

# Career Opportunity This is not a Federal Position

We are currently accepting applications to fill the following vacancy:

# Director of Strategic Planning, Consumer Marketing Announcement Number SE-23-0142

OPEN DATE March 10, 2023 CLOSING DATE: March 20, 2023

PAY BAND: M

SALARY: Up to \$150,000 (Commensurate with experience)

APPOINTMENT TYPE: Indefinite

SCHEDULE: Full-Time

DUTY LOCATION: New York, NY

Who may be considered for employment: <u>All qualified applicants eligible for employment in the United States.</u> The Smithsonian provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for the application or hiring process, please call 202-633-6409 (TTY).

The Smithsonian Institution is an **Equal Opportunity Employer**. We believe that a workforce comprising a variety of educational, cultural, and experiential backgrounds support and enhance our daily work life and contribute to the richness of our exhibitions and programs.

#### **KEY REQUIREMENTS**

- Pass Pre-employment Background Check and Subsequent Background Investigation for a position designated as Low Risk
- Complete a 1-year Probationary Period
- Maintain a Bank Account for Direct Deposit/Electronic Transfer
- Males born after 12/31/59 must be registered with Selective Service
- U.S. employment eligible

For the latest information on the COVID-19 vaccination requirements and its impact on your application, click on Smithsonian Institution's Frequently Asked Questions.

#### **SUMMARY:**

This position is responsible for managing consumer marketing finances (revenue and expense), rate base and print order forecasts, and overseeing the circulation planning model for *Smithsonian* magazine. The Director is also a strategic partner in the development, evaluation, and implementation of strategies to improve department profits and reduce expenses as well as assisting the marketing team in launching new products.

### ESSENTIAL DUTIES AND RESPONSIBILITIES include, but are not limited to, the following:

- Strategy Development: help identify and evaluate new strategies and products to improve profits, subscriber acquisition and subscriber retention. Responsible for overseeing financial modeling of new strategic ideas.
- Oversee 5-year consumer marketing financial model to estimate revenue and copies served.
- Prepare summaries and presentations for senior management. Coordinate with and provide financial information to other Financial Managers and Smithsonian Enterprises Corporate Accounting.
- Assist marketing managers to identify and understand critical variances in their budgets
- Monitor, and oversee reforecast of consumer marketing revenue and expense budgets.
- Prepare monthly business reports with extensive variance analysis.
- Track operating performance, including weekly and monthly reports.
- Manage print order for all issues, working closely with fulfillment provider and print production department.
- Oversee AAM statement filing process and annual Statement of Ownership process.
- Oversee newsstand sales, including evaluation of promotional ideas, working with distributor for ideas to improve the business.

#### **REQUIREMENTS AND QUALIFICATIONS:**

Bachelor's degree (B.A.) from a four-year college or university and/or 7 years of related experience training; or equivalent combination of education and experience.

- Minimum of 5 years' experience managing consumer marketing models and finances.
- Experience managing finances for a larger consumer publication strongly preferred. Excellent financial, administrative, organizational and computer skills.
- Excellent Microsoft Office skills, especially using Excel spreadsheets.
- Possess the ability to work independently and manage many projects at once.
- Must possess strong communication skills
- Proven ability to work effectively with both internal team members from multiple divisions and outside vendors and clients.
- Strong ability to manage a lot of detail.

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Applicants, who wish to qualify based on education completed outside the United States, must be deemed equivalent to higher education programs of U.S. Institutions by an organization that specializes in the interpretation of foreign educational credentials. This documentation is the responsibility of the applicant and should be included as part of your application package.

**Smithsonian Enterprises** is a division of the Smithsonian Institution, the world's largest museum and research organization. Established in 1846 with a bequest from English Scientist James Smithson, the Institution currently encompasses 19 museums and galleries, the National Zoo and 9 research centers. The Smithsonian has facilities in 7 states, the District of Columbia and the Republic of Panama supporting over 6,200 employees.

Smithsonian Enterprises encompasses the Media Group, Retail Group, and Consumer Education Products and Licensing.

The Smithsonian Institution values and seeks a diverse workforce. Join us in "Inspiring Generations through Knowledge and Discovery."

#### To Apply:

# Please forward a resume, salary requirements, cover letter to:

Application materials submitted without salary information will not be considered. Applicants not meeting the mandatory and minimum requirements will not be

SECareers@si.edu

Please include the position title in the subject line.

Once the vacancy announcement closes, a review of your resume will be made compared to the qualifications and experience as it applies to this job. **What to expect next:** After a review of applicants is complete, qualified candidates' résumé's will be referred to the hiring manager.

Relocation expenses are not paid.

Any false statement in your application may result in your application being rejected and may also result in termination after employment begins.

The Smithsonian offers a number of exceptional benefits to its employees who qualify. Benefit programs include:

Health, Dental & Vision Insurance, Life Insurance, Transit/Commuter Benefits, Accidental Death and Dismemberment Insurance, Annual and Sick Leave, Family Friendly Leave, 403b Retirement Plan, Discounts for Smithsonian Memberships, Museum Stores and Restaurants, Credit Union, Smithsonian Early Enrichment Center (Child Care), Flexible Spending Account (Health & Dependent Care)

The attached Applicant Survey Form should be completed by all candidates, except **Smithsonian Institution employees**, and returned with application materials. This form is for gathering statistical information and will not be a part of the application.

## **DEMOGRAPHIC INFORMATION ON APPLICANTS**

Expiration Date: 7/31/2023

OMB No.: 3046-0046

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osition Title:				
YOUR PRIVACY IS	PROTECTED			
the population,cons voluntary. Your res applicant for a posit Personnel file nor v aggregate informati	used to determine if our equal employment opportunity efforts are reaching all segments of istent with Federal equal employment opportunity laws. Responses to these questions are ponses will not be shown to the panel rating the applications, to the official selecting an ion, or to anyone else whocan affect your application. This form will not be placed in your will it be provided to your supervisors in your employing office should you be hired. The on collected through this form will be kept private to the extent permitted by law. See the ent below for more information.			
	orm is voluntary. No individual personnel selections are made based on this information. act on your application if you choose not to answer any of these questions.			
Thank you for helpi	ng us to provide better service.			
1. How did you	learn about this position? (Check One):			
	Private Employment Web Site Other Internet Site Job Fair Newspaper or magazine Agency or other Federal government on campus School or college counselor or other official Friend or relative working for this agency Private Employment Office Agency Human Resources Department (bulletin board or another announcement)			
2. Sex (Check O	ne): Male Female			
3. Ethnicity (Che	<b>Hispanic or Latino</b> - a person of Cuban, Mexican, Puerto Rican, South or Central American, or otherSpanish culture or origin, regardless of race.			
4. Race (Check a □	American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.			
	Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan,the Philippine Islands, Thailand, or Vietnam.			
	Africa.			

### 5. Disability/Serious Health Condition

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

	A.	Do you have any of the following? Check all boxes that apply to you:
		Deaf or serious difficulty hearing Blind or serious difficulty seeing even when wearing glasses Missing an arm, leg, hand, or foot
		Paralysis: Partial or complete paralysis (any cause) Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
		Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a legbrace to walk
		Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or majordepression
		Intellectual Disability (formerly described as mental retardation)  Developmental Disability: for example, cerebral palsy or autism spectrum disorder  Traumatic Brain Injury
		Dwarfism Epilepsy or other seizure disorder Other disability or serious health condition: for example, diabetes, cancer,
		cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearingimpairment (if this applies to you, please go to Section A.1.)
If you did not sel	lect	one of the options above, please indicate whether.
		None of the conditions listed above apply to me. I do not wish to answer questions regarding disability/health conditions.
	<b>A</b> .1	. Other Disability or Serious Health Condition (Optional)
of the conditions to the panel ratir	s lis ng t esp	rou have a disability or a serious health condition. If you are willing, please selectany sted below that apply to you. As explained above, your responses will not be shown the applications, to the selecting official, or to anyone else who can affect your ponses will remain private to the extent permitted by law. See the Privacy ActStatement nation.
Please check all	tha	t apply:
		I do not wish to specify any condition. Alcoholism Cancer
		Cardiovascular or heart disease Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment Depression, anxiety disorder, or other psychological disorder
		Diabetes or other metabolic disease Difficulty seeing even when wearing glasses Hearing impairment
		History of drug addiction (but not currently using illegal drugs) HIV Infection/AIDS or other immune disorder Kidney dysfunction: for example, requires dialysis
		Learning disabilities or ADHD Liver disease: for example, hepatitis or cirrhosis
		Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder  Morbid obesity

□ Nervous system disorder: for example, migraine headaches, Parkinson's

disease, or multiplesclerosis

Non-paralytic orthopedic impairments: for example, chronic pain, stiffness,
weakness in bones orjoints, or some loss of ability to use parts of the body
Orthopedic impairments or osteo-arthritis
Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or
ТВ
Sickle cell anemia, hemophilia, or other blood disease
Speech impairment
Spinal abnormalities: for example, spina bifida or scoliosis
Thyroid dysfunction or other endocrine disorder
Other. Please identify the disability/health condition, if willing:

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

**Privacy Act Statement**: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Managementshall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form.

**Purpose and Routine Uses:** The aggregate, non-identifiable information summarizing all applicants for a position will beused by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. **Effects of Nondisclosure:** Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq,) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of ManagementBudget, Office of Information and Regulatory Affairs, Washington, DC 20503.