar amount rather than a percentage,

please note that clearly.

- **Single Agreement:** If you are only governed by one collective agreement, complete **only the first line** of the table provided.
- **Multiple Agreements:** If you have multiple bargaining units or agreements, use a new line for each, following the chronological order of their start dates.

	Name	Start Date	Economic Increase Year 1	Economic Increase Year 2	Economic Increase Year 3	Economic Increase Year 4	Economic Increase Year 5
collective agreement #1							
collective agreement #2							
collective agreement #3							

Completion of 2025 HR Programs Survey

13. I have completed the 2025 NFPay Human Resources Program Survey

- Yes
- No

Cash Bonus and Incentives

14. **Do you offer cash bonuses?** *

- Yes
- No

15. **Are bonus decisions...?**

- ○ Discretionary
- ○ Based on predetermined milestones and formulas
- ○ A combination of both

16. **Which employees are eligible to receive bonus or incentive payments?**

Check all that apply.

- ☐ All Employees
- ☐ All Salaried Staff
- ☐ All Hourly Staff
- ☐ ED/President/CEO only
- ☐ VP/Executives
- ☐ Managers/Directors
- ☐ Senior Professionals
- ☐ Adhoc - Select groups or individuals only
- ☐ Other

*

17. **Which of the following are considered when determining eligibility for bonuses for select positions or individuals?**

Check all that apply.

- [ ] Position/Level
- [ ] Negotiated Employment Contract
- [ ] Skillset/Market Pressure
- [ ] Top Performers/Key Contributors
- [ ] Other

*

18. **Which of the following measures are considered for bonus?**

Check all that apply.

- [ ] Company Deliverables
- [ ] Group Objectives
- [ ] Individual Performance

Wellness, Leave and Pension

19. **Do you have a formal vacation policy?** *

- ○ Yes
- ○ No

20. **What is the vacation entitlement for non-managerial staff?**

	10 days	15 days	20 days	25 days	30 days	Other
<1 year of service	☐	☐	☐	☐	☐	☐
1-5 years of service	☐	☐	☐	☐	☐	☐
5-10 years of service	☐	☐	☐	☐	☐	☐
10-15 years of service	☐	☐	☐	☐	☐	☐
15-20 years of service	☐	☐	☐	☐	☐	☐
20+ years of service	☐	☐	☐	☐	☐	☐

21. **If other, please explain:**

22. **What is the vacation entitlement for managerial staff?**

	10 days	15 days	20 days	25 days	30 days	Other
<1 year of service	☐	☐	☐	☐	☐	☐
1-5 years of service	☐	☐	☐	☐	☐	☐
5-10 years of service	☐	☐	☐	☐	☐	☐
10-15 years of service	☐	☐	☐	☐	☐	☐
15-20 years of service	☐	☐	☐	☐	☐	☐
20+ years of service	☐	☐	☐	☐	☐	☐

23. **If other, please explain:**

24. **Is this policy flexible/negotiable for critical hires?**

- ○ Yes
- ○ No

25. **How do you administer the variance from normal practice?**

Check all that apply.

- [ ] HR/Management Approval
- [ ] Match vacation at previous organization
- [ ] May negotiate up to one extra week
- [ ] Based on position/level/scarcity of skills
- [ ] Based on previous work experience
- [ ] Other

26. **Does your vacation policy include a provision for employees to carry over vacation days into the next fiscal year?**

- ○ Yes
- ○ No

27. **How many vacation days are permitted to be carried over annually?**

28. **Do you shut down for a week during the Holiday Season?** *

- ○ Yes
- ○ No

29. **Do you require the employee to...?**

- Use vacation
- Use floater / personal leave days
- Make up the time
- Either - Employee has the choice
- Combination of vacation, floaters and/or make up the time
- None of the above - it is comany paid

30. **Do you have a formal Sick Leave policy?** *

- Yes
- No

31. **How many paid sick days do you provide per year?**

32. **Can sick days be accumulated and rolled-over into the next fiscal year?**

- Yes - all days
- Yes - up to a maximum
- No

33. **Please specify the number of days that can be rolled-over:**

34. **Can sick days be used for other personal or family emergencies?**

- Yes
- No

35. **Please provide details:**

36. **Do you have a formal Short Term Disability policy?** *

- Yes
- No

37. **Are the premiums...?**

- Employee Paid
- Company Paid
- Shared Cost

38. **Is your program...?**

- Insured by carrier
- Self insured, adjudicated in-house
- Self insured, adjudicated by insurance carrier
- EI SUB plan

39. **Do you provide paid time off for any other occasion such as personal/mental health days, family matters, bereavement, volunteering, sabbatical, etc.?** *

- Yes
- No

40. **If applicable, please indicate how many paid days are provided for the following programs:**

Please describe any other programs with the amount of paid days off provided in the comments box.

Personal/Mental Health Days	
Family Care Days	
Bereavement	
Volunteering	
Sabbatical	

Comments

41. **What do you offer to support employee wellness?**

Check all that apply.

- [ ] Employee Assistance Program
- [ ] Fitness memberships or subsidies
- [ ] Child care support
- [ ] Eldercare support
- [ ] Personal leave
- [ ] Flextime
- [ ] Remote work arrangements
- [ ] Job sharing
- [ ] Social space with games, equipment, BBQs, etc.
- [ ] Quiet space - for worship, reflection or rest
- [ ] Active group activities (team sports, group exercise, etc)
- [ ] On-site showers
- [ ] Support for active transportation (ie. bike loans, bike storage)
- [ ] Parking or public transportation reimbursement
- [ ] Regular meals and/or snacks
- [ ] On-site gym or exercise equipment
- [ ] Interest free loans for computer or exercise equipment purchase
- [ ] On-site seminars or "lunch and learns" (ie. financial planning, career planning, healthy living, etc.)
- [ ] On-site health services (is. flu clinics, blood clinics, massage, etc)
- [ ] Other

42. **What type of pension program do you offer?** *

- Defined Contribution (generally Group RRSP)
- Defined Benefit (traditional pension plan)
- Both - we have more than one plan
- Neither - we do not have any type of pension or RRSP Plan

43. **If your Group RRSP is voluntary, what % of employees participate?**

(ie. if 40% of your employees participate, please indicate 40)

44. **If there is a maximum organization match, please indicate in $ or % of salary:**

45. **Who controls the investment?**

- Employee
- Organization
- Not Applicable - Defined Benefit Plan

46. **What is the vesting schedule?**

- Funds are vested immediately when company makes contribution
- 50% vests after 1 year, the remainder after 2 years
- 100% vests after 6 months
- 100% vests after 2 years
- No vesting as there is no company match

47. **If there is an organization match, when does it begin?**

- As soon as the employee starts contributing
- After probation
- After 1 year
- Other

48. **What is the flexibility to transfer "un-locked" or employee invested funds out of the plan?**

- Employee discretion - no restrictions
- 1 transfer per year at no cost
- No transfers during employment with the company
- Transfers allowed with approval
- Employee contribution can be transferred, employer match cannot
- Unmatched contributions only (ie. If the employee contributes 10% but only 3% is matched by company, remaining 7% can be transferred out)
- Transfers are allowed only after 10 years
- Other

Overtime, Shifts & On-Call

49. **Do you have an overtime policy?** *

- Yes
- No

50. **Who is eligible?** *

Check all that apply.

- [ ] All Staff
- [ ] Front Line Staff
- [ ] Hourly Staff
- [ ] Salaried Staff
- [ ] Only if negotiated in collective agreement
- [ ] Discretionary, based on job focus or responsibilities
- [ ] Other

*

51. **How do you compensate for overtime worked?** *

Check all that apply.

- [ ] Cash
- [ ] Time Off
- [ ] Other - Write In

52. **Do you have a shift premium policy to compensate employees for "non-standard" shifts?** *

- ○ Yes
- ○ No

53. **What premium do you pay for the following shifts.**

Afternoon Shift

Night Shift

54. **Which positions are eligible for shift premiums?** *

Check all that apply.

- [ ] All Staff
- [ ] Front Line Staff
- [ ] Hourly Staff
- [ ] Salaried Staff
- [ ] On If Negotiated In Collective Agreement
- [ ] Discretionary, Based On Job Focus or Responsibilities
- [ ] Other

*

55. **Do you offer on-call pay?** *

- ○ Yes
- ○ No

56. **Which positions are eligible for on-call pay?** *

Check all that apply.

- [ ] All Staff
- [ ] Front Line Staff
- [ ] Hourly Staff
- [ ] Salaried Staff
- [ ] Only if negotiated in collective agreement
- [ ] Discretionary, based on job focus or responsibilities
- [ ] Other

*

57. **Do you pay a flat fee for carrying a cell phone?**

- ○ Yes
- ○ No
- ○ Other

58. **If yes, please describe**

59. **If you offer a minimum payment for responding to calls, please explain:**

If you do not have a minimum, please indicate "no minimum".

60. **If you offer a standard payment per call, please explain:**

If you do not have a standard amount, please indicate "no standard amount".