



APPLICATION QUESTIONS FOR FAMILY FRIENDLY BUSINESS AWARD™

ALL APPLICATIONS MUST BE SUBMITTED ONLINE
(this document will help the applicant prepare
for the application process)

YOUR Information

* indicates required field.

Name*

First, Last

Primary Contact Email*

Secondary Contact Email*

If we are unable to contact your company at the primary email address, we will use this email address. This must be different from the Primary Contact email.

Phone

Job Title

Have you applied before?*

- No, this is my first time applying for the award
- Yes, I am renewing my application (I received an award in a previous year)
- Yes, I am resubmitting my application (I updated information from the application I just recently submitted)

BUSINESS Information

From this point forward, when we say, "you," we are referring to your business. **PLEASE NOTE: your application is not saved until you hit "Submit" at the end.**

Name of business*

Website*

Address*

Street Address

Address Line 2

City

New Mexico County

Zip Code

What is your primary industry?*

- Agriculture, Forestry, and Fishing
- Mining
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Information (telecommunications, broadcasting, communications)
- Finance and Insurance
- Real Estate, Rental, and Leasing
- Professional, Scientific, and Technical Services (legal services, accounting, architects, public relations)
- Management of Companies and Enterprises
- Administrative and Support and Waste Management and Remediation Services
- Educational Services
- Health Care and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Other Services (religious organizations, personal care, automotive services, social advocacy, civic and social organizations, unions, political organizations, except public administration)
- Public Administration

Is your business majority woman-owned?*

- Yes
- No
- Does not apply (Corporation, Non-profit, Government)

What is the race/ethnicity of the owner(s) with majority ownership?*

- African American
- Asian
- Hispanic/Latino(a)
- Native American
- White
- Other _____
- Does not apply (Corporation, Non-profit, Government)

EMPLOYEE Information

How many full-time employees do you have?*

Please enter number, even if zero. No commas.

How many part-time employees do you have?*

Please enter number, even if zero. No commas.

Enter # of employees earning the following wages

A number is required in each field below. Please enter 0 (zero) if no employee earns the wage range.

Minimum Wage - \$10 per hour*	_____
\$10.01 - \$14 per hour*	_____
\$14.01 - \$20 per hour*	_____
\$20.01 - \$30 per hour*	_____
\$30.01 or more per hour*	_____

PREVIOUS AWARDS

Have you ever been recognized or received an award for the benefits you offer?

- No
- Yes

When? _____

By whom? _____

CATEGORY ONE: Paid Leave

Paid leave includes paid personal leave, paid maternity/paternity leave, and paid family leave.

Do you offer paid leave?*

- Yes
- No (the following questions will not appear)

Congratulations on offering paid leave! Please answer the questions below:

How many days of paid leave do you offer per year?* _____

On average per employee, per year.

1. We offer paid personal leave (school involvement, sick employee, training/professional development, vacation).

- For Full-time employees
- For Part-time employees
- **Is this policy verbal or written?***
 - Verbal
 - Written
 - Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. We offer stand alone paid maternity/paternity leave.

- For Full-time employees
- For Part-time employees
- **Is this policy verbal or written?***
 - Verbal
 - Written
 - Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

3. We offer paid family leave (caring for aging parents, children, domestic partner).

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

CATEGORY TWO: Health Support

Health support includes breastfeeding/lactation support, healthcare, wellness programs, and reasonable accommodations for workers who have medical needs arising out of pregnancy.

Do you offer health support?*

- Yes
- No (the following questions will not appear)

Congratulations on offering health support. Please answer the questions below:

1. We offer healthcare (employer subsidized health or dental insurance)

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. We offer wellness programs (such as wellness assessments, screenings, education, health coaching, organized wellness activities, onsite preventative care such as immunizations, interventions such as smoking cessation, incentive and/or paid time off for wellness activities)

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

3. We offer reasonable accommodations for workers who have medical needs arising out of pregnancy (allowing to avoid heavy lifting, stay off ladders)

- For Full-time employees
- For Part-time employees

• **Is this policy verbal or written?***

- Verbal
- Written
- Other

• **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

4. We offer other health support (please specify)

• **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

CATEGORY THREE: Work Schedule Support

Work schedule support includes flexible work scheduling, job sharing, telecommuting, and predictable scheduling.

Do you offer work schedule support?*

- Yes
- No (the following questions will not appear)

Congratulations on offering work schedule support. Please answer the questions below.

1. We offer flexible work scheduling (such as 4 10-hour days or other adjustable scheduling)

- For Full-time employees
- For Part-time employees

• **Is this policy verbal or written?***

- Verbal
- Written
- Other

• **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. Job sharing (such as two or more part-time employees share one full-time position)

- For Full-time employees
- For Part-time employees

• **Is this policy verbal or written?***

- Verbal
- Written
- Other

• **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

3. We offer telecommuting (work from remote location at least some of the time)

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

4. Predictable scheduling (providing at least two weeks’ notice of work schedules and/or premium pay for changes in work schedules made with short notice)

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

5. We offer other work schedules (please specify)

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

CATEGORY FOUR: Economic Support to build long-term wealth & short-term financial stability

Economic support includes higher than average wages in your industry, employer subsidized training/educational assistance, retirement/asset building available, and employer subsidized or on-site childcare or dependent care, or on-site childcare.

Do you offer economic support?*

- Yes
- No (the following questions will not appear)

Congratulations on offering economic support. Please answer the questions below.

1. We offer higher than average wages in our industry

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

2. We offer employer subsidized training/educational assistance

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

3. We offer employer-supported retirement/asset building available to build long-term wealth

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

4. Employer subsidized or on-site childcare or dependent care (such as aging parents)

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

5. Employer supported short-term financial stability options (small-dollar lending with repayment available via payroll deductions, access to financial capability training/coaching)

- For Full-time employees
- For Part-time employees

- **Is this policy verbal or written?***

- Verbal
- Written
- Other

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

6. We offer other economic support (please specify)

- **Please explain...***

If reapplying, please just note policy changes. If no policy changes from previous year, indicate “No changes.” Field cannot be blank.

Do your policies ensure compliance with the New Mexico Breastfeeding Law?*

This is a minimum requirement for qualifying in the Health Support category. View green box to learn more about this NM law.

- Yes
- No

New Mexico: Nursing Mothers' Rights at Work

(N.M. Stat. Ann. Sec. 28-20-2)

Employers with **four or more employees** must provide all female workers with "flexible" break time and a place other than a bathroom to express breast milk at work.

Learn More: nationalpartnership.org & nmhealth.org

Do your policies ensure compliance with the Promoting Financial Independence for Victims of Domestic Abuse Act?*

This is required by New Mexico state law and a minimum requirement for qualifying for any Family Friendly Business Award™. View green box to learn more about this NM law.

- Yes
- No

New Mexico: Job-Protected Leave, Domestic Violence and the Workplace

(NM Stat. Ann. Secs. 50-4A-3, 50-4A-4, 50-4A-5)

Workers are entitled to domestic abuse leave, which is intermittent paid or unpaid leave time for up to 14 days in any calendar year, taken by a worker for up to eight hours in one day. Workers may also use accrued sick leave or other available paid time off, compensatory time or unpaid leave time consistent with their employer's policies.

Learn More: nationalpartnership.org & bizjournals.com

Congratulations! It looks like your business may qualify for our new Platinum level award. We applaud you on your commitment to family friendly policies.

Would you like to proceed with Platinum level certification?

- o Yes
- o Not at this time

In the next section, you will answer questions about Pay Equity, Diversity & Inclusion, and Community Investment.

CATEGORY FIVE: Pay Equity

Do you comply with the New Mexico Fair Pay for Women Act?*

Do your company policies ensure compliance with the New Mexico Fair Pay for Women Act, the federal Equal Pay Act, and Title VII of the federal Civil Rights Act. This is a minimum requirement for qualifying in Pay Equity category. View green box to learn more about this NM Law.

New Mexico: Fair Pay for Women Act

(N.M. Stat. Ann. 1978, Secs. 28-23-1 et seq.)

New Mexico's equal pay law prohibits employers from paying employees at a rate less than the rate paid to employees of the opposite sex in the establishment for equal work on jobs the performance of which requires equal skill, effort and responsibility and that are performed under similar working conditions. A difference in wages is not discrimination if it is based on a seniority system, a merit system, or a system that measures earnings by quantity or quality of production.

Learn More: nationalpartnership.org

If YES, proceed to policy questions; if NO, proceed to next category.

- Yes
- No

Do you offer pay equity?*

- Yes
- No

Congratulations on offering pay equity. Please answer the questions below:

1. Our company formally evaluates pay by job classification and gender?*

- Yes
- No

- **Please explain this policy (pay by job classification and gender)***

Is this information available to employees if they ask?*

- Yes
- No

- Is this information public? If yes, how is it made available?*

- Yes
- No

2. Our company allows or encourages employees to discuss pay with co-workers?*

- Yes
- No

- **Please explain this policy (allow employees to discuss pay with co-workers)***

CATEGORY SIX: Diversity & Inclusion

Diversity & Inclusion includes having policies in place for diversity of staff and/or board, offering training to employees on diversity & inclusion, offering diversity programs and employee networks.

Do you have policies related to diversity & inclusion?*

- Yes
- No

Congratulations on offering diversity & inclusion policies. Please answer the questions below.

1. Do you have policies related to diversity & inclusion for staff and/or board?*

- Yes
- No

- **Please explain this policy (diversity & inclusion for staff and/or board)***

Do you have goals related to diversity in your hiring process?

- Yes
- No

If you have a board, do you have goals for diversity of members?

- Yes
- No
- We don't have a board

2. Do you have diversity programs or employee networks for the following: race, gender, age, disability, LGBTQ, veterans, other*

- Yes
- No

- **Please explain this policy (diversity programs or employee networks)***

3. Do you provide training to our employees on diversity & inclusion?*

- Yes
- No

- **Please explain this policy (training to employees on diversity & inclusion)***

CATEGORY SEVEN: Community Investment

Community Investment includes having policies in place to support employees investing time and/or money in the community.

Do you have policies related to supporting employees investing time and/or money in our/their community?*

- Yes
- No

Congratulations on offering policies to support community investment. Please answer the questions below.

1. Do you offer paid time for volunteering or company-sponsored volunteering (such as community service or community boards)*

- Yes
- No

- **Please explain this policy (training to employees on diversity & inclusion)***

2. Do you offer employer-matched donations?*

- Yes
- No

- **Please explain this policy (training to employees on diversity & inclusion)***

FINAL QUESTIONS:

- **I confirm the information in this application is accurate. (Only business name will be published)***

- Yes
- No

- **I give consent to FFNM to publicly recognize our business (and its award level) in social media channels, eblasts, ads & press (including using our logo in recognition of the award)***

- Yes
- No
- Ok to use our business name but not our logo

- **Please share your Facebook, Twitter, LinkedIn & Instagram social media handles _____**

- **Where did you hear about this FFNM award?***

Please choose one...

- Social Media
- Website
- Albuquerque Journal
- Other News Media
- Personal Referral
- Event/In Person Presentation
- Other