



## **Report on Giving Mini Survey Sample**

# Demo Hospital 2018 Report on Giving Survey

## Choose or Change Your Survey Version

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You must indicate below which version of the Report on Giving Survey you intend to complete. If you change your mind before the deadline, that is fine, but it is possible you will have to reenter a few data points.

If you are unsure which you prefer to do, click on each option in turn to see each version of the survey. Note that your benchmarking opportunities are much greater if you select the Full Survey version. The Full Survey version does require that you provide detailed fundraising data.

Please send email to [info@associationresearch.com](mailto:info@associationresearch.com) or call Michael Egart at Association Research Inc. (240-268-1262, ext. 101) if you have any questions about this survey.

	Mini Survey	Full Survey
We are going to report using the...	X	

# Demo Hospital 2018 Report on Giving Survey

## ROG Mini Survey

Your participation is important – so important we developed a mini survey to let you report just the most essential data easily. It requires only the minimum data necessary to develop overall industry benchmarks. We would rather have this small amount of data from you than none at all. Participate and gain access to the published Report on Giving. Participate and support the community in developing better fundraising benchmarking statistics. Almost all the fields below are required. You will be notified on saving the page if you have left a required field empty. You will be able to save the page, but you won't be able to mark your survey DONE and thus submit it until all required fields on this page have entries.

### PLEASE NOTE

- o If you see the copy icon to the right of "Reported Prior Year" in a row label, you can click it to copy last year's response to the current year. The copied response can then be edited if necessary.
- o Hover/mouse over underlined terms for definitions and directions.
- o Please send email to [info@associationresearch.com](mailto:info@associationresearch.com) or call Michael Egart at Association Research Inc. (240-268-1262, ext. 101) if you have any questions about this survey.

### 1. Contacts

	First and Last Name	Email Address
a. Whom should we contact if we have a question about your responses to this survey?		
Reported Prior Year		
b. Whom should we list in a new electronic directory for other organizations to contact in order to share best practices and data?		
Reported Prior Year		

### 2. Organization Type

Are you reporting on a single healthcare entity or a system of healthcare entities?

	a. Organization Type	b. Specialty Type (Single entities only)	c. Number of Staffed Beds
Reporting on a ...	<input type="radio"/> Single healthcare entity <input type="radio"/> System of healthcare entities		
Reported Prior Year	x		

Canadian organizations - Throughout this survey, please enter financial data in Canadian dollars. Do not calculate US equivalents. Reports are issued separately for US and Canadian organizations.

### 3. Revenue Measure

Answer either a. or b.

	Revenue	Reported Prior Year
a. US ONLY Net Patient Service Revenue		
b. CANADA ONLY Gross Operating Revenue		

### 4. Fundraising Expenses and Staffing

If you cannot provide a breakdown of expenses by the 3 categories indicated, enter Total Fundraising Expenses in row 4 alone.

\* Exclude compensation and other expenses devoted to non-fundraising activities. For example, a foundation CEO who spends 20% of his time on hospital administration / operations should have 80% of his compensation included below in line 1.

	Dollars	Reported Prior Year	Number of FTEs	Reported Prior Year
a. * Direct Human Resources (Combined Fundraising Compensation)				
b. * Indirect Human Resources (Combined Fundraising Compensation)				
c. * Operational Expenses/Overhead (rent, equipment, supplies, consultants, etc.)				
d. * Total Fundraising Expenses (totfexp)				

### 5. Fundraising Results

	Amount	Reported Prior Year
a. Total Cash		
b. Total Production		
c. Total Number of Gifts Received		
d. Total Number of Donors		

If row "b. Total Production" above is blank in the "Reported Prior Year" column, please enter the Total Production value for 2017 below.

	2017
e. Total Production	

**6. Comments**

Use the space below for any comments or caveats about this mini survey.

Comments / Caveats?	
Reported Prior Year	