

2020 Report on Giving survey: Filling out the Full Survey Form

About the Full Survey

The Full survey form is a seven-section survey. The number of data points collected varies depending on whether you're reporting for a single healthcare entity or a healthcare system or if you can report your expenses in detail or summary.

A few important notes to remember when filling out your survey:

- ***Only one user can access your survey at one time.*** This means that you and a colleague in your office cannot have the survey open at the same time. This is for security reasons to ensure proper data entry.
- ***You will receive two links to your survey depending on your access.*** AHP splits the Report on Giving survey up into two pieces: one form with *compensation* information and one form with *non-compensation* information. This choice is based on the access you selected when you first signed up to participate in the survey. If you'd like to change the level of access to your survey, please email us at benchmarking@ahp.org.
- ***An asterisk (*) next to a question indicates a required question.*** AHP has data points that are required to properly calculate metrics for benchmarking purposes. If you have a question about a required question, please email us at benchmarking@ahp.org.

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Using the Survey Tool

As of 2020, AHP is using a new tool to gather data for the Report on Giving and benchmarking.

AHP Association for Healthcare Philanthropy. Log Out ↗

Home General Administration Surveys Benchmarking Downloads

Hi Jasmine!
Jasmine Jones
Manager, Research and Insights
jasmine@ahp.org
[Edit Personal Information](#)

Important Upcoming Dates

Your Active Surveys	Status	Deadline
No active surveys at this time		

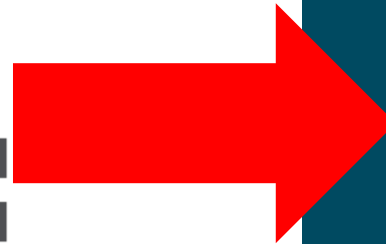
Messages (Expand All | Collapse All)

- ***IMPORTANT NOTICE FOR THE 2020 REPORT ON GIVING SURVEY*** (FROM: JASMINE JONES ON 3/10/2020)
- THE 2019 REPORT ON GIVING IS NOW AVAILABLE! (FROM: JASMINE JONES ON 1/9/2020)

Your Account Settings

- Disable query caching site-wide? (This will hamper performance, but will ensure that you are seeing the most up-to-date information if you are editing a survey form.)
- Override latest year restrictions in Benchmarking?
- Show all tools in Benchmarking?

[Save Settings](#)



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

Note: If needed, you can add a additional contact later.

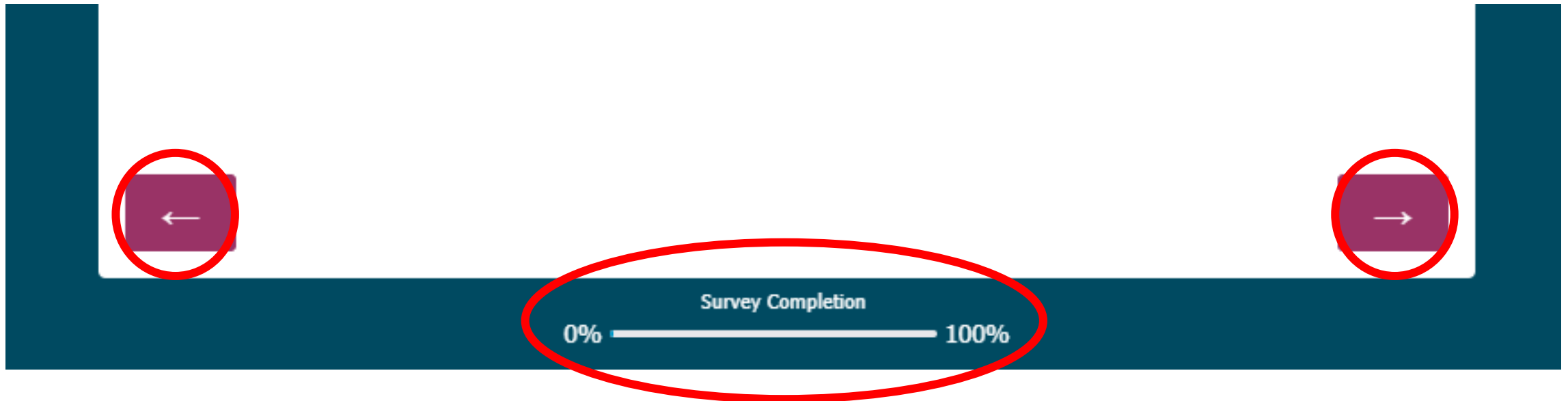
First name

Last name

Title

Email address


Phone number



Use the Back and Forward arrows to navigate your survey form.


A “Survey Completion” bar will appear at the bottom of your form to show you how many questions you have left to complete.

In the Full survey, use the menu button at the top to click through each survey section.

 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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Annual gifts secured but not recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Major Gifts			
Major gifts recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Major gifts secured but not recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Corporate/Business Gifts/Grants			
Corporate/business gifts/grants recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Corporate/business gifts/grants secured but not recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



 Survey Progress

- ✓ Section A. Basic Information
- Section C. Gifts Received/Expected**
- Section D. Endowments and Campaigns
- Section E. Constituency Giving
- Section F. Gift and Donor Activity
- Section G. Use of Funds
- Submit your survey

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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Annual gifts secured but not recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Major Gifts			
Major gifts recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Major gifts secured but not recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Corporate/Business Gifts/Grants			
Corporate/business gifts/grants recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Corporate/business gifts/grants secured but not recorded	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Non-compensation Section

Section A. Basic Information

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

First name _____

Last name _____

Title _____

Email address _____

Phone number _____

We ask this question to ensure that we have the correct contact information if we have any questions about your survey data. You can submit as many survey contacts as needed. If AHP has a question about your survey, we will reach out to each contact in the order that they were entered.

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

Please report the name of your philanthropic organization only.

For example

Elsewhere Hospital Foundation supports

Elsewhere Hospital.

REPORT: Elsewhere Hospital Foundation

3. *Please provide the country of the philanthropic organization you are providing data for.
4. *Please provide the city/country of the philanthropic organization you are providing data for.
5. *Please provide the state of the philanthropic organization you are providing data for. **(U.S. ONLY)**

OR

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

Please report the location of your **philanthropic organization only**. If you are reporting for a healthcare system and have multiple locations, please report the location of either the philanthropic entity at the healthcare system level or the headquarters of your healthcare system.

For example

Elsewhere Health System: Arlington, VA

Elsewhere Health System Foundation: Alexandria, VA

REPORT: Alexandria, VA

OR

Elsewhere Health System: Arlington, VA

Elsewhere Health Care Foundation West: Reston, VA

Elsewhere Health Care Foundation East: Falls Church, VA

REPORT: Arlington, VA

6. What month does your fiscal year 2019 end on?

7. What year does your fiscal year 2019 end on?

Fiscal Year - Any 12-month corporate accounting period other than the calendar year.

Please select your answer based on when your organization's fiscal year 2019 ends/ended.

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

Single Healthcare Entity - Entity; Either a stand-alone facility or a facility within a healthcare system for which there is an organized fundraising program.

Healthcare System - System; Group of hospitals or other healthcare entities that are organized under and/or are affiliated with a corporate umbrella structure.

Please select your answer based on whether you are reporting for a philanthropic entity that supports a single healthcare entity or a healthcare system.

Even if your philanthropic entity is a part of a healthcare system, if you are only reporting the numbers supporting a single healthcare entity, you would select that option.

For example

Elsewhere Hospital Foundation supports Elsewhere Hospital and is a part of Elsewhere Health System.

REPORT: Single healthcare entity

OR

Elsewhere Health System Foundation supports Elsewhere Health System.

REPORT: Healthcare system

9. *Please identify the entity type for your healthcare entity.

(SINGLE HEALTHCARE ENTITY ONLY)

Academic medical center - An organization with a medical school and at least one university-based hospital.

Behavioral health facility - An organization whose primary goal is to provide psychiatric services for the diagnosis and treatment of mentally ill people, although physicians may be available to treat other medical conditions.

Children's hospital - A healthcare facility that provides inpatient beds, continuous nursing services and an organized medical staff providing diagnosis and treatment for a variety of diseases and disorders specifically related to children.

Community hospital - A healthcare facility supporting non-federal, short-term general, and other special hospitals.

Home care/hospice facility - A program offering palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial and legal needs of terminally ill patients and their families.

Other (please describe)

Please select your answer based on the definitions of each healthcare entity type to the left. If you do not feel that any of the healthcare entity types describe the one that your philanthropic organization supports, please select "Other" and describe your healthcare entity.

9. *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. **(HEALTHCARE SYSTEM ONLY)**

Based on the descriptions to the right, please provide the **total number of each** entity type and the **number for which you raise funds**.

If you do not feel that any of the healthcare entity types describe the one that your philanthropic organization supports, please select “Other” and describe your healthcare entity.

If you are a U.S. participant, for each entity type, you will also be asked to report **Inpatient Service Revenue** and **Outpatient Service Revenue**. If you cannot provide these two, you will at least be required to provide the combined **Net Patient Service Revenue**.

Academic medical center - An organization with a medical school and at least one university-based hospital.

Behavioral health facility - An organization whose primary goal is to provide psychiatric services for the diagnosis and treatment of mentally ill people, although physicians may be available to treat other medical conditions.

Children's hospital - A healthcare facility that provides inpatient beds, continuous nursing services and an organized medical staff providing diagnosis and treatment for a variety of diseases and disorders specifically related to children.

Community hospital - A healthcare facility supporting non-federal, short-term general, and other special hospitals.

Home care/hospice facility - A program offering palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial and legal needs of terminally ill patients and their families.

Other (please describe)

(SINGLE ENTITY RESPONDENTS ONLY)

10. *Please report your Inpatient Service Revenue, Outpatient Service Revenue, and Net Patient Service Revenue below. **(U.S. ONLY)**

OR

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

Based on whether you are reporting data for the U.S. or Canada, please either report the **Inpatient Service Revenue, Outpatient Service Revenue, and Net Patient Service Revenue** or the **Gross Operating Revenue** for the entity that your philanthropic organization supports.

If you are a U.S. respondent and cannot provide both Inpatient and Outpatient Service Revenue, you will at least be required to provide the **Net Patient Service Revenue**.

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

- Yes
- No

AHP asks this question for benchmarking purposes. This applies to both system level mergers and healthcare entity mergers.

Please use the date that you are answering this question and count back 12 months: has your organization undergone a merger in this amount of time?

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

- Yes
- No

Healthcare System - System; Group of hospitals or other healthcare entities that are organized under and/or are affiliated with a corporate umbrella structure.

(SINGLE HEALTHCARE ENTITY AFFILIATED WITH A SYSTEM ONLY)

13. Please select your organization's operations structure.

System-Affiliated Philanthropy Department - A fundraising entity which is not a separate legal entity, but, rather, is simply a department of the hospital(s)/system it supports, and which is affiliated with a larger system including other fundraising entities.

System-Affiliated Foundation - A fundraising entity which is a separate legal entity from the hospital(s)/system it supports, and which is affiliated with a larger system including other fundraising entities.

(SINGLE HEALTHCARE ENTITY NOT AFFILIATED WITH A SYSTEM ONLY)

13. Please select your organization's operations structure.

Non-System Affiliated Philanthropy Department - A fundraising entity which is not a separate legal entity, but, rather, is simply a department of the hospital(s)/system it supports, and which is not affiliated with a larger system including other fundraising entities.

Non-System-Affiliated Foundation - A fundraising entity which is a separate legal entity from the hospital(s)/system it supports, and which is not affiliated with a larger system including other fundraising entities.

(HEALTHCARE SYSTEM ONLY)

13. Which of the following models best describes the way your healthcare system's philanthropy operations is currently structured?

If neither of the operations structures to the right describe your system, select "Other" and describe your system's structure and how it differs from the other definitions.

Centralized - A structure in which each individual fundraising entity within a healthcare system operates and is coordinated through a centralized (or regionalized) philanthropy office.

Decentralized - A structure in which each individual fundraising entity within a healthcare system operates with little or no centralized (or regionalized) philanthropy office support.

Hybrid - A structure in which a centralized (or regionalized) philanthropy office offers and provides either a limited or wide array of specialized support services to individual fundraising entities within the healthcare system. The services offered and provided may exist in varying degrees (e.g., limited services to all or almost all individual fundraising entities, complete services to just a few individual fundraising entities, etc.).

Other (please describe)

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

Fundraising Expense Budget - Portion of an organization's budget that is devoted to the cost of fundraising.

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

Fundraising Expense Budget - Portion of an organization's budget that is devoted to the cost of fundraising.

15. 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)

This question goes hand in hand with the question on operations structure and aims to understand how you fund the healthcare organization that you support.

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

Feel free to leave any comments in this text box if you need to explain any of your answers in the previous questions.

17. *Are you completed with this section?

- Yes
- Not yet

Make sure you select one of these options after your finished with each survey section to keep track of your progress.

This question will appear after each section of the survey. In order to submit your survey at the very end, you will need to have selected “Yes” for each of these questions.

Section B. Gifts Received and Expected

1. ***Please report the number of donors, number of gifts, and the value of those gifts by fundraising program based on whether the gift was recorded or secured but not recorded in the fiscal year.**

Use the information to the right to understand how AHP defines each gift type.

In the next question, you will be asked to check your total number of donors, total number of gifts, total recorded revenue, and total production revenue. If anything seems off, please revisit this question and adjust your numbers.

Annual Gifts - Programs that attract gifts of \$9,999 or less from individuals.

Corporate/Business/Foundation Gifts - Programs that attract grants and gifts of any value from corporations, businesses, and foundations.

Governmental Grants - Programs that attract grants and gifts of any value from local, state/provincial, and federal governmental sources.

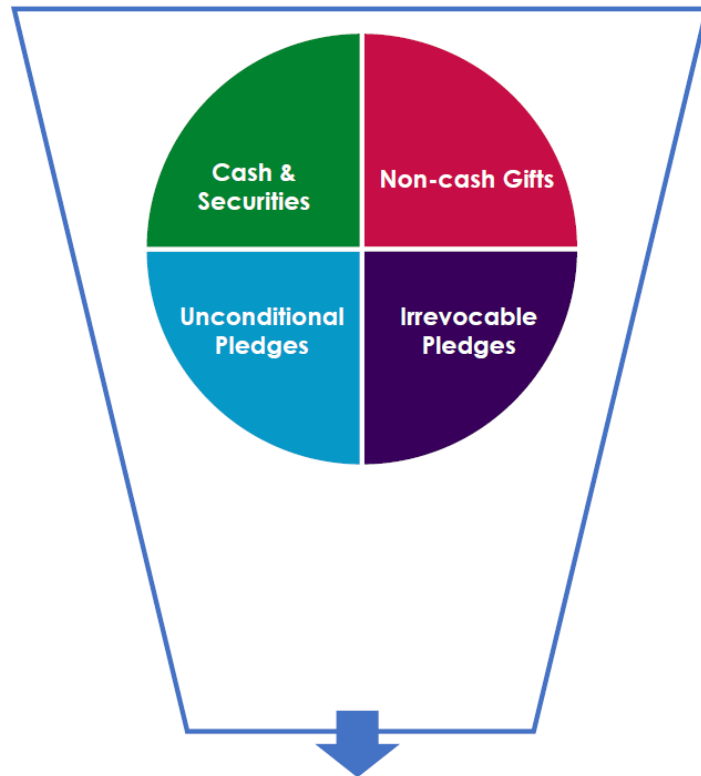
Major Gifts - Programs that attract gifts of \$10,000 or more from individuals.

Planned Gifts - Programs that attract gifts of any value from individuals made as part of an estate or financial plan.

Special Event Gifts - Gifts from programs that attract gifts of any value from any source received in response to any fundraising event held and managed by the organization.

Other Gifts (please describe)

1. *Please report the number of donors, number of gifts, and the value of those gifts by fundraising program based on whether the gift was **recorded** or **secured but not recorded** in the fiscal year.



Total Recorded Revenue

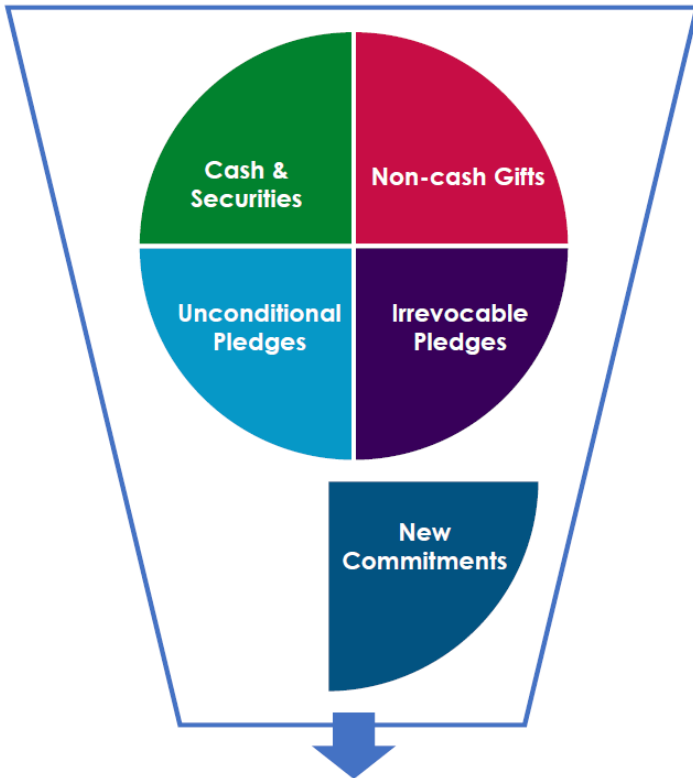
Recorded gifts represent gifts that were included in **Recorded Revenue**.

Recorded Revenue - All irrevocable outright and irrevocable written deferred gifts received during the reporting year made in any form, such as cash and securities, non-cash gifts such as personal and real property, unconditional pledges, or irrevocable bequests.

Please include the following gifts in this category:

- Annual gifts recorded
- Corporate/Business/Foundation gifts recorded
- Governmental grants recorded
- Major gifts recorded
- Planned gifts recorded
- Special event gifts recorded
- Other gifts recorded

1. *Please report the number of donors, number of gifts, and the value of those gifts by fundraising program based on whether the gift was recorded or secured but not recorded in the fiscal year.



Total Production Revenue

Secured but not recorded gifts represent gifts that were included in Production Revenue but not included in Recorded Revenue (i.e. new commitments)

Production Revenue - Includes recorded revenue *plus* revocable, written deferred gifts that are not yet recordable per GAAP due to revocability and/or conditions on the gift (such as conditional pledges or revocable bequests) to allow the gift to be recorded for financial statement purposes

These gifts include recorded revenue gifts plus the following:

- Annual gifts secured but not recorded
- Corporate/Business/Foundation gifts secured but not recorded
- Governmental grants secured but not recorded
- Major gifts secured but not recorded
- Planned gifts secured but not recorded
- Special event gifts secured but not recorded
- Other gifts secured but not recorded

2. 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		

This question aims to drill down on your gifts received and expected to better understand the ratio of those gifts that are over \$1 million.

3. 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 corporation/business			
From a foundation			
From a government/public source			

Individual Donors - Persons who make financial contributions to the organization. This constituency is considered as one but also may be broken down into sub-categories (e.g., grateful patients, major donors, annual donors, planned gift donors)

Corporation/Business Donors - Business donors, whether incorporated or not, and whether organized as a for-profit or as a not-for-profit.

Foundation - Private family foundations, community foundations, general purpose foundations, and independent foundations established as a not-for-profit corporation or a charitable trust, with a principal aim of making grants to unrelated organizations or to individuals, for charitable purposes. For benchmarking, this broad definition encompasses all foundation types, except corporate foundations which are reported as corporate/business gifts.

Governmental Grants - Dollars from any governmental agency that the philanthropy function was responsible for raising. Include grants, contracts, and cooperative agreements when the beneficiary of the grant's work is the organization and not the donor.

4. 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: _____

This question aims to understand the make-up of your pledges for the year and the ratio of pledges that were written off to your total recorded and production revenue.

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

Feel free to leave any comments in this text box if you need to explain any of your answers in the previous questions.

6. *Are you completed with this section?

- Yes
- Not yet

Make sure you select one of these options after your finished with each survey section to keep track of your progress.

This question will appear after each section of the survey. In order to submit your survey at the very end, you will need to have selected “Yes” for each of these questions.

Section C. Endowments and Campaigns

1. 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-endowments - Unrestricted funds that have been designated by the board to act as an endowment. These funds can be un-designated by the Board at any time and remain classified as unrestricted for financial statement purposes (because only donors can restrict gifts and grants).

Donor-created Endowment - Restricted funds that have been received by a donor to be maintained as a permanently restricted endowment. Donors can either specify a purpose restriction or allow the organization to determine how the investment earnings will be spent.

Use the information to the left provide your Board-designated/Quasi endowment and Donor-created Endowment totals.

If you cannot break out your endowment totals by these two definitions, simply provide your Total Endowment instead.

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

- Yes
- No

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

- Yes
- No

These questions are an abridged version of the next question. If your answer is no to both of these questions, you can leave the next question blank.

4. 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	Campaign start year (YYYY)	Campaign end year (YYYY)
Campaign 1				
...				
Campaign 6				

Depending on how many campaigns you have happening consecutively, you will have 6 different slots to fill in for various campaigns.

Campaign Gift - A gift received during a campaign that is set with a specific time limit, with a specific beginning and end spanning multiple years, which generally has a named purpose, scope, and set dollar goal.

Comprehensive Campaign Gifts - Gifts from a campaign that encompasses fundraising for many needs of an organization, not just capital but also programmatic, endowment, annual gifts, planned gifts, and other sources.

5. Please report the campaign goals for the entire system.

If you are reporting on behalf of a system and cannot break out your campaign goals in the previous question, report them here.

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

Feel free to leave any comments in this text box if you need to explain any of your answers in the previous questions.

7. *Are you completed with this section?

- Yes
- Not yet

Make sure you select one of these options after your finished with each survey section to keep track of your progress.

This question will appear after each section of the survey. In order to submit your survey at the very end, you will need to have selected “Yes” for each of these questions.

Section D. Constituency Giving

1. 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			
Other (describe below)			
Total			

Please note that for this section, your total production will need to match up with your total production from Section C. Gifts Received and Expected.

Physician Donors - Individual donors who are physicians (both employed and those who are not employed, but affiliated) or are from physician groups.

Employee Donors - Staff donors from the organization's healthcare system, facility, foundation, and other applicable facility or department

Hospital Auxiliary Donors - Donors from a separately incorporated organization of volunteers whose efforts are committed to providing volunteer hours and/or raising funds. Note that hospital auxiliaries are not always separately incorporated. This does not include contributions from auxiliary donors from departments of the healthcare organization.

Individual Donors - Persons who make financial contributions to the organization. This constituency is considered as one but also may be broken down into sub-categories (e.g., grateful patients, major donors, annual donors, planned gift donors)

1. 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			
Other (describe below)			
Total			

Corporation/Business Donors - Business donors, whether incorporated or not, and whether organized as a for-profit or as a not-for-profit.

Foundation - Private family foundations, community foundations, general purpose foundations, and independent foundations established as a not-for-profit corporation or a charitable trust, with a principal aim of making grants to unrelated organizations or to individuals, for charitable purposes. For benchmarking, this broad definition encompasses all foundation types, except corporate foundations which are reported as corporate/business gifts.

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

	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			

Note that board members may overlap with the source categories identified in the previous question.

Board Member Donors - Donors affiliated with the organization as a healthcare system, facility, and/or foundation board member, regardless of whether the board is a fiduciary/governing board or a non-fiduciary/non-governing board.

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

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

Note that data provided for employee groups may overlap because position categories are not mutually exclusive.

Single Healthcare Entity - Entity; Either a stand-alone facility or a facility within a healthcare system for which there is an organized fundraising program.

Healthcare System - System; Group of hospitals or other healthcare entities that are organized under and/or are affiliated with a corporate umbrella structure.

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

Feel free to leave any comments in this text box if you need to explain any of your answers in the previous questions.

5. *Are you completed with this section?

- Yes
- Not yet

Make sure you select one of these options after your finished with each survey section to keep track of your progress.

This question will appear after each section of the survey. In order to submit your survey at the very end, you will need to have selected “Yes” for each of these questions.

Section E. Gift and Donor Activity

1. 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?			

Major Gifts - Programs that attract gifts of \$10,000 or more from individuals.

Corporate/Business/Foundation Gifts - Programs that attract grants and gifts of any value from corporations, businesses, and foundations.

Planned Gifts - Programs that attract gifts of any value from individuals made as part of an estate or financial plan.

2. 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"/>

This question is intended to understand your solicitation and education initiatives to your donor base. This information will help for benchmarking comparison sets.

3. How many new donors gave to the annual fund and donor-advised fund during the reporting year?

	Number of donors	Total production
Annual fund		
Donor-advised fund		

For the portion on your donor-advised fund, please report the number of donors and total production from those donors who gave a gift *via a donor-advised fund*.

Donor-advised Fund - a fund established within a public charity, trust, or other organization (e.g., Fidelity, Schwab, a local community foundation) to which the donor has made a gift and already taken an immediate tax deduction (a tax credit in Canada).

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

	Yes	No
Acquisition direct mail	<input type="radio"/>	<input type="radio"/>
Renewal direct mail	<input type="radio"/>	<input type="radio"/>
Lapsed direct mail	<input type="radio"/>	<input type="radio"/>
Telemarketing	<input type="radio"/>	<input type="radio"/>
Online and internet solicitation	<input type="radio"/>	<input type="radio"/>
Gift club	<input type="radio"/>	<input type="radio"/>

Acquisition Direct Mail Gifts - Gifts received via an annual gift mailing program that sends information and solicitation materials to individuals who have never made a contribution, or who have not made a contribution within the last two years (or within a given time period as set by the organization).

Renewal Direct Mail Gifts - Gifts received via an annual gift mailing program that sends information to individuals who have made a previous direct mail gift to the organization within the last two years (or within a given time period as set by the organization).

Lapsed Donors - Donors who contributed a gift in the past but have not given for a certain period of time as determined by the organization.

5. Do you have either of the following special events?

	Yes	No
Revenue generating events	0	0
Stewardship events	0	0

This question is intended to understand the breakdown of your special events from the fiscal year. This information will help for benchmarking comparison sets.

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

Feel free to leave any comments in this text box if you need to explain any of your answers in the previous questions.

7. *Are you completed with this section?

- Yes
- Not yet

Make sure you select one of these options after your finished with each survey section to keep track of your progress.

This question will appear after each section of the survey. In order to submit your survey at the very end, you will need to have selected “Yes” for each of these questions.

Section F. Use of Funds

1. 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: _____

Charity care: _____

Grants to outside organizations: _____

Other Programs: _____

This question is used to understand the ratio of your dollars distributed from the fiscal year.

If you have funds distributed to other categories not listed to the right, provide the amount in the “other” category and provide an explanation below.

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

Feel free to leave any comments in this text box if you need to explain any of your answers in the previous questions.

3. *Are you completed with this section?

- Yes
- Not yet

Make sure you select one of these options after your finished with each survey section to keep track of your progress.

This question will appear after each section of the survey. In order to submit your survey at the very end, you will need to have selected “Yes” for each of these questions.

Compensation Section

Section G. Expenses

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

o Summary

o Detail

Before you submit your expense data, you will have the option to select whether you'd like to submit your expense in summary or detail. Both options are laid out in the following slides.

Expenses in Summary

Expenses in Summary

2. *Please provide your expenses and number of FTEs 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.

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

For Direct and Indirect Compensation Expense, the staff persons included are listed to the right.

Direct Compensation Expenses - Actual compensation expense (such as salaries, benefits, bonuses, and any other compensation) related to philanthropy/development officers who directly carry out each fundraising program.

Direct Fundraising Staff - Individuals performing front-line fundraising activities, typically including the following functions: Chief Philanthropy/Development Officer (CPO/CDO), executive director, vice president of philanthropy, directors of philanthropy/development, annual gifts, major gifts, planned gifts, special events, campaign fundraising, public and private grant writing, corporate and foundation relations, and other fundraising specialists with direct fundraising responsibilities.

Indirect Compensation Expense - Actual compensation expense (such as salaries, benefits, bonuses, and other compensation) related to staff who indirectly support philanthropy officers.

Indirect Fundraising Staff - Individuals who are not responsible for front-line fundraising activities. Some examples of the work these individuals perform to support fundraising are: general writing; public relations; marketing; finance, including the tasks of the CFO; operations; information technology; prospect research; gift receipting; data management; data analysis; human resources; development coordinator; administrative assistant; clerical support; and other specialists and generalists without direct fundraising responsibilities.

2. *Please provide your expenses and number of FTEs 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.

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

Non-compensation Expense - Actual expense that is related to philanthropy operations, but that is not compensation related. Exclude non-philanthropy expense (see definition below) and depreciation expense, which is purely an accounting entry, not a real usage of resources. Examples include professional fees (e.g., legal, tax, accounting), contracted services (e.g., consulting), travel, dues/subscriptions/memberships, software subscription/maintenance, rent/occupancy, supplies, printing, postage, mailing, and cultivation expense.

For non-compensation expense, include these expenses no matter which entity funds the expense. For example, even if the healthcare entity that you support funds the non-compensation expense, include it in your count.

For example

Elsewhere Hospital Foundation supports Elsewhere Hospital. Elsewhere Hospital Foundation pays \$8,500 towards their rent/occupancy and Elsewhere Hospital provides \$6,000 towards rent/occupancy for Elsewhere Hospital Foundation.

REPORT: \$14,500 towards rent/occupancy under Non-compensation Expense.

Expenses in Detail

2. *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).

	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 - Actual compensation expense (such as salaries, benefits, bonuses, and any other compensation) related to philanthropy/development officers who directly carry out each fundraising program.

Direct Fundraising Staff - Individuals performing front-line fundraising activities, typically including the following functions: Chief Philanthropy/Development Officer (CPO/CDO), executive director, vice president of philanthropy, directors of philanthropy/development, annual gifts, major gifts, planned gifts, special events, campaign fundraising, public and private grant writing, corporate and foundation relations, and other fundraising specialists with direct fundraising responsibilities.

In this section, please ensure that for each percentage that you report for each relevant position, the total in the last row is 100%.

3. *Direct Compensation Expenses

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

	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													

4. *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).

	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 Expense - Actual compensation expense (such as salaries, benefits, bonuses, and other compensation) related to staff who indirectly support philanthropy officers.

Indirect Fundraising Staff - Individuals who are not responsible for front-line fundraising activities. Some examples of the work these individuals perform to support fundraising are: general writing; public relations; marketing; finance, including the tasks of the CFO; operations; information technology; prospect research; gift receipting; data management; data analysis; human resources; development coordinator; administrative assistant; clerical support; and other specialists and generalists without direct fundraising responsibilities.

In this section, please ensure that for each percentage that you report for each relevant position, the total in the last row is 100%.

5. *Indirect Compensation Expenses

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

	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)													

6. *Non-compensation Expenses

Professional fees : _____

Contracted services : _____

Travel : _____

Dues/Subscriptions/Memberships : _____

Software Subscriptions/Maintenance : _____

Rent/Occupancy : _____

Supplies : _____

Printing, Postage, Mailing : _____

Other cultivation expenses : _____

Total : _____

Non-compensation Expense - Actual expense that is related to philanthropy operations, but that is not compensation related. Exclude non-philanthropy expense (see definition below) and depreciation expense, which is purely an accounting entry, not a real usage of resources. Examples include professional fees (e.g., legal, tax, accounting), contracted services (e.g., consulting), travel, dues/subscriptions/memberships, software subscription/maintenance, rent/occupancy, supplies, printing, postage, mailing, and cultivation expense.

For non-compensation expense, include these expenses no matter which entity funds the expense. For example, even if the healthcare entity that you support funds the non-compensation expense, include it in your count.

For example

Elsewhere Hospital Foundation supports Elsewhere Hospital. Elsewhere Hospital Foundation pays \$8,500 towards their rent/occupancy and Elsewhere Hospital provides \$6,000 towards rent/occupancy for Elsewhere Hospital Foundation.

REPORT: \$14,500 towards rent/occupancy under Non-compensation Expense.

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

Feel free to leave any comments in this text box if you need to explain any of your answers in the previous questions.

8. *Are you completed with this section?

- Yes
- Not yet

Make sure you select one of these options after your finished with each survey section to keep track of your progress.

When you select “Yes”, you will have the option to submit your survey on the next screen.

Submitting Your Survey

*Are you completed with this section?

- Yes
- Not yet

For every section of your survey, make sure you select one of these options after your finished to keep track of your progress.

When you select “Yes”, you will have the option to submit your survey on the next screen.

If you do not have this option when you go to submit your survey, go back to each section and make sure you have chosen “Yes” for each of these questions. You will see an overview of each of your answers on the next screen, so you know which sections you need to go check.



Survey Section	Answer
Section A. Basic Information	Yes
Section C. Gifts Received/Expected	Yes
Section D. Endowments and Campaigns	
Section E. Constituency Giving	
Section F. Gift and Donor Activity	
Section G. Use of Funds	

Please click "Yes" below to give consent to submit your survey.
Clicking "Yes" will submit your responses to AHP and your organization will not be able to make any further changes.

Note: If you do not have a box below as an option, please go back and review each section and make sure that you have verified that you are done with each one.



Survey Section	Answer
Section A. Basic Information	Yes
Section C. Gifts Received/Expected	Yes
Section D. Endowments and Campaigns	Yes
Section E. Constituency Giving	Yes
Section F. Gift and Donor Activity	Yes
Section G. Use of Funds	Yes

Please click "Yes" below to give consent to submit your survey.
Clicking "Yes" will submit your responses to AHP and your organization will not be able to make any further changes.

Note: If you do not have a box below as an option, please go back and review each section and make sure that you have verified that you are done with each one.

Yes

We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

[Download PDF](#)

Would you like to submit the mini or the full survey?

You have successfully submitted your survey! For your records, make sure you download a copy of your responses using the “Download PDF” button.

You're all finished!

For any questions after your survey, please reach out to us at benchmarking@ahp.org.