2022 MWM 101 Survey

1. Welcome to the 2022 MWM 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 50 (required) questions, determined by your responses. We will provide you with a report of your answers, as well as a benchmark comparison to other organizations who complete the survey 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 information relative to other NHBSR businesses and organizations. If you are interested in learning more about the related programming available to you through our Measure What Matters program, or would like a list of the questions included in the following survey, we encourage you to visit www.nhbsr.org/mwm

The MWM Committee’s 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!

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2. COMPANY INFORMATION
* 1. Name

* 2. Email

* 3. Company

* 4. Industry

* 5. Total # of Employees in the current fiscal year

* 6. Total # of Employees in the previous fiscal year

7. Total Revenue Growth for the fiscal year

- 0% (no growth on a net basis)
- 1-24%
- 25-50%
- 50% +
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3. CLIMATE & ENERGY

* 8. Has your organization used any of the following energy conservation or efficiency measures in your facilities? (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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Would like to</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy usage (electricity, propane, natural gas, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Greenhouse Gas (GHG) emissions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
*10. Has your organization worked to reduce or offset any of the following? (check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Yes, reduced</th>
<th>Yes, offset</th>
<th>No</th>
<th>Would like to</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy usage (through on-site renewables, renewable energy credits, etc.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>GHG emissions from company-owned facilities</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>GHG emissions from business travel</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>GHG emissions from employee commuting</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

*11. Does your organization have specific stated goals toward reducing its GHGs?

- ○ Yes
- ○ No

12. Please share the reduction goal/s set by your organization. (Optional)


13. Are you on track to meet your goal/s?

- ○ Very likely
- ○ Likely
- ○ Unlikely
- ○ Very unlikely
14. Please describe a successful or innovative initiative for mitigation of GHGs or adaptation and building resilience to climate change, that you would like to share. (Optional)

15. Does your organization have any of the following environmental sustainability practices in place? (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 (please specify)
16. Which of the following environmentally preferred materials does your organization use at your facilities or in your products? (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 (please specify)

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Would like to</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generation/recycling/reduction of solid waste</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Generation/recycling/reduction of hazardous waste</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Hazardous or toxic water or air emissions</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
19. Has your organization worked to reduce any of the following? (check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Yes, reduced</th>
<th>No</th>
<th>Would like to</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water usage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-hazardous waste</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(conducted waste assessments)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air emissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toxic wastewater</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Does your organization have specific stated goals toward reducing its resource and a material use? (e.g. Water, Waste)

   ○ Yes
   ○ No

21. Please share the reduction goal/s set by your organization. (Optional)

22. Are you on track to meet your goal/s?

   ○ Very likely
   ○ Likely
   ○ Unlikely
   ○ Very unlikely

23. Please describe a successful or innovative initiative for reducing resource-use that you would like to share. (Optional)
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5. WORKERS

* 24. What % of your workforce are full time employees?

* 25. What is the employee turnover rate at your organization? (One way to calculate employee turnover: divide the number of employees who leave each year by the average number of employees on the payroll and then multiply by 100)

* 26. Does your organization have an employee handbook?

☐ Yes

☐ No

* 27. 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.)

☐ Yes

☐ No

☐ Exploring
28. Does your organization provide any of the following benefits to employees? (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 (please specify)
29. Does your organization provide any of the following health & wellness benefits? (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 (please specify)

30. Does your organization provide any of the following programs and services to address the financial needs of employees? (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 (please specify)

31. What is the annual minimum number of paid days off (including holidays) for full-time employees?
* 32. Do you provide paid family and medical leave?

- Partial pay through insurance and/or company
- Full pay through insurance and/or company
- Provided on a need basis
- No paid leave offered

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

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

- Personal illness or recovery
- Care of family member
- Paid parental leave
- Other (please specify)

35. Please describe a successful or innovative initiative that you feel benefited your workers. (Optional)
* 36. How does your organization engage with the community? (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

* 37. 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?

☐ Yes

☐ No
* 38. Does your organization screen vendors/suppliers for any of the following practices, negative or positive?

☐ Child labor

☐ Environmental pollution

☐ Unsafe/unhealthy worker conditions

☐ Fair wages

☐ Sustainability practices

☐ Equal employment opportunities

☐ Other (please specify)

☐ None of the above

* 39. Does your company have policies to seek out or prioritize local vendors/contractors?

☐ Yes

☐ No
* 40. What are your company’s practices regarding donations or community investments?

☐ We have a formal statement or intended social or environmental impact for our company’s philanthropy

☐ We have a formal donation commitment

☐ We match workers’ charitable donations

☐ We allow our workers or customers to select charities to receive our donations

☐ We have screening practices for charitable contributions or impact measurement for our community investment

☐ Other (please specify)

☐ None of the above

41. Share a story of a community initiative that is successful or has achieved impact. (Optional)

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7. GOVERNANCE/ TRANSPARENCY
* 42. Does your organization have a formal, written corporate mission statement?

  ○ Yes
  ○ No

43. Your mission statement (optional)

* 44. Does the mission/values statement include any of the following? (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
* 45. 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?

☐ 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

☐ Unsure

☐ Other (please specify)

☐ None of the above

* 46. Does your organization engage in any of the following practices to promote accountability and transparency? (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

☐ Other (please specify)

☐ None of the above
47. Stakeholder Engagement: Has your company done any of the following to engage your internal and external stakeholders about your social and environmental performance?

<table>
<thead>
<tr>
<th></th>
<th>Internal Stakeholders</th>
<th>External Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have an advisory board that includes stakeholder representation.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>We have a formal plan or policy that includes identification of relevant stakeholder groups.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>We have processes in place to gather information from stakeholders (focus groups, surveys, community meetings, etc.).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>We publicly report on stakeholder engagement mechanisms and results.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>We have no formal stakeholder engagement.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

48. Share a story of a governance practice or initiative that is successful or has achieved impact. (Optional)
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8. 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.

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

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>People of Color</th>
<th>Immigrants</th>
<th>People with disabilities</th>
<th>Members of LGBTQ Community</th>
<th>Military Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within your organization’s ownership (in whole or in part)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Within your board of directors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Within your senior leadership team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

* 50. 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
* 51. 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.)

☐ 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

* 52. Does your company have policies that prioritize doing business with vendors that are minority or disadvantaged business enterprises?

☐ Yes

☐ No

* 53. Does your organization require diversity training to employees?

☐ Yes

☐ No

☐ Exploring

* 54. Does your organization offer continuing DE&I education?

☐ Yes

☐ No

☐ Exploring
55. Has your organization hired an outside DE&I consultant to help identify gaps in internal operations regarding inclusion?

○ Yes
○ No
○ Exploring

56. Does your organization have a designated employee or committee dedicated to the advancement of DE&I?

○ Yes
○ No
○ Exploring

57. Please describe a successful or innovative initiative that helped foster diversity, equity, and inclusion in your workplace. (Optional)
58. Would you like to participate in the The Sustainable Resource Network to provide and receive support from other members?

- Yes
- No
- Unsure at this time

59. Please provide any comments on what we can expand upon or ways to improve the survey.

We appreciate you taking the time to submit responses to the Measure What Matters 101 survey! We encourage you to visit nhbsr.org/mwm to find out more about the Measure What Matters NH Program and explore additional ways to get involved.