

2020 Report on Giving: Full Survey

The following survey form represents the questions asked in the 2020 AHP Report on Giving Full survey. The data collected will represent results from FY 2019.

Whether you're a returning from last year or have never submit data before, please [sign up to let us know you'd like to participate for 2020](#). The survey will open on Monday, April 6th, 2020 and will close on Friday, July 3rd.

For any questions about the survey, contact us at benchmarking@ahp.org.

SECTION A. BASIC INFORMATION

*Whom should we contact if we have a question about your survey responses?

Note: If needed, you can list additional contacts later.

First name _____

Last name _____

Title _____

Email address _____

Phone number _____

*Please provide the name of the philanthropic organization you are providing data for.

*Please provide the country of the philanthropic organization you are providing data for.

Choose your country	▼
---------------------	---

*Please provide the city/country of the philanthropic organization you are providing data for.

*Please provide the state of the philanthropic organization you are providing data for. **(US ONLY)**

*Please provide the province of the philanthropic organization you are providing data for. **(CANADA ONLY)**

What month does your fiscal year 2019 end on?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

What year does your fiscal year 2019 end on?

- 2018
 - 2019
 - 2020
 - 2021
-

*Are you reporting on a single healthcare entity or a healthcare system?

- Single healthcare entity
 - Healthcare system
-

*Please identify the entity type for your healthcare entity. **(SINGLE HEALTHCARE ENTITY ONLY)**

- Academic medical center
 - Behavioral health facility
 - Children's hospital
 - Community hospital
 - Home care/hospice facility
 - Other (please describe) _____
-

*Please report the total number of entities in your healthcare system, the number of each entity type for which you raise funds, and, if your organization is in the U.S., the Inpatient and Outpatient Service Revenue.

Note: If you cannot provide Inpatient and Outpatient Service Revenue, please provide the combined Net Patient Service Revenue.

	Number of entity type	Number for which funds are raised	Inpatient Service Revenue	Outpatient Service Revenue	Net Patient Service Revenue
Academic medical center					
Behavioral health facility					
Children's hospital					
Community hospital					
Home care/hospice facility					
Other (please describe below)					

*Please report your Inpatient Service Revenue, Outpatient Service Revenue, and Net Patient Service Revenue below.

Note: Please make sure your Inpatient and Outpatient Service Revenue total to the Net Patient Service Revenue. **(US ONLY)**

Inpatient Service Revenue _____

Outpatient Service Revenue _____

Net Patient Service Revenue _____

*Please report your Gross Operating Revenue below. **(CANADA ONLY)**



Has your healthcare organization undergone a merger in the past twelve months?

- Yes
 - No
-

Is your healthcare organization a part of a system? **(SINGLE HEALTHCARE ENTITY ONLY)**

- Yes
 - No
-

Please select your organization's operations structure **(SINGLE HEALTHCARE ENTITY NOT WITH A SYSTEM ONLY)**

- Non-System Affiliated Philanthropy Department
 - Non-System-Affiliated Foundation
-

Please select your organization's operations structure. **(SINGLE HEALTHCARE ENTITY WITH A SYSTEM ONLY)**

- System-Affiliated Philanthropy Department
 - System-Affiliated Foundation
-

Which of the following models best describes the way your healthcare system's philanthropy operations is currently structured? **(HEALTHCARE SYSTEM ONLY)**

- Centralized
 - Decentralized
 - Hybrid
 - Other (please describe) _____
-

What was the Total (combined) Fundraising Expense Budget for your entity or system philanthropy operations?

Which option below best describes your philanthropy organization's funding relationship with your healthcare organization?

- Self-funded
- Fully paid for by the healthcare entity/system
- Partially funded
- Other (please describe) _____

Do you have any comments to explain your data in this section?

*Are you completed with this section?

- Yes
- Not yet

SECTION B. EXPENSES

*Would you like to report your expenses in detail or summary?

- Summary
- Detail

*Please provide your expenses below. If you cannot provide expenses broken out, please provide the Total Fundraising Expenses in the last row. **(EXPENSE IN SUMMARY RESPONDENTS ONLY)(COMPENSATION VIEW ONLY)**

Note: Exclude compensation devoted non-philanthropy activities in Total Fundraising Expenses. For example, a foundation CEO who spends 20% of his time on non-philanthropy administration should have 80% of his compensation included in the total.

	Expenses	Number of FTEs
Direct Compensation Expense		
Indirect Compensation Expense		
Non-compensation Expense		
Total Fundraising Expenses		

***Direct Compensation Expenses**

Indicate the number of Direct Fundraising Staff Full-Time Equivalent (FTE), their combined tenure, and the total value of their compensation (including salary, benefits, bonuses, and incentives). **(EXPENSE IN DETAIL RESPONDENTS ONLY) (COMPENSATION VIEW ONLY)**

	Number of Staff	Compensation	Tenure
Chief Philanthropy/Development Officers - System			
Chief Philanthropy/Development Officers - Entity			
Vice Presidents/Directors of Philanthropy/Development			
Annual Gifts Staff			
Major Gifts Staff			
Campaign Gifts Staff			
Planned Gifts Staff			
Corporate/Business/Foundation Gifts Staff			
Governmental Gifts Staff			
Special Event Gifts Staff			
Generalist Gifts Staff			
Other Direct Fundraising Staff			

***Direct Compensation Expenses**

Estimate the percentage of each Direct Fundraising Staff FTEs total time spent on each listed area.

Please ensure that your responses total up to 100% in the last column. **(EXPENSE IN DETAIL RESPONDENTS ONLY) (COMPENSATION VIEW ONLY)**

	Fundraising/Donor Cultivation	Fundraising Administration	Stewardship	Board Management	Prospect Research	Grant Writing	Communications/Marketing/PR	Data Analysis	Data Entry	Other	Non-fundraising Administration	Non-philanthropy	Total
Chief Philanthropy/ Development Officers - System													
Chief Philanthropy/ Development Officers - Entity													
Vice Presidents/Directors of Philanthropy/ Development													
Annual Gifts Staff													
Major Gifts Staff													
Campaign Gifts Staff													
Planned Gifts Staff													
Corporate/Business/ Foundation Gifts Staff													
Governmental Gifts Staff													
Special Event Gifts Staff													
Generalist Gifts Staff													
Other Direct Fundraising Staff													

***Indirect Compensation Expenses**

Indicate the number of Indirect Fundraising Staff Full-Time Equivalent (FTE), their combined tenure, and the total value of their compensation (including salary, benefits, bonuses, and incentives).

(EXPENSE IN DETAIL RESPONDENTS ONLY) (COMPENSATION VIEW ONLY)

	Number of Staff	Compensation	Tenure
Fundraising Support Staff			
Stewardship/Donor Relations Support Staff			
Grant/Proposal Writers			
Prospect Researchers			
Communications/Marketing/Public Relations			
Finance/Accounting			
Operations			
Information Technology			
Data Entry			
Gift Receipting			
Data Manager/Analyst			
Human Resources			
Philanthropy/Development Coordinator			
Executive Coordinator/Administrator/Assistant/Clerical/Secretarial			
Other Indirect Fundraising Staff (describe below)			

***Indirect Compensation Expenses**

Estimate the percentage of each Indirect Fundraising Staff FTEs total time spent on each listed area.

Please ensure that your responses total up to 100% in the last column. **(EXPENSE IN DETAIL RESPONDENTS ONLY) (COMPENSATION VIEW ONLY)**

	Fundraising/Donor Cultivation	Fundraising Administration	Stewardship	Board Management	Prospect Research	Grant Writing	Communications/Marketing/PR	Data Analysis	Data Entry	Other	Non-fundraising Administration	Non-philanthropy	Total
Fundraising Support Staff													
Stewardship/Donor Relations Support Staff													
Grant/Proposal Writers													
Prospect Researchers													
Communications/Marketing/Public Relations													
Finance/Accounting													
Operations													
Information Technology													
Data Entry													
Gift Receipting													
Data Manager/Analyst													
Human Resources													
Philanthropy/Development Coordinator													
Executive Coordinator/Administrator/Assistant/Clerical/Secretarial													
Other Indirect Fundraising Staff (describe below)													

***Non-compensation Expenses**

Please report the non-compensation expenses that are associated with philanthropy.

Please include operating expenses even if your foundation/philanthropy department is not responsible for covering those expenses.

If you cannot report your non-compensation expenses in detail, please report the “Total” in the last field. **(EXPENSE IN DETAIL RESPONDENTS ONLY)**

Professional fees : _____
Contracted services : _____
Travel : _____
Dues/Subscriptions/Memberships : _____
Software Subscriptions/Maintenance : _____
Rent/Occupancy : _____
Supplies : _____
Printing, Postage, Mailing : _____
Other cultivation expenses : _____
Total : _____

Do you have any comments to explain your data in this section?

*Are you completed with this section?

- Yes
- Not yet

SECTION C. GIFTS RECEIVED/EXPECTED

*Please report the number of donors, number of gifts, and the value of those gifts by fundraising program.

	Number of donors	Number of gifts	Value of gifts
ANNUAL GIFTS			
Annual gifts recorded			
Annual gifts secured but not recorded			
MAJOR GIFTS			
Major gifts recorded			
Major gifts secured but not recorded			
CORPORATE/BUSINESS GIFT/GRANTS			
Corporate/business gifts/grants recorded			
Corporate/business gifts/grants secured but not recorded			
FOUNDATION GIFTS/GRANTS			
Foundation gifts/grants recorded			
Foundation gifts/grants secured but not recorded			
PLANNED GIFTS			
Planned gifts recorded			
Planned gifts secured but not recorded			
GOVERNMENTAL GRANTS			
Governmental grants recorded			
Governmental grants secured but not recorded			
SPECIAL EVENT GIFTS			
Special event gifts recorded			
Special event gifts secured but not recorded			
OTHER GIFTS			
Other gifts recorded			
Other gifts secured but not recorded			
Total			

Please report the number and value of total gifts received in the reporting year that were over \$1 million.

	Number of gifts	Value of gifts
\$1 million but under \$5 million		
\$5 million but under \$10 million		
Over \$10 million		

Please provide the dollar amount of the largest recorded gift, the largest pledge, and the largest letter of intent received in the reporting year.

	Largest recorded gift	Largest pledge	Largest letter of intent
From an individual			
From a business/corporation			
From a foundation			
From a government/public source			

Please provide the total dollar amount of any pledge write-offs and the percentage of pledges that were written-off for gifts of \$10,000 and higher in the reporting year.

Value of write-offs _____

Percent of write-offs for gifts \$10,000 and higher _____

Do you have any comments to explain your data in this section?

*Are you completed with this section?

- Yes
- Not yet

SECTION D. ENDOWMENTS AND CAMPAIGNS

Please report the current market value of the endowment of your organization at the end of the reporting year.

If you are unable to provide endowments in detail, please provide the total in the last field.

Board designated/quasi-endowment : _____

Donor-created endowment : _____

Total : _____

Were you engaged in a capital campaign in the current/reporting fiscal year?

- Yes
- No

Were you engaged in a capital campaign in the previous fiscal year?

- Yes
- No

Please report the campaign goals, amount raised for the campaign, the total % raised-to-date towards goal during the reporting year, and the period over which the campaign will extend.

If you are conducting a comprehensive campaign, report your data on an aggregate level by "Campaign 1".

	Campaign goal	Amount raised during the reporting year	Total % raised-to-date towards goal	Campaign start year (YYYY)	Campaign end year (YYYY)
Campaign 1					
Campaign 2					
Campaign 3					
Campaign 4					
Campaign 5					
Campaign 6					

Please report the campaign goals for the entire system.

Do you have any comments to explain your data in this section?

*Are you completed with this section?

- Yes
- Not yet

SECTION E. CONSTITUENCY GIVING

Please report the total number in each group, number of donors, and total production in each category. Where applicable, include gifts recorded, bookable pledges, letters of intent, planned gifts, and gross special event gifts.

	Total in group	Number of donors	Total production
Physicians			
All employees (non-physician)			
Auxiliaries and support groups			
All other individual donors (including board members that do not fall into other categories)			
Government entities (through public support)			
Business and corporations			
Corporate foundations			
Family foundations			
Private foundations			
Donor-advised fund			
Other (describe below)			
Total			

Please report the total production received through gifts made by members of the relevant reporting boards.

Note: Board members may overlap with the source categories identified above. Board members may overlap with the source categories identified above.

	Total in group	Number of donors	Total production
Hospital board members			
Healthcare system board members			
Hospital foundation board members			
Healthcare system foundation board members			
Total			

Please report the total production received through gifts made by employees of the system and individual entities in the various positions indicated.

Note: Data provided for employee groups may overlap because position categories are not mutually exclusive.

	Total in group	Number of donors	Total production
Entity executive team			
System executive team			

Do you have any comments to explain your data in this section?

*Are you completed with this section?

- Yes
- Not yet

SECTION F. GIFT AND DONOR ACTIVITY

The following questions deal with activity tracking for Major gifts, Corporate/Business/ Foundation gifts, and Planned gifts. Please report fundraising activity by the appropriate category based on gift source and value.

	Major gifts	Corporate/business gifts/grants	Planned gifts
On average, how many prospects are assigned to each designated fundraiser?			
How many personal cultivation visits were made during the reporting year?			
What was the total number of formal proposals and personal solicitations conducted during the reporting year?			
How many gifts were secured in direct response to the proposals referenced in the question above?			

Do you have the following programs for solicitation mailings and education initiatives?

	Yes	No
A formal marketing program	<input type="radio"/>	<input type="radio"/>
Seminars for donors	<input type="radio"/>	<input type="radio"/>
Seminars for professionals	<input type="radio"/>	<input type="radio"/>
A marketing or prospecting program	<input type="radio"/>	<input type="radio"/>
A website for online gifts	<input type="radio"/>	<input type="radio"/>

How many new donors gave to the annual fund during the reporting year?

Do you have programs centered around any of the following listed appeals?

	Yes	No
Acquisition direct mail	0	0
Renewal direct mail	0	0
Lapsed direct mail	0	0
Telemarketing	0	0
Online and internet solicitation	0	0
Gift club	0	0

Do you have either of the following special events?

	Yes	No
Revenue generating events	0	0
Stewardship events	0	0

Do you have any comments to explain your data in this section?

*Are you completed with this section?

- Yes
- Not yet

SECTION G. USE OF FUNDS

Please provide the total dollars distributed by the foundation/fund philanthropy program for the reporting year for each of the following program areas. Include all dollars distributed regardless of when they were collected.

Capital _____

Research _____

Education _____

Programs _____

Charity care _____

Grants to outside organizations _____

Other _____

Do you have any comments to explain your data in this section?

*Are you completed with this section?

- Yes
- Not yet