

NASCSP

National Association for State Community Services Programs

The background is a vibrant, abstract composition of overlapping geometric shapes, including circles, rectangles, and lines in various colors like teal, yellow, orange, and blue. A large, semi-transparent purple rectangle is centered on the page, containing the title text.

2024 NASCSP Weatherization Workforce & Wage Survey Instructions

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Thank you for taking the time to complete the 2024 NASCSP Weatherization Workforce & Wage Survey. Depending on the size of your program's workforce and readily available information, completing the survey is estimated to take **1 – 2 hours**. This survey aims to gather critical workforce development, recruitment, and retention data within the Weatherization Assistance Program. **Subgrantees may use DOE WAP Training and Technical Assistance Funds to complete this survey.**

NASCSP will analyze your responses to provide state-level job averages in the Weatherization field. These insights will help craft career ladders, update best practices, enhance recruitment materials, and strengthen retention strategies.

Only your grantee WAP Manager will know what information came from a particular organization. For resource development and reporting, **your organization name will remain anonymous on any information shared from the survey.** This ensures privacy while allowing us to compile accurate and useful data to support our workforce initiatives.

You may only submit one wage survey per organization. Once you submit you cannot resubmit. We encourage you to use the [blank PDF Practice Form](#) of this survey to prepare your responses before entering information into the actual survey. Using the blank PDF of the survey, multiple departments can collaborate to input accurate information. The following detailed instructions are meant to assist participants with each question and section of the survey.

Please contact kgarvin@nascsp.org with any questions regarding the survey before submission.

Once you are satisfied with your answers, please click **Submit** at the bottom of the webpage. After you click **Submit**, the website will refresh to provide a summary of your responses. You will also receive a PDF copy of your survey answers via the email address you provided.

Please complete the survey by [September 13, 2024](#).

Thank you for your valuable contribution to improving the Weatherization workforce.

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Organization Information

The first page of the survey asks for organization, contact, and position information. Once you have entered the necessary information, click “Next” to continue the survey. Detailed weatherization position descriptions are provided within these instructions.

* 1. Agency Name

* 2. Contact Email

* 3. Type of Agency
 Community Action Agency
 Local Government
 Non-profit
 Tribal Entity

* 4. Weatherization (DOE, LIHEAP, and other) funding amount in dollars for the current Program Year.
Note: Please enter a whole number with no decimals. Example: \$5,100,500

* 5. County of Primary WAP Office

* 6. State/Territory/District

Organization Information Questions:

1. Organization Name
 - a. **Please input your organization’s full name. Please avoid using acronyms if possible.**

2. Contact Email
 - a. **Please input your contact email.**
 - b. **Note:** *This contact information is used to follow up with any questions and provide a response summary once the survey is completed.*

3. Type of Organization
 - a. **Select the type of organization that implements your weatherization program.**
 - Community Action Agency
 - Local Government
 - Non-profit
 - Tribal Entity

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4. Input the organization's Weatherization (DOE, LIHEAP, and other) funding amount in dollars for the current Program Year. *Please enter a whole number, no decimals please. Example: \$5,100,500*
 - a. **Input your annual funding amount for weatherization. Please include all funding such as DOE, LIHEAP, and Utilities.**

5. County of your organization's WAP Office
 - a. **Input the county where your primary weatherization office is located.**

6. State/Territory/District
 - a. **Please select your state, territory, or district.**

7. How long has your organization provided weatherization services?
 - a. **Please input the number of years and/or months.**

8. Is your program **primarily** in-house crew or subcontractor-based?
 - a. **Select the option that best reflects your program and how the weatherization work is completed.**
 - b. Some organizations may use all in-house crews including the skilled trades, while some may use all subcontractors to complete the work. For an example of "Both", some programs use in-house crews for air sealing/insulation and use HVAC or other skilled trades subcontractors for permit-required measures.

9. *If you select "subcontractors", or "both" to the above question, this request will appear:*
Please select the type(s) of subcontractors that your organization uses.
 - a. **Select the options that best reflect the contractors that your organization uses. Please check all that apply.**
 - b. **Note:** A "weatherization" subcontractor may complete the air sealing and/or energy efficiency measures.
 - c. If you use a subcontractor that is not listed, please use the "Other" field to specify the type of subcontractor.

10. Which of the following positions do you use in your weatherization program?
 - a. **Select the positions that you use in your weatherization program. Not all positions may be listed. Select the best options for your program.**
 - b. **Note:** The selections from this question will make the survey easier to fill out by excluding positions you do not use in your program.
 - c. Please see the position descriptions on the next page for additional guidance.

- | | |
|--|--|
| <input type="checkbox"/> Retrofit Installer Technician | <input type="checkbox"/> Crew Leader |
| <input checked="" type="checkbox"/> Energy Auditor | <input checked="" type="checkbox"/> Quality Control Inspector |
| <input checked="" type="checkbox"/> WAP Admin/Intake Specialist | <input checked="" type="checkbox"/> WAP Program Director/Manager |
| <input checked="" type="checkbox"/> WAP Program Specialist/Coordinator | <input type="checkbox"/> HVAC Technician |
| <input type="checkbox"/> Solar Installer | |
-

2024 NASCSP Weatherization Workforce & Wage Survey Instructions

Weatherization Position Descriptions:

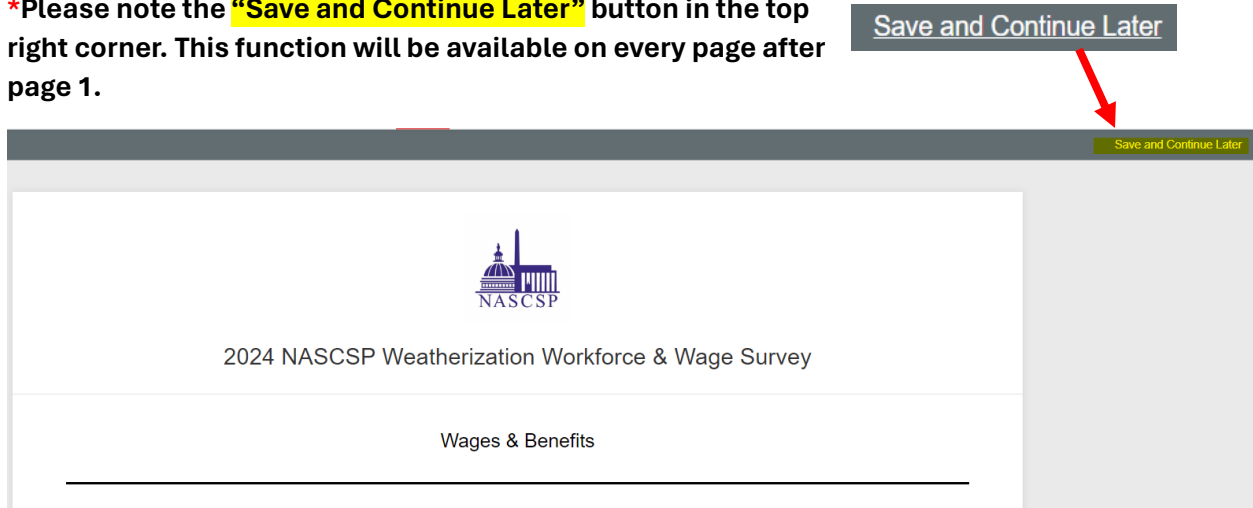
- **Retrofit Installer Technician** – Also known as crew, technician, laborer, helper, or installer. Performs the installation of WAP materials for energy conservation and health and safety measures such as performing air sealing, installing lighting and insulation, battery operated smoke/CO alarms, etc. Perform blower door and some diagnostic testing and H&S diagnostic testing.
- **Crew Leader** – Also known as crew lead, crew chief, or crew supervisor. Supervises installation crew, manages work quality to Standard Work Specifications (SWS), performs and oversees installation work. Perform blower door and some diagnostic testing and H&S diagnostic testing.
- **Energy Auditor** – Also known as Estimator, Dwelling Assessor, Home Inspector, or Energy Assessor. Performs energy audit or dwelling / energy assessment on the unit. Perform blower door and diagnostic testing and H&S diagnostic testing. Recommends scope of work.
- **Quality Control Inspector** – Also known as QCI, quality assurance, or final inspector. Performs the final inspection on all dwellings to ensure compliance with SWS, energy audit verification and state WAP program requirements. Final diagnostic testing and verification.
- **WAP Admin/Intake Specialist** – Also known as program support. Supports client screening and intake, applications, file management and client customer service.
- **WAP Program Director/Manager** – Also known as program coordinator, analyst, or supervisor. Responsible for comprehensive program management, delivery, and compliance with all federal and state rules. Reviews work orders. Solicits bids and awards contracts. Main point of contact with state office.
- **WAP Program Specialist / Coordinator** – Also known as production coordinator, office manager, scheduler, assistant manager, or county supervisor. This position supervises the crews, schedules jobs, and reviews work orders. This position may work both office and onsite. This position may also assist the WAP Program Director/Manager with their duties such as reporting and program management.
- **HVAC Technician** – Also known as HVAC installer, inspector, or specialist. Performs the inspection, installation, and/or repair of HVAC systems.
- **Solar Installer** – Also known as Solar technician or specialist. Performs the inspection, installation, and/or repair of Solar systems.

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Wages & Benefits

The second page of the survey will ask for wage and benefit information. Please input all the necessary information and click “Next” to continue the survey.

***Please note the “Save and Continue Later” button in the top right corner. This function will be available on every page after page 1.**

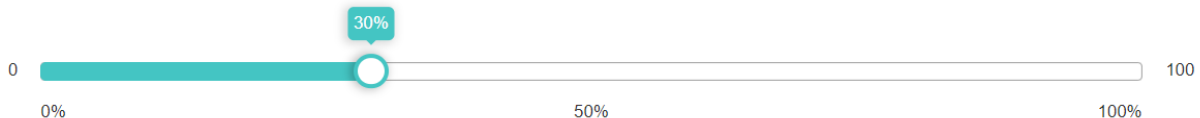


If you cannot finish the survey in one attempt or need to step away for a moment, click on the “**Save and Continue Later**” button to save the information you have entered. You should see this message: “**Your progress has been saved – You can use this unique link to come back and fill in your survey anytime.**”

You can either **copy** the unique link or have it **sent to your email**. To receive the link through email, please enter your email address and click “**Send**.” If you do not see the email in your inbox, please check your junk/spam folder.

Wage and Benefit Questions:

11. Organization Fringe Rate (Fringe rate is the employer-paid benefits, **not taxes**. Fringe includes health/life/disability insurance, 401k, etc. It does not include FICA, unemployment, or worker's comp.)
 - a. **Using the sliding scale, input the percent of organization fringe rate.**



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12. Please input the hourly wage information for each role, including the minimum (or starting), the average for all employees, and the maximum (or current highest). Please do not include fringe.

- a. **Note:** Only the positions you selected for your program will appear as options. If you notice missing positions, it is recommended to return to the first part of the survey and double-check question #10.

	Minimum (Starting) hourly wage	Average hourly wage	Maximum (Highest) hourly wage
Energy Auditor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality Control Inspector	<input type="text"/>	<input type="text"/>	<input type="text"/>
WAP Admin/Intake Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>
WAP Program Director/Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
WAP Program Specialist/Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>

- b. **Input the actual hourly dollar amount for each position. Please include exact amounts with decimal places.**

- i. **Note:** Consider the full wage amount regardless of the funding source for the employee, including co-funded positions.
- ii. The **minimum (starting or entry-level)** hourly wage is the minimum amount this position would receive. For example, consider a new employee starting at the lowest level of this position with no experience.
- iii. The **average** hourly wage should be the combined average of all employees in this position. For example, if you have three retrofit installers, find the total sum of the hourly wages for each employee, and divide it by three.

1. **Example below:**

A	B	C	D	E
Employee	Hourly Wage			
Installer #1	\$ 15.75		Total Hourly Wage for position	\$ 47.50
Installer #2	\$ 17.25		Number of Employees	3.00
Installer #3	\$ 14.50		Average Hourly Wage for position	\$ 15.83

- iv. The **maximum (highest)** hourly wage is the highest hourly rate currently earned by any employee in the position.

13. Does your organization offer additional benefits such as childcare, transportation/cell phone allowances, or others? If so, please use the space provided to briefly describe those additional benefits. If not, please feel free to skip this answer or input NA.

- a. You will have the opportunity to upload files at the end of the survey.

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14. Since the 2021 weatherization wage survey, have you implemented minimum wages or other wage initiatives in your organization's weatherization program? Consider minimum wages, career paths, incentives, etc.
- Select the option that best reflects any recent (**since 2021**) wage initiatives, changes, and/or increases.
 - Note: Please do not consider annual Cost of Living Adjustments (COLA).**
 - This is a logical question that will pop up the opportunity to provide additional information.
15. Have the recent WAP funding increases allowed your organization to raise wages for weatherization staff? (For example, consider BIL funding)
- Please select whether the increased funding has "directly" or "indirectly" (consider leveraged funds) helped with wage increases. If you have not noticed a difference, please select the "not helped" option. Please use the "Other" option to explain further, if needed.
16. Please briefly describe the impact wage changes have had on your program.
- Note:** You will also have the opportunity to upload files at the end of the survey.
 - Use the space provided to describe the impact the wage initiatives have had on your program. For example: recruitment, retention, job satisfaction, production, etc.

Recruitment & Retention

This section will ask for recruiting and retention information. Please input all the necessary information and click "Next" to continue the survey.

Note: You will notice **highlighted** requests. These are hidden unless "Yes" is selected in the previous question. You will notice them appear as the response is selected. These requests provide an opportunity to briefly describe initiatives, plans, or procedures regarding recruiting and retention. You will also have the opportunity to upload files at the end of the survey.

Recruitment and Retention Questions:

17. Subcontractor Engagement: Please rate to describe your current subcontractor capacity. If you do not use a specific subcontractor, please select N/A.

- Select the option that best rates the capacity for each subcontractor.**

- 1 = none available
- 2 = very little available
- 3 = some available, but not enough
- 4 = enough available for most jobs
- 5 = no problem finding qualified subcontractors

- Please consider the amount of available contractors in your area and your organization's needs.

	1	2	3	4	5	NA
Weatherization	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HVAC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plumbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Solar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Roofing/Home Repair	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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18. Does your program offer contractors paid training, stipends, or other incentives?
- Please select an option as it relates to your organization or program.**
19. *If you selected yes to the above question, this request will appear:* Please briefly describe your contractor training, stipend, or incentive plan.
- Note:** You will also have the opportunity to upload files at the end of the survey.
 - Use the space provided to briefly describe any contractor engagement, training, production, stipends, incentives. Please include any processes, procedures, or plans.**
20. Does your organization implement recruitment or referral bonus plans?
- Please select an option as it relates to your organization or program.**
21. *If you select yes to the above question, this request will appear:* Please briefly describe your recruitment or referral bonus plan.
- Note:** You will also have the opportunity to upload files at the end of the survey.
 - Use the space provided to briefly describe any recruitment or referral plans for your organization. Please include any processes, procedures, or plans.**
22. Does your organization provide a published (visual) career path/ladder for weatherization staff?
- Please select an option as it relates to your organization or program.**
23. If you do not mind sharing, please upload a copy of your career path/ladder.
- Use the “Choose File” button to upload a career path or ladder.**
 - You may upload up to three files. Files must be less than 10 MB.
24. Does your organization award wage increases or bonuses for achieving any certifications, training, or advancing through the career path?
- Consider any retention or incentive plans.
 - Please select an option as it relates to your organization or program.**
25. *If you selected yes to the above question, this question will appear:* Please briefly describe your career path, retention, or incentive plan.
- Note:** You will also have the opportunity to upload files at the end of the survey.
 - Use the space provided to briefly describe any career path, retention, or incentive plans for your organization. Please include any processes, procedures, or plans.**
26. Please describe any issues regarding employee recruitment and/or retention in your program. If you do not have any issues at this time, please input NA.
- Use the space provided to describe any issues with turnover or attrition within your program.**

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27. Please input the following job position information.

- Note:** Only the positions you selected for your program will appear as options. If you notice missing positions, it is recommended to return to the first part of the survey and double-check question #10.
- Please input the current number of employees for each role.
- Please input the number expected to be hired in the next 12 months. *Consider how many additional positions need to be filled in each of these occupations for this program to be at full capacity.*
- Please input how many months it takes to fill each position. *This is the amount of time from job posting to officially signing on the new employee.*
- Please input the number of employees turned over within the last 12 months for each position.

	Current Number of Staff in this role	Number of Staff expected to hire for full capacity (Current Vacancies)	Length of time to fill position/recruit (in months)	Number of Staff turnover within the last 12 months
Energy Auditor	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="12"/>	<input type="text" value="2"/>
Quality Control Inspector	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="18"/>	<input type="text" value="1"/>
WAP Admin/Intake Specialist	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="6"/>	<input type="text" value="1"/>
WAP Program Director/Manager	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="12"/>	<input type="text" value="0"/>
WAP Program Specialist/Coordinator	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="12"/>	<input type="text" value="0"/>

28. Please rank each position by difficulty to retain from most to least, **with 1 = most difficult**.

You will only be able to use one rank per position; selecting a rank already used will clear the previous choice. Depending on the number of positions you selected, you may need to scroll to the left to see additional columns.

- Note:** Only the positions you selected for your program will appear as options. If you notice missing positions, it is advised to return to the first part of the survey and double-check question #10.

*** Retention Difficulty:** Please rank each position's **difficulty to retain** from most to least, with 1 = most difficult. Please only use one rank per position. Depending on the number of positions, you may need to scroll to the left to see additional columns.

Note: Only the positions you selected for your program will appear as options. If you notice missing positions, it is recommended to return to the first page of the survey and double-check the question asking which positions are used. In that question, you selected Energy Auditor, Quality Control Inspector, WAP Admin/Intake Specialist, WAP Program Director/Manager, WAP Program Specialist/Coordinator.

	1 (Most Difficult)	2	3	4	5
Energy Auditor	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Control Inspector	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WAP Admin/Intake Specialist	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WAP Program Director/Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
WAP Program Specialist/Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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Training, Partnerships, & Successful Practices

29. Please input the following training information. Please enter any information available for either column or both. This can be an average or estimate. To the best of your ability, consider the amount of time and funding it takes to train a new employee with no experience. If you are unable to complete this question, you may leave it blank.

a. **Note:** Only the positions you selected for your program will appear as options. If you notice missing positions, it is recommended to return to the first page of the survey and double-check.

b. Input the number of months it takes to fully train a new employee in each position.

c. Input the dollar amount to fully train a new employee in each position. Consider the entire (or estimated) cost of training for the position, including employee wages, courses/classes, travel, etc.

	Time to fully train (months)	Cost to fully train (dollars)
Energy Auditor	<input type="text" value="18"/>	<input type="text"/>
Quality Control Inspector	<input type="text" value="18"/>	<input type="text"/>
WAP Admin/Intake Specialist	<input type="text" value="6"/>	<input type="text"/>
WAP Program Director/Manager	<input type="text" value="36"/>	<input type="text"/>
WAP Program Specialist / Coordinator	<input type="text" value="12"/>	<input type="text"/>

30. Do you have a formal onboarding, continuing education, or training plan?

a. This could include training plans for certain positions, field staff, or career path positions.

b. **Please select an option as it relates to your organization or program.**

31. **If you selected yes to the above question, this question will appear:** Please briefly describe your onboarding, continuing education, or training plan.

a. **Note:** You will also have the opportunity to upload files at the end of the survey.

b. **Use the space provided to briefly describe any onboarding, continuing education, or training plan for your organization. Please include any processes, procedures, or plans.**

32. Please describe any partnerships that your organization uses for recruitment, training, or workforce outreach.

a. **Use the space provided to briefly describe any recruitment, training, or workforce outreach your organization completes through partnerships. Please include any processes, procedures, or plans.**

33. Does your organization have any successful workforce development strategies or initiatives that were not mentioned in previous questions?

a. Consider any innovative projects, practices, plans, etc.

b. **Use the space provided to briefly describe any innovative workforce development strategies, initiatives, or best practices.**

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34. Does your organization recruit from the underrepresented or disadvantaged communities we serve? Please describe any outreach and engagement activities within these communities.
- For example: Partnerships, client engagement, employee referrals, etc.
 - Use the space provided to briefly describe any innovative workforce development strategies, initiatives, or best practices related to outreach and engagement activities in underrepresented or disadvantaged communities.**

Needs, Feedback, & Uploads

35. Please describe any current challenges, needs and any suggestions for future workforce development training topics, tools, or resources?
- Please provide any additional feedback.
 - Use this space to describe any current challenges or needs. Consider suggestions for workforce development training topics, tools, and resources.**
 - This space can also be used to provide additional feedback concerning the survey.**
 - The responses to this request will help develop best practices, tools, and resources for the WAP network.*
36. Please upload files here for any plans, processes, or procedures you want to share. You can upload a maximum of five files.
- For example: Plans, processes, or procedures for training, incentives, partnerships, recruitment, retention, outreach, engagement, etc.
 - Use the “Choose File” button to upload files that you are willing to share.**
 - Please ensure that the files have clear titles/names so they can be easily sorted and reviewed.**
 - You may upload up to **five** files. Files must be less than 10 MB.

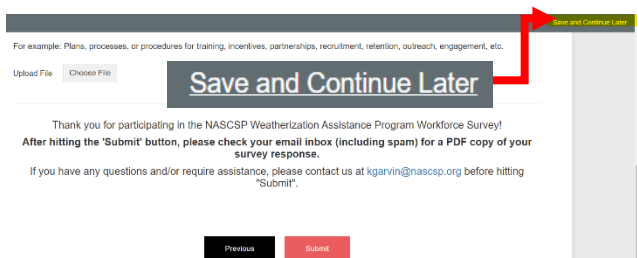
Thank you for participating in the NASCSP Weatherization Assistance Program Workforce Survey! [You can start the online survey here.](#)

Submitting the Survey:

Before submitting the survey, please take this opportunity to review your responses for accuracy. If needed, please use the “**Save and Continue Later**” button.

If you have any questions and/or require assistance, please contact us at kgarvin@nascsp.org before hitting "Submit".

Once you are satisfied with your answers, please click Submit at the bottom of the page. After you click Submit, the website will refresh to provide a summary of your responses. **Please check your email inbox (including spam) for a PDF copy of your survey response.**



The screenshot shows a survey submission interface. At the top, there is a header bar with a 'Save and Continue Later' button. Below this, there is a section for file uploads with an 'Upload File' button and a 'Choose File' button. A large 'Save and Continue Later' button is prominently displayed. Below the buttons, there is a thank you message: 'Thank you for participating in the NASCSP Weatherization Assistance Program Workforce Survey! After hitting the "Submit" button, please check your email inbox (including spam) for a PDF copy of your survey response.' At the bottom, there are 'Previous' and 'Submit' buttons.