

Measure What Matters 101 Survey

The MWM 101 survey is designed to provide a review of your sustainability practices and insights into where you might enhance your efforts. The survey has a maximum of 33 questions, determined by your responses. We will provide you with a report of your answers, as well as a benchmark comparison to other businesses in aggregate. (The benchmark report will be provided as soon as the majority of members have responded.)

The MWM 101 is not an assessment, but it will provide you with benchmarks relative to other NHBSR businesses. Should you be interested in learning more about the Quick or Business Impact Assessments programming available to you through our Measure What Matters program, or a list of the questions included in the following survey, we encourage you to visit www.nhbsr.org/mwm.

Our goal is to provide a simple resource to help you consider your sustainability goals and to help us provide the resources you need to achieve them.

Thank you for taking the survey!

* Required

1. Email address *



Contact Information

2. Name: *

3. Company *

4. Total # of Employees *

5. Total # of NH Employees *

Environment

6. Does your organization have any of the following environmental sustainability practices in place? (Check all that apply.) *

Check all that apply.

Formally encourage environmentally responsible behavior (e.g. reminders to turn lights off, double-sided printing, reusable utensils & cups in break areas)

Have programs in place to recycle standard recyclable materials

Have programs in place to recycle/reuse waste beyond standard practices (e.g. composting, reusing materials like cardboard boxes)

None of the above

Other: _____

7. Has your organization used any of the following energy conservation or efficiency measures in your facilities? (Check all that apply.) *

Check all that apply.

- Equipment: Energy Star appliances, automatic sleep modes, after-hours timers, etc.
- Lighting: natural light, LED bulbs, occupancy sensors, daylight dimmers, task lighting, etc.
- HVAC: programmable thermostat, timers, occupancy sensors, shade sun-exposed walls, double-paned windows, etc.
- None of the above

Other: _____

8. Which of the following environmentally preferred materials does your organization use at your facilities or in your products? (check all that apply) *

Check all that apply.

- Natural/non-toxic cleaning products
- Packaging made with post-consumer recycled content, or efficient design that reduces material volume used
- Paper products that are processed without chlorine
- Soy-based inks or other low VOC inks in office and/or products
- Recycled/environmentally preferred office supplies (paper, pens, notebooks, etc.)
- None of the above

Other: _____

9. Does your organization use any of the following water conservation measures? (check all that apply) *

Check all that apply.

- Low-flow faucets, taps, toilets, urinals, or showerheads
- Grey-water usage for irrigation
- Low-volume irrigation, harvest rainwater
- None of the above

Other: _____

10. Does your organization track and record the following? (Check all that apply) *

Check all that apply.

	Yes	No	Would like to	Not applicable
Energy usage (electricity, propane, natural gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greenhouse Gas (GHG) emissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generation/recycling/reduction of solid waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generation/recycling/reduction of hazardous waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous or toxic water or air emissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Has your organization worked to reduce or offset any of the following? (check all that apply) *

Check all that apply.

	Yes, reduced	Yes, offset	No	Would like to	Not applicable
Water usage	<input type="checkbox"/>				
Energy usage (through on-site renewables, renewable energy credits, etc.)	<input type="checkbox"/>				
GHG emissions from company-owned facilities	<input type="checkbox"/>				
GHG emissions from business travel	<input type="checkbox"/>				
Non-hazardous waste (conducted waste assessments)	<input type="checkbox"/>				
Air emissions	<input type="checkbox"/>				
Toxic wastewater	<input type="checkbox"/>				

Workers

12. Does your organization have an employee handbook? *

Mark only one oval.

Yes

No

13. Does your organization pay all employees a wage that is equal to or exceeds a living wage? Find information on NH Living Wage visit, <http://livingwage.mit.edu/states/33/locations>. (For purposes of this survey, assume single adult.) *

Mark only one oval.

- Yes
 No
 Exploring

14. Does your organization provide any of the following benefits to employees? (check all that apply) *

Check all that apply.

- Health insurance
 Dental insurance
 Short-term disability
 Long-term disability
 Structured account for qualified medical expenses (e.g. HSA, HRA, FSA)
 Domestic partner or civil union spousal benefits
 Life insurance
 Compensation packages at or above market rate
 Annual cost of living adjustments
 Bonus or profit-sharing
 Stock options or ownership in company
 Employee retirement plan
 None of the above

Other: _____

15. Does your organization provide any of the following health & wellness benefits? (check all that apply) *

Check all that apply.

- Incentives for employees to participate in health & wellness activities (e.g. subsidized gym membership, on-site exercise area, employer-paid fund for exercise equipment, etc.)
- Policies and programs to prevent ergonomic-related injuries
- Access to behavioral health counseling services, web resources, or Employee Assistance Programs
- Mental health and/or recovery-friendly policy removing stigma and recognizing addiction and mental health issues as any other health issue
- None of the above

Other: _____

16. Does your organization provide any of the following programs and services to address the financial needs of employees? (check all that apply) *

Check all that apply.

- Financial management tools or coaching
- Emergency or short-term savings programs
- Low-interest or interest-free loans
- Debt management, refinancing, or loan payment contributions
- Employer match for deposits into savings accounts
- Paychecks issued off-schedule on a need basis
- Tax preparation services
- None of the above

Other: _____

17. What is the annual minimum number of paid days off (including holidays) for full-time employees? *

18. Do you provide paid family and medical leave? *

Mark only one oval.

- Partial pay through insurance and/or company
- Full pay through insurance and/or company
- Provided on an a need basis
- No paid leave offered *Skip to question 21*

Workers (cont.)

19. How much leave is provided? (Identify as # of days, using decimals to indicate partial days.)

20. What can the leave be used for? (check all that apply) *

Check all that apply.

- Personal illness or recovery
- Care of family member
- Paid parental leave

Other: _____

Community

21. How does your organization engage with the community? (check all that apply) *

Check all that apply.

- Financial or in-kind charitable donations (excluding political causes)
- Community investments
- Community service
- Pro-bono service
- Paid employee volunteer hours
- Social and/or environmental advocacy
- Discounted products or services for underserved groups
- Free use of company facilities to host community or charitable events
- Equity or ownership in the company granted to a nonprofit
- None of the above

Other: _____

22. Does your organization ask vendors/suppliers to sign an agreement to uphold a Code of Conduct or review a Compliance Manual that addresses social and environmental performance? *

Mark only one oval.

- Yes
- No

23. Does your organization screen for any of the following practices, negative or positive? *

Check all that apply.

- Child labor
- Environmental pollution
- Unsafe/unhealthy worker conditions
- Fair wages
- Sustainability practices
- Equal employment opportunities
- None of the above

Other: _____

Governance/Transparency

24. Does your organization have a formal, written corporate mission statement? *

Mark only one oval.

Yes

No *Skip to question 25*

Governance/Transparency (cont.)

25. Your mission statement (optional)

26. Does the mission/values statement include any of the following? (check all that apply) *

Check all that apply.

A general commitment to social or environmental responsibility (e.g. to conserve the environment, to respect and help people)

A commitment to a specific positive social impact (e.g. poverty alleviation, sustainable economic development)

A commitment to a specific positive environmental impact (e.g. climate change reversal, waste reduction, etc.)

A commitment to serve a target beneficiary group in need (e.g. low-income customers, people struggling with addiction/mental health issues, refugees, etc.)

None of the above

27. Has your organization done any of the following to ensure social or environmental performance as part of its decision-making over time, regardless of company ownership?

*

Mark only one oval.

- Signed a contract or Board resolution committing to incorporate social and environmental performance in decision-making (e.g. signed B Corp Declaration of Interdependence)
- Adopted a specific governance structure to preserve mission (e.g. cooperative)
- Become a Public Benefit Corporation
- None of the above
- Unsure
- Other: _____

28. Does your organization engage in any of the following practices to promote accountability and transparency? (check all that apply) *

Check all that apply.

- Hold regular (at least monthly) management or staff meetings
- Share financial performance with employees
- Have a code of ethics/anti-corruption policy
- Have a whistleblower policy
- Tie a portion of bonuses to social and/or environmental performance
- Have an advisory committee that provides advice and guidance
- Review and/or audit financials through a third party
- Have a formal board of directors
- Share data publicly about our impact on workers, community and/or the environment
- None of the above

Other: _____

**Diversity
&
Inclusion**

This next section will ask about your organization's inclusion of and support for people from underrepresented or disadvantaged populations. Those populations can include one or more of the following: women, people of color, immigrants, people with disabilities, members of the LGBTQ community, and/or military veterans.

29. Does your organization have representation from or make a special effort to include people from the following disadvantaged populations or underrepresented groups?

Check all that apply.

	Women	People of Color	Immigrants	People with disabilities	Members of the LGBTQ community	Military veterans
Within your Organization's Ownership (in whole or in part)	<input type="checkbox"/>	<input type="checkbox"/>				
Within your Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>				
Within your Senior Leadership Team	<input type="checkbox"/>	<input type="checkbox"/>				

30. Check all that apply: *

Check all that apply.

- Your organization is designated as an equal opportunity employer by the department of labor
- Your organization has an official statement of non-discrimination in its employee manual, bylaws or written policies and procedures
- None of the above

31. Does your organization have programs that promote the advancement or support of people from underrepresented or disadvantaged populations? If so, what types of programs does your organization have? (Check all that apply.) *

Check all that apply.

- Workplace training on diversity, inclusion, bias, discrimination or similar topic
- Affinity or support groups for people from underrepresented or disadvantaged populations
- Scholarships or tuition reimbursement for educational and/or career advancement
- Affirmative action in hiring or career advancement
- None of the above