

2025 Aim Town Salary Survey

Instructions

The Aim Salary Survey gathers information on the annual compensation of municipal employees. The survey results are used by fellow municipal officials to create budgets and it provides Aim with valuable information throughout the year for research, policy and media relations purposes. Municipalities responding to this survey will receive a copy of the publication upon its completion.

Thank you in advance for your participation!

Common Questions

1. What do you mean by current salary?

The current salary should reflect the 2025 salary.

2. What if the position is part-time?

Please type "PT" after the salary to indicate a part-time position or less than 30 hours per week.

3. What if positions are filled by the same person?

Please show the total salary under one job title, preferably the primary position, and then reference the primary position when asked for salaries for other positions.

4. What should we do if we do not have a position listed on the salary survey?

Please leave the response space blank. We will assume you do not have this position in your municipality.

5. We have a position filled that is not listed on the salary survey. Where do we add it?

Please add the titles and salaries for any positions not listed on the survey on the last page. We will add a page of miscellaneous positions in the results.

6. Can I save the survey online and return to it later?

Yes! Survey Monkey will automatically save your survey. You do not need to push a "save" button. It does this automatically on the computer you are using. Therefore, to view your survey responses again, you must use the same computer. To go back to your survey, simply click on the survey link again and it will take you to the page where you were last!

* 1. Please answer the following for the person completing this survey.

Name:

Title:

Address:

Address 2:

Town:

State:

ZIP:

Email Address:

Phone Number:

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Town Demographics

The Aim Salary Survey gathers information on the annual compensation of municipal employees. The survey results are used by fellow municipal officials to create budgets and it provides Aim with valuable information throughout the year for research, policy and media relations purposes. Municipalities responding to this survey will receive a copy of the publication immediately upon its completion. Thank you in advance for your participation!

Please note: The survey is set up to automatically save your responses. However, you must use the same computer each time you login for your responses to be saved and retrieved. Technical glitches do sometimes occur with this system. Aim recommends completing the survey in one sitting to ensure responses are submitted accurately.

*** 2. What is the name of your town?**

*** 3. In what county is your municipality?**

*** 4. What is the population of your town?**

*** 5. Please check the appropriate box which describes your town.**

- ☐ Town with Population Greater than 2,000
- ☐ Town with Population Less than 2,000

6. Check all that apply to indicate which utilities are municipally owned. For example, if your municipality owns a water utility, check that box. Or, if your municipality does not own the gas utility, leave that box unchecked.

- ☐ Water Utility
- ☐ Sewer Utility
- ☐ Electric Utility
- ☐ Gas Utility

*** 7. Please select the total number of council members (including council president).**

- ☐ 3
- ☐ 5
- ☐ 7
- ☐ 9

8. Number of Full Time Employees by Department

Please enter the number of **FULL TIME** employees (full time employees work 30 hours or greater weekly) in the space provided.

Total Full Time Employees, Currently	<input type="text"/>
Total Number of Authorized Positions (Including Those That Are Not Filled)	<input type="text"/>
Police, Uniform (Excluding Reserves)	<input type="text"/>
Police, Civilian (Excluding Reserves)	<input type="text"/>
Fire, Uniform (Excluding Reserves)	<input type="text"/>
Fire, Civilian (Excluding Reserves)	<input type="text"/>
Street Department	<input type="text"/>
Clerk-Treasurer / Finance and Accounting	<input type="text"/>
Sanitation / Trash	<input type="text"/>
Sewer / Wastewater	<input type="text"/>
Waterworks	<input type="text"/>
Parks / Recreation	<input type="text"/>
Engineering	<input type="text"/>
All Others	<input type="text"/>

9. Number of Part Time, Seasonal or Contractual Employees by Department

Please enter the number of **PART TIME, SEASONAL, or CONTRACTUAL** employees (part-time employees work less than 30 hours per week) in the space provided.

Total Number of Part-
Time/Seasonal/Contractual
Employees

Police, Uniform (Excluding
Reserves)

Police, Civilian (Excluding
Reserves)

Fire, Uniform (Excluding
Reserves)

Fire, Civilian (Excluding Reserves)

Street Department

Clerk-Treasurer

Sanitation / Trash

Sewer / Wastewater

Waterworks

Parks / Recreation

Engineering

All Others

10. Please list all the departments under collective bargaining.**11. Please list all departments that have a merit system.**

2025 Aim Town Salary Survey

Elected Officials

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

12. Clerk-Treasurer

13. Council President

14. Council Member

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General Employees

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

15. Town Manager

16. Town Marshall

17. Which best describes your Town Attorney?

You may select more than one option.

- ☐ Full Time, Municipal Employee
- ☐ Part Time, Municipal Employee
- ☐ Retainer, Contractual Agreement
- ☐ Hourly, Contractual Agreement

18. Town Attorney (if they are a municipal employee)

19. Town Attorney Fee (if they are contracted)

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Department Heads

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

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If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

20. Town Engineer

21. Parks / Recreation Superintendent

22. Sanitation Superintendent

23. Street Superintendent

24. Utilities Superintendent

25. Personnel / Human Resources Director

26. Public Works Director

27. Community Development / Planning Director

28. **Building Commissioner / Zoning Administrator**

29. **Information Systems / Technology Manager**

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Administrative Employees

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

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If your municipality does not have the position, please leave the response blank.

30. Deputy Clerk-Treasurer

31. Accounts Payable Clerk

32. Payroll Clerk

33. Purchasing Clerk

34. Administrative Assistant

35. Secretary / Receptionist

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Specialized Fields

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

36. Animal Control Officer

37. Construction Inspector

38. Police / Fire Dispatcher

39. Data Analyst, Information Technology (IT)

40. Systems Administrator, Information Technology (IT)

41. Systems Analyst, Information Technology (IT)

42. GIS Technician

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Police Department

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

43. Police Chief

44. Assistant (Deputy) Police Chief

45. Sergeant

46. Patrol 1st Class

47. Probationary Patrol Officer

48. Deputy Town Marshall

49. Probationary Department Employee

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Fire Department

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

50. Does your town have a volunteer fire department?

- ☐ Yes
☐ No

51. Check all that apply to your volunteer fire department.

Please skip if you do not have a volunteer fire department.

- ☐ Hourly Wage
☐ Clothing Reimbursement

52. Is your town part of a fire protection territory or district?

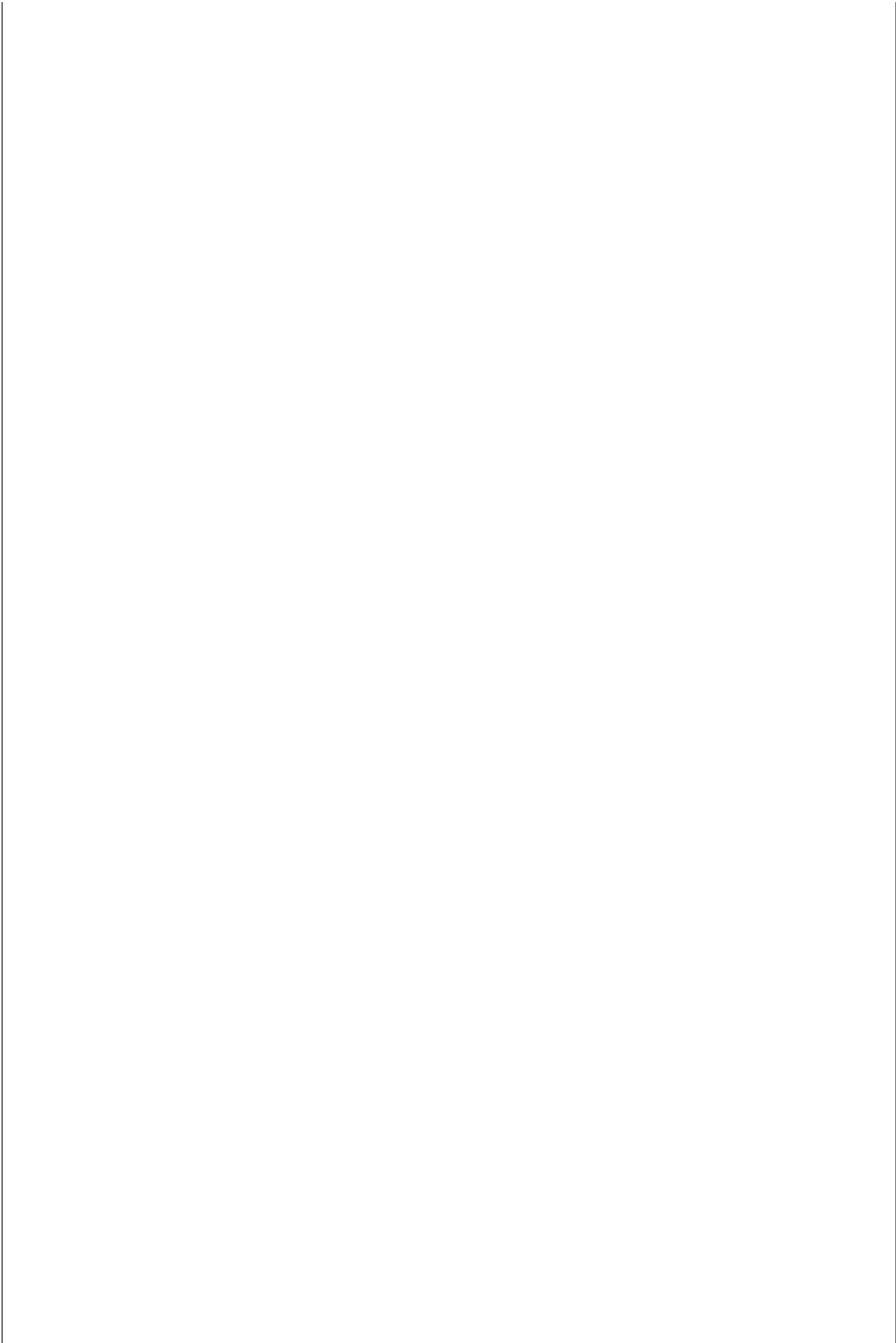
- ☐ Fire Protection Territory
☐ Fire Protection District
☐ None of the Above

53. Fire Chief

54. Assistant (Deputy) Fire Chief

55. Firefighter 1st Class

56. Probationary Firefighter



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Labor, Trades, and Crafts

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

57. Heavy Equipment Operator

58. Caretaker Custodian / Janitor

59. General Maintenance Laborer

60. Mechanic

61. Sanitation Driver

62. Truck Driver

63. Working Leader Foreman

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Municipal Utility Office

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

64. Office Manager

65. Cashier

66. Billing / Account Clerk

67. Secretary / Receptionist

68. Meter Reader

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Waterworks Filtration Employees (Municipal Utility)

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

69. Superintendent / Manager (Certified Only)

70. Certified Operator (other than Superintendent or Manager)

71. Non-Certified Equipment Operator

72. General Maintenance Laborer

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Sewage Treatment Plant / Collection System Employees (Municipal Utility)

Enter the current annual salary authorized for each elected position listed. All salaries should reflect 2025 salary numbers.

Indicate a position is part-time or less than 30 hours per week by typing "PT" after the salary.

If one person fills multiple positions, please enter the total salary under one job title, preferably the primary position, and then reference the primary position when asked for the salaries for other positions.

If your municipality does not have the position, please leave the response blank.

73. Superintendent / Manager (Certified Only)

74. Certified Equipment Operator (other than Superintendent or Manager)

75. Non-Certified Equipment Operator

76. Lab Technician

77. General Maintenance Laborer

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Health Benefits

78. Does your municipality offer health benefits?

If your answer is no, you will skip this section.

- ☐ Yes
☐ No

79. What benefits do you offer the Clerk-Treasurer?

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program |
| <input type="checkbox"/> Life Insurance | |

80. What benefits do you offer Council Members?

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program |
| <input type="checkbox"/> Life Insurance | |

81. What benefits do you offer Municipal Employees?

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program |
| <input type="checkbox"/> Life Insurance | |

82. What benefits do you offer part-time Municipal Employees?

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Long-Term Disability |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Short-Term Disability |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Wellness Program |
| <input type="checkbox"/> Life Insurance | |

83. Is your municipality self-insured or fully-insured?

- ☐ Self-Insured
- ☐ Fully-Insured

84. What type of healthcare plan does your municipality provide?

Select all the plans your municipality offers.

- ☐ PPO (Preferred Provider Organization)
- ☐ HDHP (High Deductible Health Plan) combined with a Health Savings Account (HSA)
- ☐ HRA (Health Reimbursement Arrangement)
- ☐ HMO (Health Maintenance Organization)
- ☐ POS (Point of Service)

85. Does your municipality utilize spousal carve-out for health plan enrollment?

(A spousal carve-out means that a spouse is not eligible to participate on the plan if they are eligible for other employer-sponsored coverage.)

- ☐ Yes
- ☐ No

86. Does your municipality offer an onsite or near site clinic?

- ☐ Yes
- ☐ No

87. If your municipality offers a wellness program, please select the components you offer.

- ☐ Exercise programs and activities
- ☐ Health risk assessments
- ☐ Health screenings
- ☐ Nutrition education
- ☐ Smoking cessation programs
- ☐ Stress reduction programs
- ☐ Vaccination clinics
- ☐ Weight loss programs

88. Do you offer incentives for your wellness program? If so, what kind of incentives do you provide, i.e. gift cards, HSA contributions, premium credits, etc.

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Health Benefits - PPO (Preferred Provider Organization)

The following questions are regarding a **PPO (Preferred Provider Organization) Plan**. If you do not offer this plan, please skip this section.

89. If you have a PPO plan, what is the deductible and out of pocket maximums for your the PPO plan?

The deductible is the amount an insured must pay before the insurance company begins to pay medical claims. The "out of pocket max" is the amount an insured must pay out in a year, before the insurance company will begin paying 100% of the medical claims.

Individual Deductible

Individual Out of Pocket Max

Family Deductible

Family Out of Pocket Max

90. If you have a PPO plan, what are your monthly premium rates by tier for the PPO plan?

If your municipality does not offer a PPO, please skip this question.

Employee, No
Dependents

Employee and Spouse

Employee and
Child(ren)

Employee and Family

91. If you had an increase in premiums for a PPO Plan, what was the increase in premiums for 2025?

92. Do employees contribute a percentage or flat rate dollar amount of the total healthcare coverage premium for a PPO?

If your municipality does not offer a PPO, please skip this question.

- ☐ Percentage
- ☐ Flat Rate Dollar Amount
- ☐ Varies by Tier

93. **What percentage or dollar amount does the employee contribute of the total healthcare coverage premium for a PPO?**

If your municipality does not offer a PPO, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

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Health Benefits - HDHP (High Deductible Health Plan) & HRA (Health Reimbursement Arrangement)

The following questions are regarding a **HDHP (High Deductible Health Plan) or HRA (Health Reimbursement Arrangement)**. If you do not offer either of these plans, please skip this section.

94. If you have a HDHP or HRA, what is the deductible and out of pocket maximums for your HDHP or HRA?

The deductible is the amount an insured must pay before the insurance company begins to pay medical claims. The "out of pocket max" is the amount an insured must pay out in a year, before the insurance company will begin paying 100% of the medical claims.

Individual Deductible	<input type="text"/>
Individual Out of Pocket Max	<input type="text"/>
Family Deductible	<input type="text"/>
Family Out of Pocket Max	<input type="text"/>

95. If you have a HDHP or HRA, what are your monthly premium rates by tier for the HDHP or HRA?

If your municipality does not offer a PPO, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

96. If you had an increase in premiums for a HDHP or HRA, what was the increase in premiums for 2025?

97. Do employees contribute a percentage or flat rate dollar amount of the total healthcare coverage premium for a HDHP or HRA?

If your municipality does not offer a HDHP or HRA, please skip this question.

- ☐ Percentage
- ☐ Flat Rate Dollar Amount
- ☐ Varies by Tier

98. What percentage or dollar amount does the employee contribute of the total healthcare coverage premium for a HDHP or HRA?

If your municipality does not offer a HDHP or HRA, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

99. If your municipality has a HDHP combined with a HSA, how much does your municipality contribute to the employee's HSA annually?

If your municipality does not offer a HDHP, please skip this question.

Employee, No Dependents	<input type="text"/>
Employee and Spouse	<input type="text"/>
Employee and Child(ren)	<input type="text"/>
Employee and Family	<input type="text"/>

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Police Leave Time

The following questions are regarding the **Police Department**. If you do not have a Police Department, please skip this section.

100. What type of leave do you offer police?

- ☐ Sick Days
- ☐ Personal / Vacation Days
- ☐ PTO (Paid Time Off) - Do not distinguish between sick and personal days.
- ☐ Other (please specify)

101. If you offer the following days to police, what is the maximum number allowed per year with pay?

Sick

Personal

PTO (Paid Time Off)

102. For police only, can sick, personal, or PTO days be carried over from one year to the next?

	Yes	No
Sick Days	<input type="checkbox"/>	<input type="checkbox"/>
Personal Days	<input type="checkbox"/>	<input type="checkbox"/>
PTO Days	<input type="checkbox"/>	<input type="checkbox"/>

103. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for Police Department?

If there is no limit on the number of days, enter "unlimited."

Sick Days

Personal Days

PTO Days

104. **Police Paid Vacation/Personal Days**

How many paid vacation or personal days per year are provided? Please note if vacation days are specific to "duty days" versus "calendar days." If not noted, we will assume "calendar days."

After 1 Year

After 5 Years

After 10 Years

After 15 Years

After 20 Years

105. **Holidays**

How many holidays per year are paid holidays (whether worked or not)?

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Fire Leave Time

The following questions are regarding the **Fire Department**. If you do not have a Fire Department, please skip this section.

106. What type of leave do you offer fire?

- ☐ Sick Days
- ☐ Personal / Vacation Days
- ☐ PTO (Paid Time Off) - Do not distinguish between sick and personal days.
- ☐ Other (please specify)

107. If you offer the following days to fire, what is the maximum number allowed per year with pay?

Sick

Personal

PTO (Paid Time Off)

108. For fire only, can sick, personal, or PTO days be carried over from one year to the next?

	Yes	No
Sick Days	<input type="checkbox"/>	<input type="checkbox"/>
Personal Days	<input type="checkbox"/>	<input type="checkbox"/>
PTO Days	<input type="checkbox"/>	<input type="checkbox"/>

109. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for Fire Department?

If there is no limit on the number of days, enter "unlimited."

Sick Days

Personal Days

PTO Days

110. Fire Paid Vacation/Personal Days

How many paid vacation or personal days per year are provided? Please note if vacation days are specific to "duty days" versus "calendar days." If not noted, we will assume "calendar days."

After 1 Year

After 5 Years

After 10 Years

After 15 Years

After 20 Years

111. Holidays

How many holidays per year are paid holidays (whether worked or not)?

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Utility Leave Time

The following questions are regarding the **Utility Department**. If you do not have a Utility Department, please skip this section.

112. What type of leave do you offer utility?

- ☐ Sick Days
- ☐ Personal / Vacation Days
- ☐ PTO (Paid Time Off) - Do not distinguish between sick and personal days.
- ☐ Other (please specify)

113. If you offer the following days to utility, what is the maximum number allowed per year with pay?

Sick

Personal

PTO (Paid Time Off)

114. For utility only, can sick, personal, or PTO days be carried over from one year to the next?

	Yes	No
Sick Days	<input type="checkbox"/>	<input type="checkbox"/>
Personal Days	<input type="checkbox"/>	<input type="checkbox"/>
PTO Days	<input type="checkbox"/>	<input type="checkbox"/>

115. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for Utility Department?

If there is no limit on the number of days, enter "unlimited."

Sick Days

Personal Days

PTO Days

116. Utility Paid Vacation/Personal Days

How many paid vacation or personal days per year are provided? Please note if vacation days are specific to "duty days" versus "calendar days." If not noted, we will assume "calendar days."

After 1 Year

After 5 Years

After 10 Years

After 15 Years

After 20 Years

117. Holidays

How many holidays per year are paid holidays (whether worked or not)?

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Municipal Employee Leave Time

The following questions are regarding **Municipal Employees**.

118. What type of leave do you offer municipal employees?

- ☐ Sick Days
- ☐ Personal / Vacation Days
- ☐ PTO (Paid Time Off) - Do not distinguish between sick and personal days.
- ☐ Other (please specify)

119. If you offer the following days to municipal employees, what is the maximum number allowed per year with pay?

Sick

Personal

PTO (Paid Time Off)

120. For municipal employees only, can sick, personal, or PTO days be carried over from one year to the next?

	Yes	No
Sick Days	<input type="checkbox"/>	<input type="checkbox"/>
Personal Days	<input type="checkbox"/>	<input type="checkbox"/>
PTO Days	<input type="checkbox"/>	<input type="checkbox"/>

121. If you allow sick, personal, or PTO days to be carried over, what is the maximum allowed for municipal employees?

If there is no limit on the number of days, enter "unlimited."

Sick Days

Personal Days

PTO Days

122. **Municipal Employees Paid Vacation/Personal Days**

How many paid vacation or personal days per year are provided? Please note if vacation days are specific to "duty days" versus "calendar days." If not noted, we will assume "calendar days."

After 1 Year

After 5 Years

After 10 Years

After 15 Years

After 20 Years

123. **Holidays**

How many holidays per year are paid holidays (whether worked or not)?

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Department Allowances

124. **Indicate any department allowance that applies.**

	Shift Premium	Take Home Auto	Longevity Pay	Clothing/Uniform Allowance
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Municipal Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125. For each department applicable, please enter the amount per person per year that you allow for a **clothing/uniform allowance**. If you do not give any clothing/uniform allowances, leave the box blank.

Police	<input type="text"/>
Fire	<input type="text"/>
Utility	<input type="text"/>
Other Departments	<input type="text"/>

126. For each department applicable, please enter the **mileage reimbursement rate for personal vehicles**. If you provide the federal mileage reimbursement rate, please write "federal rate." If you do not provide reimbursement, leave the box blank.

Police	<input type="text"/>
Fire	<input type="text"/>
Utility	<input type="text"/>
Other Departments	<input type="text"/>

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Longevity Pay

127. Please enter the **Police Department Longevity Pay** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

128. Please enter the **Fire Department Longevity Pay** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

129. Please enter the **Utility Department Longevity Pay** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

130. Please enter the **Longevity Pay for Other Departments** (additional salary amount per year with years of service). If you do not provide longevity pay, leave the box blank.

10 Years of Service

15 Years of Service

20 Years of Service

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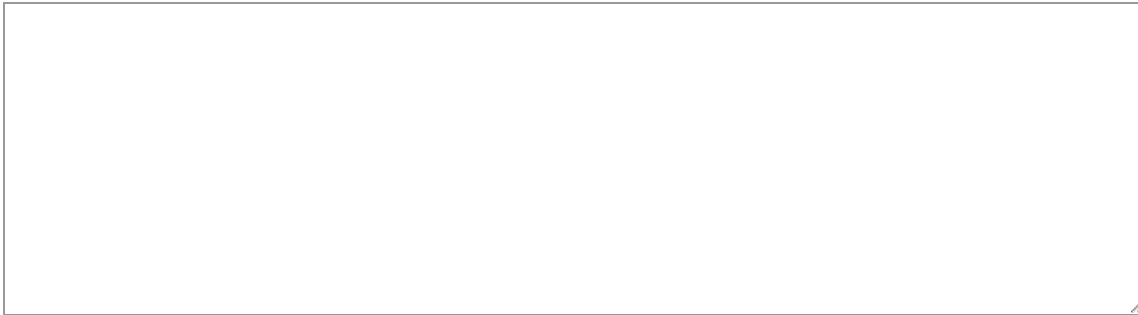
Thank you!

131. Are there any positions we missed?

Please write in any other positions and salaries in the space provided below.



132. Do you have any comments or suggestions for future surveys?



You did it! Thank you, your survey is complete. We appreciate your time and all you do.

Results will be emailed to you at the end of May.

Please click "Done" to submit your survey.