



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

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## 2017 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	

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## 2017 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

- 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.
- Hover/mouse over underlined terms for definitions and directions.
- 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				

#### 5. Fundraising Results

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

**6. Comments**

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

Comments / Caveats?	
Reported Prior Year	



## **Report on Giving Full Survey Sample**

# Blank Survey

## 2017 Report on Giving Survey

### Choose or Change Your Survey Version

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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

# Blank Survey

## 2017 Report on Giving Survey

### A. Basic Information about Your Healthcare Entity or System

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As a convenience, use this field to indicate that you have completed this section to your satisfaction.

	Completed?
Section A	<input type="radio"/> Yes <input type="radio"/> No

PLEASE TAKE NOTE

- 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.
- Hover/mouse over underlined terms for definitions and directions.
- 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

Please provide contact information regarding your survey.

	First and Last Name	Email Address
Whom should we contact if we have a question about your responses to this survey?		
Reported Prior Year		
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. Fiscal Year

For what fiscal year are you reporting data in this survey?

	Month	Year
Fiscal year ending		
Reported Prior Year		

#### 3. Organization Type (REQUIRED)

Are you reporting on a single healthcare entity or a system of healthcare entities?  
Your answer will unlock the relevant fields below for you.

	Organization Type
Reporting on a...	<input type="radio"/> Single healthcare entity <input type="radio"/> System of healthcare entities
Reported Prior Year	x

#### 4. Specialty Type (REQUIRED)

a. Single Entity Only

Please identify the specialty type of your healthcare entity and its total number of staffed beds.

	Type	Number of Staffed Beds
Entity Type		
Reported Prior Year		

b. System Only

Please report the total number of entities in your system by specialty type, the number of each type for which you raise funds, and the combined number of staffed beds per type.

If you are not able to report in detail, report totals in row k.

	Number of Entity Type	Reported Prior Year	Number for Which Funds Are Raised	Reported Prior Year	Number of Staffed Beds	Reported Prior Year
a. Tertiary hospital						
b. Academic/teaching hospitals						
c. Long-term/rehabilitation						
d. Home care/hospice						
e. Children's hospital						
f. Community hospital						
g. Psychological care						
h. Outpatient clinic/ambulatory care						
i. Other specialty hospitals						
j. Other program						
k. TOTALS						

	Number	Reported Prior Year
I. In how many states/provinces is your healthcare system located?		

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.

**5. Net Operating Revenue**

What was your healthcare entity's or system's net operating revenue for the reporting year?

If you cannot provide the breakdown in rows a. and b., enter the total in row c.

	\$US	Reported Prior Year
a. Net Not-For-Profit Operating Revenue		
b. Net For-Profit Operating Revenue		
c. Total Net Operating Revenue		

**6. Net Patient Service Revenue (required if US-based organization)**

	\$US	Reported Prior Year
a. Net Patient Service Revenue		
b. Net Patient Service Revenue Calculation Method		
Reported Prior Year		

**7. Gross Operating Revenue (required if Canadian-based organization)**

	\$CN	Reported Prior Year
Gross Operating Revenue		

**8. Fundraising Structure**

a. Single Entity Only

		If Yes, Type of Structure	Years Under This Model
Are you part of a system?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Foundation/Dev Dept, part of larger System <input type="radio"/> Independent Foundation <input type="radio"/> Development Department	
Reported Prior Year	x	x	

b. System Only

Which of the following models best describes the way your health system's development operation is currently structured?

	Structure	Years Under This Model
a. Development Operations Structure	<input type="radio"/> Centralized <input type="radio"/> Decentralized <input type="radio"/> Hub and Spoke <input type="radio"/> Other	
Reported Prior Year	x	

b. If Other, please describe:	
Reported Prior Year	



**9. Fundraising Expense Budget**

What was the total [combined] fundraising expense budget for your entity or system development operation (as reported on your financial statements) for the reporting year?

	\$	Reported Prior Year
Fundraising expense budget		

**10. Funding Relationship**

Please select the option below that best describes your fundraising operation's funding relationship with the healthcare entity.

		If Partially Funded, What "x" Percentage?
Funding Relationship	<input type="radio"/> Self-funded <input type="radio"/> Fully paid for by the healthcare system <input type="radio"/> Partially funded at x percentage <input type="radio"/> Other	
Reported Prior Year	x	

If you selected Other above, please describe:	
Reported Prior Year	

**12. Comments on This Section**

Comments / Caveats?	
Reported Prior Year	

# Blank Survey

## 2017 Report on Giving Survey

### Choose or Change Your Level of Expense Reporting

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Are you intending to report on your fundraising expenses in detail or in summary only?

You may review what is required under each option by picking an option here, saving the page, and then going to the Expense section(s) that appear.

		Reported Prior Year
We are going to report fundraising expenses in...	<input type="radio"/> Detail <input checked="" type="radio"/> <b>Summary only</b>	

# Blank Survey

## 2017 Report on Giving Survey

### B. Summary of Fundraising Expenses & Staffing

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As a convenience, use this field to indicate that you have completed this section to your satisfaction.

	Completed?
Section B	<input type="radio"/> Yes <input type="radio"/> No

#### 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 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
1. Direct Human Resources (Combined Fundraising Compensation)				
2. Indirect Human Resources (Combined Fundraising Compensation)				
3. Operational Expenses/Overhead (rent, equipment, supplies, consultants, etc.)				
4. Total Fundraising Expenses				

# Blank Survey

## 2017 Report on Giving Survey

### Choose or Change Your Level of Expense Reporting

---

Are you intending to report on your fundraising expenses in detail or in summary only?

You may review what is required under each option by picking an option here, saving the page, and then going to the Expense section(s) that appear.

		Reported Prior Year
We are going to report fundraising expenses in...	<input checked="" type="radio"/> <b>Detail</b> <input type="radio"/> Summary only	

# Blank Survey

## 2017 Report on Giving Survey

### B. Direct Human Resources

As a convenience, use this field to indicate that you have completed this section to your satisfaction.

	Completed?
Section B	<input type="radio"/> Yes <input type="radio"/> No

#### 1. FTE Direct Fundraising Staff

- Please indicate the number of Full-Time Equivalent (FTE) direct fundraising (FR) staff in each fundraising department, their combined tenure within the fundraising position at the reporting organization, and the total value of their compensation (including salary, benefits, bonuses, and incentive). Next, estimate the percentage of their total time spent on each listed activity (including management and non-fundraising administration).
- The percentage columns are designed to force 100%. The last column, on non-FR Administration, will automatically adjust to keep the total across all percentage columns at 100%.
- Compensation data will remain confidential. Only AHP staff, ARI staff managing the survey program, and AHP's database administrator, Peerfocus, will have access to these data and survey results will be presented only in such ways as to protect confidentiality.
- If at all possible, please report Major Gifts and Corporate/Foundation Gifts separately. If you are unable to break them out, however, you may now report them combined in the adjacent column.
- In order to simplify the survey, Thrift Shop Manager, Gift Shop Manager, and Other 2 were merged into Other (formerly called Other 1) last year.
- If you reported percentage allocations last year, they have been copied to this year and you only need to update them where there has been change.

Hover over or click any underlined term to see its definition.  
 DO NOT ENTER ZEROS (0)! LEAVE BLANK INSTEAD!

	Number of FTE Direct FR Staff	Prior Year FTE Direct FR Staff	Combined Tenure In the Position	Combined Compensation	Annual Gifts %	Major Gifts %	Corp./Fdn. Gifts %	OR Major & Corp./Fdn. Combined	Planned Giving %	Public Support %	Special Events %	Other Fund-raising %	FR Administration %	Non-FR Administration %
a. Entity/System Chief Development Officer														
b. Vice President – Director of Development														
c. Annual Giving														
d. Major Gifts														
e. Campaign														
f. Planned Giving														
g. Special Events														
h. Public Support														
i. Grant writing (public and private)														
j. Corporate and Foundation Relations														
k. Prospect Research														
l. Other														
m. Total														

If "Other" is referenced above, please describe "Other" below.

Other	
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#### 2. Comments

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

Comments / Caveats?	
Prior Year	

# Blank Survey

## 2017 Report on Giving Survey

### C. Indirect Human Resources

As a convenience, use this field to indicate that you have completed this section to your satisfaction.

Section C	Completed?
	<input type="radio"/> Yes <input type="radio"/> No

	Number of FTE Indirect FR Staff	Prior Year FTE Indirect FR Staff	Combined Tenure In the Position	Combined Compensation	Annual Gifts %	Major Gifts %	Corp./Fdn. Gifts %	OR Major & Corp./Fdn. Combined	Planned Giving %	Public Support %	Special Events %	Other Fund-raising %	FR Administration %	Non-FR Administration %
a. Entity/System Chief Development Officer Support														
b. Vice President – Director of Development Support														
c. Annual Giving														
d. Major Gifts														
e. Writing (general)														
f. Planned Giving														
g. Special Events														
h. Public Support														
1. Public Relations														
j. Marketing														
k. Finance (including CFO)														
l. Operations														
m. Information Technology														
n. Gift Receiving														
o. Data Management/ Analysis														
p. Human Resources														
q. Development Coordinator														
r. Administrative Support														
s. Other Indirect Human Resources														
t. Total														

If any "Other" indirect human resources were included above in row p., please identify them below.

Other indirect human resources	
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### 2. Comments

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

Comments / Caveats?	
Reported Prior Year	

# Blank Survey

## 2017 Report on Giving Survey

### D. Non-Labor Operational Expenses

As a convenience, use this field to indicate that you have completed this section to your satisfaction.

	Completed?
Section D	<input type="radio"/> Yes <input type="radio"/> No

#### 1. Non-Labor Expenses for Fundraising

- Please report the non-labor expenses that are associated with fundraising. Next estimate the percentage of that expense that is allocated to each fundraising activity.
- Please include operating expenses even if your foundation or fundraising department is not responsible for covering those expenses!
- This table will force your entries in a row to equal 100%. "Non-FR Administration %" will automatically contain whatever value is necessary to make the sum of all items in a row equal 100%.
- If your organization participated last year, numbers of incumbents and percentage allocations by functional area have been copied over to this new year's survey as a labor saver. Please update them as necessary.

Hover over or click any underlined term to see its definition.

DO NOT ENTER ZEROS (0)! LEAVE BLANK INSTEAD!

	Expense \$	Prior Year Expenses \$	Annual Gifts %	Major Gifts %	Corp./Fdn. Gifts %	OR Major & Corp./Fdn. Combined	Planned Giving %	Public Support %	Special Events %	Other Fund-raising %	FR Admin-istration %	Non-FR Admin-istration %
a. Professional Fees, (e.g., legal, accounting)												
b. Contracted Services (e.g., consulting)												
c. Rent/ occupancy (hover for help on estimating if figures aren't available)												
d. Supplies												
e. Travel/ dues/ subscriptions												
f. Other cultivation expenses combined (hover for info on important exclusions)												
g. Grand Total												

#### 2. Comments

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

Comments / Caveats?	
Reported Prior Year	

# Blank Survey

## 2017 Report on Giving Survey

### E. Gifts Received/Expected

As a convenience, use this check box to indicate that you have completed this section to your satisfaction.

	Completed?
Section E	<input type="radio"/> Yes <input type="radio"/> No

#### 1. Number of Gifts and Value of Funds

Please report the total number of gifts received and the total value of funds raised by fundraising activity. Please include campaign gifts under the applicable activity area - if you do not report your campaign gifts by activity area, contact AHP for further assistance. Please count each gift only ONCE, do NOT count gifts reported in previous years, and please read ALL notes before responding.

If you have questions about terms below, you may want to download and read this Glossary of Terms.

Note that the table below is scroll-able and has a total of 28 rows available for data entry.

	Number of Gifts	Prior Year	Value of Total Gifts Received or Expected	Prior Year
<b>ANNUAL GIFTS: gifts ranging between \$1 and \$9,999</b>				
1. Annual gifts (outright gifts)				
---a. Number of annual gifts ranging between \$1,000 and \$9,999				
2. Annual gift pledges and letters of intent secured				
3. Annual gift pledge payments				
<b>MAJOR GIFTS: gifts of \$10,000 or more</b>				
4. Major gifts (outright gifts)				
5. Major gift multi-year pledges and letters of intent secured				
6. Major gift pledge payments				
<b>CORPORATE AND FOUNDATION GIFTS: gifts of any value</b>				
7. Corporate gifts (outright gifts)				
8. Corporate matching gifts (do not include originating portion from individuals)				
9. Corporate pledges and letters of intent secured (excluding matching gift pledges)				
10. Corporate matching gift pledges and letters of intent secured (do not include originating portion from individuals)				
11. Corporate pledge payments (excluding matching gift pledge payments)				
12. Corporate pledge payments on matching gift pledges (do not include originating portion from individuals)				
13. Foundation grants				
14. Foundation pledges and letters of intent secured				
15. Foundation pledge payments				
<b>PLANNED GIVING: gifts of any value</b>				
16. Planned gift commitments and expectancies				
17. Matured planned gifts and bequests				
18. Charitable gift annuities (deductible portion only)				
<b>GOVERNMENTAL GRANTS: gifts of any value</b>				
19. Public support				



20. Public support pledges and letters of intent secured				
21. Public support pledge payments (net of previous years' payments)				
SPECIAL EVENTS: Gross				
22. Gross fundraising special event income (include special event corporate sponsorships)				
23. Gross fundraising special event pledges and letters of intent secured				
24. Gross fundraising special event pledge payments				
OTHER FUNDRAISING GIFT SOURCES: gifts of any value				
25. Other gifts, please describe below				
26. Other pledges and letters of intent secured, please describe below				
27. Other matured pledges, bequests and pledge payments (please describe below)				
28. TOTAL CASH				
29. TOTAL PRODUCTION				
30. TOTAL PRODUCTION in Prior Year				
TOTAL NUMBER OF GIFTS				

Re: "25. Other gifts" reported above, please describe	
Re: "26. Other pledges and letters of intent secured" reported above, please describe	
Re: "27. Other matured pledges, bequests and pledge payments (net of previous year's payments)" reported above, please describe	

**2. Gifts over \$1 Million**

How many gifts of \$1 million or more did you receive this fiscal year?

	Number
a. Cash gifts (outright gifts)	
b. Pledges and letters of intent secured	

Please provide the dollar amount of the largest gift (outright gift of cash or new pledge/letter of intent - exclude payments on previous pledges) your organization received this fiscal year for each of the four categories below.

	Largest Cash Gift (outright gift)	Largest Pledge/ Letter of Intent
c. From an individual		
d. From a business/Corporation		
e. From a foundation		
f. From government/public support		

**3. Pledge Collection Rate**

Roughly, what percentage of your multi-year pledges have you historically collected and over how many years are you roughly calculating that percentage?

	% collected	Calculated Over How Many Years?
Multi-year pledges		
Reported Prior Year		

**4. Comments**

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

Comments / Caveats?	
Reported Prior Year	

# Blank Survey

## 2017 Report on Giving Survey

### F. Endowment & Campaigns

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As a convenience, use this check box to indicate that you have completed this section to your satisfaction.

	Completed?
Section F	<input type="radio"/> Yes <input type="radio"/> No

#### 1. Endowment Market Value

What was the current market value of the endowment of your entity or system at the end of the reporting year?

If you are unable to provide the breakdowns in rows a. and b., please enter the total in row c.

	\$	Prior Year \$
a. Board designated/ quasi endowment		
b. Donor restricted/ designated endowment		
c. Total endowment		

#### 2. Campaign

Were you engaged in a campaign during either of the previous two years? If your organization answered this survey last year, the 2016 value is displayed.

	2017	2016
Active campaign?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If No, please Save and go to the next Section.

#### 3. Campaign Goals and Production Dollars

If and only if you were engaged in a campaign during 2017, please report the campaign goals and the total production dollars raised during 2017. (Production dollars include new outright gifts and new pledge commitments received during the reporting year.) Also show the period over which the campaigns will extend. If you are conducting a comprehensive campaign, report data on an aggregate level.

	Campaign Goal	Dollars Raised During the Reporting Year	Campaign Start Year (YYYY)	Campaign End Year (YYYY)
a. Campaign I				
b. Campaign II				
c. Campaign III				
d. Campaign IV				
e. Campaign V				
f. Campaign VI				

#### 4. Comments

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

Comments / Caveats?	
Reported Prior Year	

# Blank Survey

## 2017 Report on Giving Survey

### G. Constituency Giving

As a convenience, use this check box to indicate that you have completed this section to your satisfaction.

	Completed?
Section G	<input type="radio"/> Yes <input type="radio"/> No

The following three tables deal with constituency giving. The first asks for an overview of all giving by source. The total from this question should match total production provided in Section E. Gifts Received/Expected. Tables 2 and 3 go farther by examining board and employee giving by position. While the categories in these tables may overlap, they do provide a helpful overview of internal support.

#### 1. Gifts by Source

Please report the total production raised through gifts, by the source of the gift, along with the total number of donors in each category. Where applicable, please include outright gifts, pledges, and planned gifts, and gross special event gifts by appropriate source.

	Total in Group	Prior Year Total in Group	Number of Donors	Prior Year Number of Donors	Total Production	Prior Year Total Production
a. Physicians and physician groups						
b. All employees (non-physician)						
c. Auxiliaries and support groups (report net dollars)						
d. ALL other individual donors (including board members that do not fall into other categories)						
e. Government entities (through public support)						
f. Businesses and corporate foundations						
g. Other foundations (excluding corporate)						
h. Other (e.g. charities, agencies, civic groups, etc.)						
i. Total (sum of all lines above)						
Total Raised above should equal Total Production reported in section "E. Gifts Received /Expected," which was...						

#### 2. Gifts by Position

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 will overlap because position categories are not mutually exclusive.

	Total in the Group	Prior Year Total in the Group	Number of Donors	Prior Year Number of Donors	Total Production	Prior Year Total Production
a. System Executive Team and Entity Senior Management (e.g., system CEO's, CFO, Hospital CEO)						
b. Director and above (at system or hospital level)						

#### 3. Gifts by Source

Please report the total production received through gifts made by members of the relevant reporting body Boards. (Note: Board members may overlap with the source categories [e.g., physicians and other individuals] identified and reported upon in the Fundraising Performance section.)

	Total Members	Prior Year Total Members	Numbers of Donors	Prior Year Number of Donors	Total Production	Prior Year Total Production
a. Healthcare system board members						
b. Individual healthcare entity board members						
c. System foundation board members						
d. Entity foundation board members						
e. Total						

**4. Comments**

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

Comments / Caveats?	
Reported Prior Year	

# Blank Survey

## 2017 Report on Giving Survey

### H. Major Gifts, Planned Giving, Annual Fund, Special Events

As a convenience, use this check box to indicate that you have completed this section to your satisfaction.

	Completed?
Section H	<input type="radio"/> Yes <input type="radio"/> No

The following questions deal with activity linked to revenue described in Fundraising Performance and Constituency Giving. Note that each program section starts with a larger prospect pool and narrows to number and total gifts secured.

#### A. Major Gifts, Corporate and Foundation Gifts, and Planned Giving

The following questions deal with activity tracking for Major Gifts (gifts from individuals of \$10,000 or more) and gifts from Corporations and Foundations (of any value). Please report fundraising activity by the appropriate category based on gift source and value. In the event data is not tracked separately, please respond by using the combined (ALL Gifts) category for both gift types.

	Major Gifts	Corporate and Foundation Gifts	Major and Corp./Fdn. Gifts Combined	Planned Giving
1. On average, how many prospects are assigned to each designated officer?				
2. How many personal cultivation visits were made during the reporting year?				
3. What was the total number of formal proposals and personal solicitations conducted during the reporting year?				
4. How many gifts were secured in direct response to the proposals referenced in question 3 above?				

#### B. Planned Giving

##### 1. Number of Contacts

How many phone calls and personal solicitation visits were made to attorneys, certified public accountants, trusts officers, insurance agents, and other members of the professional community during the reporting year?

	Number of Contacts
Professional community	

##### 2. Solicitation Mailings and Educational Initiatives

In the table below, please indicate the total number of planned giving solicitation mailings and other educational initiatives, the combined number of pieces mailed, and the total number of responses to all mailings during the reporting year. Next please report the number of follow ups made and the number of scheduled personal solicitation visits resulting from those contacts.

\*In the context of planned giving, "Number of Responses" below refers to the number of individual inquiries and seminar attendees in response to foundation outreach.

	Number of Appeals	Number of Pieces	Number of Responses*	Number of Follow-ups	Number of Personal Visits
a. Formal marketing (mailing program)					
b. Seminars for donors					
c. Seminars for professionals					
d. General marketing or prospecting (ads, system publications)					
e. Internet website					
f. Other mailings					

If Other Mailings were reported upon, please describe below.

Other Mailings	
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#### 3. Planned Gifts

Of the "total production" reported in the prior "F. Gifts Received/Expected" section, please indicate the total number of formal proposals submitted for planned gifts of any value, in addition to the number of planned gifts secured in response to those proposals.

a. Number of planned gift proposals	
b. Number of planned gifts secured	

**C. Annual Fund**

1. Number of Donors

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

	Number of Donors
Annual fund	

2. Annual Appeals

In the chart below, please indicate the total number of annual appeals made within the reporting year. Next, indicate the combined number of pieces mailed or calls made, and the corresponding response rates in addition to the total number of dollars raised in direct response to recent annual appeals.

	Number of Appeals	Number of Pieces Mailed/ Calls Made	Number of Gifts Made in Response to Appeal	Dollars Raised in Response to Appeal
a. Direct Mailings - Acquisition				
b. Direct Mailings - Renewal				
c. Gift club solicitation				
d. Telemarketing solicitation				
e. On-line or internet solicitation				
f. Lapsed donors				
g. Other				

If "Other" was reported upon above, please described

Other	
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**D. Special Events**

In the chart below, please indicate the total number of events held by type and number of attendees. Next, indicate the total number of gifts received, direct event expenses, and the net event income secured.

- o Include all gifts brought in (e.g. in-kind, silent auction, ticket sales)
- o If your special event crosses multiple categories (e.g. golf dinner gala), count the event in the category that corresponds with the main purpose of the event

	Number Held	Number of Attendees	Number of Gifts Secured	Direct Event Expenses	Net Event Income
a. Highly Structured Events					
b. Sporting Events					
c. Large Scale Community Based Events					
d. Other Events					

If you chose Other Events, please describe.

Other Events	
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**E. Comments**

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

Comments / Caveats?	
Reported Prior year	

# Blank Survey

## 2017 Report on Giving Survey

### I. Program Emphasis

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As a convenience, use this check box to indicate that you have completed this section to your satisfaction.

	Completed?
Section I	<input type="radio"/> Yes <input type="radio"/> No

#### 1. Level of Emphasis

What level of emphasis does your development operations give to each of the following program areas? For each of the program areas, please also indicate the duration of the emphasis reported.

	No program	Very weak	Weak	Moderate	Strong	Very strong	Duration of Emphasis in Years
a. Annual Giving							
b. Major Giving							
c. Corporate and Foundation Grants							
d. Planned Giving							
e. Governmental Grants (Public Support)							
f. Special Events							

#### 2. Department of Amplification and Clarification

Please share your thoughts about the research and add any comments that may aid in our understanding the data you have supplied for this section and in general for the survey.

Thoughts?	
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## 2017 Report on Giving Survey

### J. Use of Funds

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As a convenience, use this check box to indicate that you have completed this section to your satisfaction.

	Completed?
Section J	<input type="radio"/> Yes <input type="radio"/> No

#### 1. Distribution of Funds

Each year, AHP reports on the use and distribution of funds raised. Please provide the total dollars distributed by the foundation/fund development program for the reporting year for each of the following program areas. Include all dollars distributed regardless of when they were collected.

	Dollar Amount
a. Patient care program support	
b. Charitable care	
c. Hospice/Home-health/Long-term care	
d. Capital: Construction and renovation	
e. Capital: Equipment	
f. Community support/Advocacy	
g. Education	
h. Research	
i. General operating support	
j. Employee Funds	
k. Grants	
l. Other (specify in n. below)	
m. Total Funds Distributed	

n. Other specified	
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#### 2. Other income

	Dollar Amount
a. Interest income	
b. Endowment income	

#### Thank you very much for participating in this survey!

Before marking you survey completed, however, please go on to the Feedback section and rate this survey and this survey Website.