2020 Report on Giving survey:

Filling out the Mini Survey Form

About the Mini Survey

The Mini survey form is recommended for AHP's first-time participants in the Report on Giving survey. Outside of basic information about your organization, we collect about 14 data points for a single healthcare entity and 27 data points for a healthcare system.

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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***. A 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.

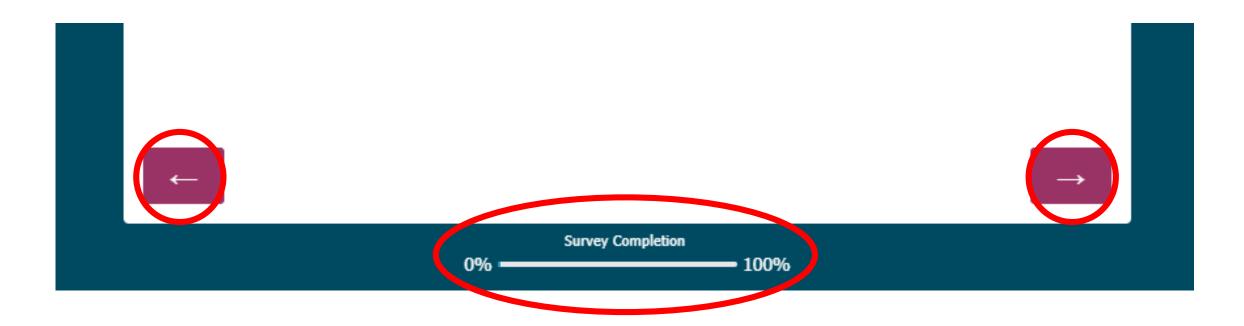# Index

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

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.

Non-compensation Section

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)**

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.

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)

10. *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)**

Based on the descriptions to the left, 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.

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)

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11. *Please report your Net Patient Service Revenue below. **(U.S. ONLY)**

OR

11. *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 **Net Patient Service Revenue** or the **Gross Operating Revenue** for the entity that your philanthropic organization supports.

12. 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.

13. Please report the following information on your revenue.

*Total Recorded Revenue:

*Total Production Revenue:

Total Number of Recorded Gifts:

Total Number of Production Gifts:

Total Number of Donors:

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

13. Please report the following information on your revenue.

*Total Recorded Revenue:

*Total Production Revenue:

Total Number of Recorded Gifts:

Total Number of Production Gifts:

Total Number of Donors:

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 gifts (in previous slide) **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

13. Please report the following information on your revenue.

*Total Recorded Revenue:

*Total Production Revenue:

Total Number of Recorded Gifts:

Total Number of Production Gifts:

Total Number of Donors:

For the **Total Number of Recorded Gifts** and **Total Number of Production Gifts,** please refer to the previous two slides and report the number of gifts you accounted for in those fields.

For **Total Number of Donors**, please report the number of donors you've accounted for in the previous 4 fields.

14. 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.

15. *Are you completed with this section?
   o Yes
   o Not yet

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

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

Compensation Section

1. *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.

3. 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.

4. *Are you completed with this section?
   o Yes
   o Not yet

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

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

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Submitting Your Survey

*Are you completed with this section?
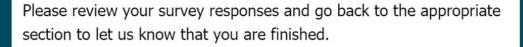- ○ Yes
- ○ Not yet

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.

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❌ (incorrect)

Please review your survey responses and go back to the appropriate section to let us know that you are finished.

Survey Section	Answer
Mini Survey	Not yet

Please check the button below to give consent to submit your survey. Checking this button will submit your responses to AHP and you will not be able to make changes.

Note: If you do not have a button 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.

✅ (correct)

Please review your survey responses and go back to the appropriate section to let us know that you are finished.

Survey Section	Answer
Mini Survey	Yes

Please check the button below to give consent to submit your survey. Checking this button will submit your responses to AHP and you will not be able to make changes.

Note: If you do not have a button 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

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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**.