

**CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION –  
SILICON VALLEY CHAPTER and  
UNITED CONTRACTORS**

**CFMA/UCON 2016 CONTRACTOR SALARY AND BENEFIT SURVEY**  
*(Note that all information is confidential and anonymous)*

Please take a few moments to complete this questionnaire and return it to: Howard Loomis, Loomis & Co. CPAs, LLP, 267 East Campbell Avenue, Campbell, CA 95008 by **October 3, 2016**. Or you may email it to [info@loomiscpas.com](mailto:info@loomiscpas.com) or fax it to: (408) 385-3499. If you have any questions, contact Howard Loomis at [hloomis@loomiscpas.com](mailto:hloomis@loomiscpas.com) or (408) 385-3400 or Wing So at [wso@loomiscpas.com](mailto:wso@loomiscpas.com). If you would like to receive a copy of the survey, be sure to fill out the information page on page 6.  
*Thank you for participating!*

**I. Information About Your Company**

1. Are you a (check all that apply):     General Contractor     Sub Contractor     Developer
2. What is your primary license:     Class A     Class B     Class C
3. List specialty licenses in descending order in revenue: \_\_\_\_\_
4. Annual revenues (for most current fiscal year):  
 Less than \$1 million     \$1 - 5 million     \$5 – 20 million  
 \$20 – 50 million     \$50 -100 million     \$100 – 200 million  
 \$200 million or more
5. **Please estimate the percentage of annual construction-related revenue derived from each of the following sources: (the total of all percentages should equal 100%)**  
**Government** \_\_\_\_%    **Commercial** \_\_\_\_%    **Residential** \_\_\_\_%    **Industrial** \_\_\_\_%    **Other** \_\_\_\_%
6. Number of offices: \_\_\_\_\_
7. Location (check all that apply)     Bay Area     Monterey Bay     Central Valley  
 Southern California     Nevada     Other: \_\_\_\_\_
8. Are you:     Union     Open-shop     Both
9. Total number of employees (office and field): Full-time or equivalent: \_\_\_\_\_ Part-time \_\_\_\_\_
10. Total number of field employees (on average): Union Employees \_\_\_\_\_ Non-union Employees \_\_\_\_\_
11. Type of ownership:     Corporation     S-Corporation     Partnership  
 Other \_\_\_\_\_
12. Your title: \_\_\_\_\_

**II. Compensation**

Using annual figures, please indicate number of individuals per position (if greater than one) and average compensation for the positions listed as follows:

Position	Base Salary		Annual Bonuses	
	#	Average	#	Average

**Accounting**

• Chief financial officer (the person in charge of the money)	_____	_____	_____	_____
• Controller (with or without CFO, responsible to produce financial statements, runs accounting department)	_____	_____	_____	_____
• Full charge bookkeeper	_____	_____	_____	_____
• Assistant controller/accounting mgr. (responsible through G/L)	_____	_____	_____	_____
• Cost accountant (performs financial analysis of company activities)	_____	_____	_____	_____
• Staff accountant (degreed or very experienced accounting professional)	_____	_____	_____	_____
• Clerks (Accounts Payable/Accounts Receivable/Payroll)	_____	_____	_____	_____
• Other: _____	_____	_____	_____	_____

Position	Base Salary		Annual Bonuses	
	#	Average	#	Average
<b><u>Office</u></b>				
• Chief executive officer (the person in charge of the company)	_____	_____	_____	_____
• Chief operating officer (the person in charge of construction)	_____	_____	_____	_____
• Vice president - other	_____	_____	_____	_____
• Top sales/marketing executive	_____	_____	_____	_____
• Executive Secretary or assistant	_____	_____	_____	_____
• Marketing Manager	_____	_____	_____	_____
• Project or Department secretary/asst.	_____	_____	_____	_____
• Receptionist (phone, mail, general office duties)	_____	_____	_____	_____
• Administrative/office manager (directs activities of the clerical function of the company, supervises others)	_____	_____	_____	_____
• Risk Manager (responsible for insurance & risk management)	_____	_____	_____	_____
• Human Resource Director (responsible for human resources)	_____	_____	_____	_____
• Human Resource Administrator	_____	_____	_____	_____
• Other: _____	_____	_____	_____	_____
<b><u>Estimating</u></b>				
• Pre-Construction Executive (responsible for monitoring all pre-construction services, staff development, client relationships, business development)	_____	_____	_____	_____
• Senior Estimator (responsible for all pricing of projects, a staff of estimators, reviews estimates of others)	_____	_____	_____	_____
• Estimator (competent to take full responsibility to put together a project estimate)	_____	_____	_____	_____
• Junior Estimator (assists other in estimating department)	_____	_____	_____	_____
• Other: _____	_____	_____	_____	_____
<b><u>Operations</u></b>				
• Project Executive (Manage all project team members, responsible for client relationships, staff development, and accurate financial projections)	_____	_____	_____	_____
• Senior project manager (PM's report to them, responsible for more than one project at a time or large projects)	_____	_____	_____	_____
• Project manager (responsibility for complete project)	_____	_____	_____	_____
• Junior/Assistant project manager (entry level position, could be right out of school, or field promotion)	_____	_____	_____	_____
• General superintendent (supervises the field construction activities, could be executive position)	_____	_____	_____	_____
• Job site superintendent (complete responsibility for the actual field operations of the project)	_____	_____	_____	_____
• Foreman (responsible for a section of the field operations of a project, directs the efforts of others)	_____	_____	_____	_____
• Safety Director (responsible for all company safety)	_____	_____	_____	_____
• Safety Engineer (responsible for individual job site safety and reports to Safety Director)	_____	_____	_____	_____
• Purchasing agent (responsible for centralized purchasing of material and supplies for all the company projects)	_____	_____	_____	_____
• Dispatcher	_____	_____	_____	_____
• Other: _____	_____	_____	_____	_____

**Engineering**

- Senior project engineer (leads multiple engineering projects) \_\_\_\_\_
- Project engineer (heavy assisting of PM or Supt., might have responsibility for a section of the project) \_\_\_\_\_
- Junior/Assistant project engineer (usually a jobsite position, could be first job out of school or field promotion, assists PM) \_\_\_\_\_
- Virtual Design and Construction/Building Information Modeling Manager (responsible for plan and oversee the execution the VDC Services performed on projects) \_\_\_\_\_
- Virtual Design and Construction/Building Information Modeling Engineer/Modeler (works with the project team to develop 3D pre-construction and construction models) \_\_\_\_\_
- Other: \_\_\_\_\_

**IT/Data Processing**

- Chief information officer (person in charge of IT) \_\_\_\_\_
- MIS/Network Manager (total resp. for the MIS system) \_\_\_\_\_
- Network Administrator (administers the MIS system for another) \_\_\_\_\_
- Programmer (writes and debugs codes) \_\_\_\_\_
- Other : \_\_\_\_\_

**III. Staff/Personnel Issues**

1. What is your most successful employee recruiting approach?  
\_\_\_\_\_
2. What is your most successful approach in retaining field workers?  
\_\_\_\_\_
3. What is your most successful approach in retaining office workers? \_\_\_\_\_
4. What basis do you use to determine compensation increases, other than promotions (for example, union percentage, Consumer Price Index, etc.): \_\_\_\_\_

5. When are increases made (for example, quarterly, biannually or annually)? \_\_\_\_\_
  - a. What was the average increase in salaries for 2015? \_\_\_\_\_%
  - b. What is the anticipated average increase for 2016? \_\_\_\_\_%

- |   | Office |       | Field |       |
|---|--------|-------|-------|-------|
|   | Yes    | No    | Yes   | No    |
| 6. Do you have any of the following plans?  |        |       |       |       |
| a. Defined benefit pension plan   | _____  | _____ | _____ | _____ |
| b. Defined contribution/money purchase plan   | _____  | _____ | _____ | _____ |
| c. Profit-sharing pension plan  | _____  | _____ | _____ | _____ |
| d. Participatory plan [401(k)] in which employees contribute before-tax dollars – Employer Match _____% | _____  | _____ | _____ | _____ |
| e. Incentive compensation. Describe _____   | _____  | _____ | _____ | _____ |
| _____   |        |       |       |       |
| f. Other: _____   | _____  | _____ | _____ | _____ |

	<u>Employee</u>		<u>Family</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
7. Do you offer the following insurance coverage to employees and dependents?				
a. Medical – type(s) offered (circle all that apply)				
HSA    HCA    HMO    PPO    Other _____	_____	_____	_____	_____
b. Dental	_____	_____	_____	_____
c. Vision	_____	_____	_____	_____
d. Long-term disability	_____	_____	_____	_____
e. Life	_____	_____	_____	_____
f. Other: _____	_____	_____	_____	_____

8. For medical insurance, does the employee contribute to the premium? Yes      No  
 If yes, what percent of total premium does employee pay?      for self \_\_\_\_\_% for dependents \_\_\_\_\_%

9. Are there any other significant benefits provided to employees (club dues, educational expenses, professional associations, car allowance, etc.)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Benefits Provided to Operations Personnel – see page 5

**IV. Optional Financial Information**

1. What percentage of your total volume is from bonded jobs \_\_\_\_\_%
2. Do you have a bank line of credit?      Yes      No
3. What level of assurance services is performed on your year-end financial statements?
  - a. Audited \_\_\_\_\_
  - b. Reviewed \_\_\_\_\_
  - c. Compiled \_\_\_\_\_
  - d. None – internal financial statements only \_\_\_\_\_

4. Please list the five biggest challenges facing your company in the next five years.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. Comments/Suggestions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



*Thank you for your participation!*

If you would like to receive a free copy of the survey results, fill out the following **(PLEASE PRINT)** or, attach your business card:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_