

# 2020 AHP Report on Giving: Mini survey

The following survey form represents the questions asked in the 2020 AHP Report on Giving Mini 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 6<sup>th</sup>, 2020 and will close on Friday, July 3<sup>rd</sup>.

For any questions about the survey, contact us at [benchmarking@ahp.org](mailto:benchmarking@ahp.org).

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\*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 \_\_\_\_\_

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

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

Choose your country  ▼

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

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

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

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\*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 and the number of each entity type for which you raise funds. **(HEALTHCARE SYSTEM ONLY)**

	Number of entity type	Number for which funds are raised
Academic medical center		
Behavioral health facility		
Children's hospital		
Community hospital		
Home care/hospice facility		
Other (please describe below)		
<b>TOTALS</b>		

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\*Please report your Net Patient Service Revenue below. **(US ONLY)**

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

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What was the total (combined) fundraising expense budget for your entity or system philanthropy operations?

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\*Please provide your expenses below. If you cannot provide expenses broken out, please provide the Total Fundraising Expenses in the last row

**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. **(COMPENSATION ACCESS VIEW ONLY)**

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

\*Please provide your revenue information below.

- Total Recorded Revenue \_\_\_\_\_
- Total Production Revenue \_\_\_\_\_
- Total Number of Gifts Received \_\_\_\_\_
- Total Number of Donors \_\_\_\_\_

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

\_\_\_\_\_

\*Are you completed with this section?

- Yes
- Not yet