

# User Guide 2018 Giving in Numbers Survey

Congratulations! Those accessing this User Guide are on their way to being part of the industy-leading research on corporate societal engagement. Thank you in advance for your work. CECP is here to help.

**User Guide Contents:** 

- 1. Steps
- 2. Tips
- 3. Rules
- 4. Survey Worksheet

# 1. Steps:



#### **Prepare**

The first step is compiling and accessing company's responses. For many, this involves running reports through their software. Helpful tools from CECP:

- A. Your company's submission from last year
- B. The survey worksheet (page 4)
- C. Valuation Guide (available <a href="http://cecp.co/cgs/Resources/surveyguide.pdf">http://cecp.co/cgs/Resources/surveyguide.pdf</a>).

Reach out to colleagues early if any need to provide you information for your submission. Feel free to copy/paste questions from this document in your emails.

#### **Review**

- Plan your timeline so you can submit for any reviews or sign-offs required in order to submit before **March 30, 2018**.
- Double-check your math. The amount reported in II.A (Total Giving) must match the
  breakdowns provided in II.C program area and III.A international giving. The amount
  of giving to international recipients in III.A must match the breakdowns provided in III.Binternational giving by country, III.C- international giving by region, and III.Dinternational program area breakdown.



#### Login

- Click the "LOGIN" button, top right on <a href="http://cecp.co">http://cecp.co</a>
  - Username: your email address
  - o Password: emailed to you by your CECP main point of contact
- The website has a password reset function you can use.
- Under the header "Giving in Numbers Data Collection" you will see a blue button that says "Take the Survey." Click there to begin!

#### **Enter**

Submit your company's information through the customized link for your company.

- Your answers will save as you proceed through the survey
- Submitted data will be saved if you quit and return to your company's custom link later.
- You can use the "previous question" buttons to update questions you have completed.
- You cannot use the "back" button on your browser.
- If the survey doesn't allow you to proceed, read the red error message. If you do not see where the error applies, please scroll down the page.
- Use no punctuation when entering numbers. No commas, no decimals, no dollar signs.

#### Submit

- VI.D is the final question in the survey. You may click on 'previous question' to make edits to the survey.
- You may also click on 'preview survey'. The screen will provide a PDF for your digital records to download your full survey response.
- Once you have reviewed all your responses, click "next question" submit your survey.

# 2. Tips:

**Adjust your view.** Use the Ctrl + or Ctrl – function on your computer to increase or decrease the size of your survey view. This will show more or less question text on your screen and customize the survey experience to your preferences.

**Saving.** Some people prepare to "Prepare" offline while others prefer to dive into the online system. If you begin to enter information in the online system, your responses will be saved when you return to the survey link later. You must enter the information online sequentially, but you may enter and return as many times as you like until you submit. The survey closes on **Friday, March 30, 2018**.

"Notes" Fields. Your remarks in the "Notes" fields on each question are reference points for your own company's employees. They are not used in CECP's analysis or online benchmarking system. CECP recommends using the space to record information that may be useful to those who will be answering the survey in the future: e.g., remarks explaining calculations, identifying data sources, etc. They will be recorded in the PDF version of your company's survey.

**Timing.** If you need internal approval, CECP recommends you complete preparation phase by March 9, 2018. Adjust this date as you see fit based on what you know about the individuals approving your company's survey submission.

#### 3. Rules:



#### **Definitions.** CECP's Valuation Guide

**Number Formatting.** When entering data, type the entire number with all zeros and without commas, decimals, or dollar signs. You may round numbers, but you must enter all appropriate zeros to indicate thousands, millions, and billions. No punctuation should be entered in the numeric fields.

**Estimating.** While we do <u>not</u> advocate entering data in which you have low confidence, we do encourage you to provide reasonable approximations of figures whenever possible, to help ensure your company's giving is recorded in its entirety. We advise you to rely on your judgment, bearing in mind this rule of thumb: do not report any figures that you would not present in an internal meeting to senior management.

If you come across a question for which you have neither data nor a reasonable estimate, you may simply bypass it, leaving all fields in the question blank. There are few exceptions where a question may be mandatory. If applicable, the survey will indicate which questions are mandatory.



# 4. Survey Worksheet

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# I. COMPANY INFORMATION

| I.A. Company Information   |
|--|
| Company Name: [Type here]  |
| Parent Company Name (if Different): [Type here]  |
| Did your company undergo a merger, acquisition, or divestiture that is considered significant by                       |
| your industry standards during the 12 months of this survey?   |
| Yes. Select one: Merger, Acquisition, OR Divestiture   |
| □ No   |
| Company Headquarters City, State/Province/Region, Country: [Type here]   |
| Contact Person Name (they will receive confirmation of this survey completion): [Type here]                            |
| Contact Email (this is where the final email confirmation will be sent): [Type here]                                   |
| Contact Title: [Type here]   |
| Contact Department: [Type here]  |
| Department to Which You Report: [Type here]  |
| ☐ Admin  |
| ☐ Communications   |
| ☐ Community Affairs / Community Relations  |
| ☐ Corporate Affairs / External Affairs / Public Affairs  |
| ☐ Corporate Citizenship / Corporate Social Responsibility  |
| ☐ Corporate Foundation / Corporate Giving / Corporate Philanthropy   |
| ☐ Finance  |
| ☐ Human Resources  |
| ☐ Legal  |
| ☐ Marketing  |
| ☐ Public Relations   |
| ☐ Sustainability   |
| Other Please specify   |
| Company Classification (select one): Service OR Manufacturing  |
| Business Type (select one): Business-to-Business, Business-to-Consumer, Hybrid, Other                                  |
| End date for 12 months of data you submitted in the survey [Type here]   |
|  |
| I.B. Revenue & Pre-Tax Profit  |
| Provide your company's REVENUE & PRE-TAX PROFIT for the most recently completed fiscal                                 |
| year in \$USD.   |
| Revenue (FY2017): [Type here] Pre-Tax Profit (FY2017): [Type here]   |
| LC. Company's Employee Count   |
| I.C. Company's Employee Count  Provide your company's EMPLOYEE COUNT at the end of the most recent fiscal year. If not |
| available, please leave it blank.  |
| Employee Count (FY2017): Domestic (Corporate Headquarters Country) and International                                   |
| (Outside Corporate Headquarters Country): [Type here]  |
|  |
|  |



### II. CONTRIBUTIONS

#### II.A. Total Contributions

Provide the value of your company's TOTAL CONTRIBUTIONS in \$USD. First, please provide the breakdown of Total Cash Giving:

Direct Cash (FY2017): [Type here] Foundation Cash (FY2017): [Type here]

Total Cash Giving: [Type here]

Second, please provide Total Non-Cash Giving (FY2017): [Type here]

If available, please provide the breakdown Total (must equal above) Non-Cash Giving:

Product Donations: [Type here]
Pro Bono Service: [Type here]

Other: [Type here]

Breakdown not available: [Type here]

If you made **additional** contributions but will not be able to break them down in subsequent sections, indicate the total value of these additional contributions here (**\$USD**). [Type here]

#### II.B. Changes in Total Giving

Changes in TOTAL GIVING: Comparing your company's 2016 giving to its 2017 giving, why did certain types of giving increase or decrease? This insight greatly enhances CECP's analysis, so please take a moment to be as specific as you can. Response: [Type here]

**Looking forward**: Estimate by what percentage you expect your total company contributions to change from 2017 to 2018.

| Predictions for change from 2017 to 2018: | Select one range (at right) |
|---|-----------------------------|
| Total Giving                              |                             |
| Direct Cash                               |                             |
| Foundation Cash                           |                             |
| Non-Cash                                  |                             |

- Increase or Decrease by 25%+
- Increase or Decrease 11 to 25%
- Increase or Decrease 2 to 10%
- No Change Expected
- Not able to estimate at this time

#### II.C. Totals by Program Type

Please break down total contributions by PROGRAM TYPE.

|                        | Cash (\$USD) | Non-Cash (\$USD) |
|------------------------|--------------|------------------|
| Civic & Public Affairs |              |                  |
| Community & Economic   |              |                  |
| Development            |              |                  |
| Culture & Arts         |              |                  |



| Education: Higher Education |  |
|-----------------------------|--|
| Education: K-12             |  |
| Environment                 |  |
| Health & Social Services    |  |
| Disaster Relief             |  |
| Other                       |  |
| Total (Must equal II.A)     |  |

#### II.D. Priority Focus Areas

| List up to <b>four</b> philanthropic FOCUS ARE      | EAS at your company in order of priority (i.e., highes |
|---|--|
| priority first). Please also share the <i>prima</i> | ary success metric for each focus area.                |

| Focus Areas (4) | Program Type (select one for each)   | Primary Success Metric (write one for each) |
|-----------------|--|---|
| [Type here]     | ☐ Civic & Public Affairs ☐ Community & EconomicDevelopment ☐ Culture & Arts ☐ Education: Higher Education ☐ Education: K-12 ☐ Environment ☐ Health & Social Services ☐ Disaster Relief ☐ Other | [Type here]                                 |

### II.E. Strategic Program Evaluation (Part 1)

Share the following details about one STRATEGIC PHILANTHROPIC PROGRAM in which you measure the outcomes and/or impacts of your grant(s). Please select the program taking up the most time, money, and management resources at your company. Please provide the **program name with brief description**. [Type here]

Total Cash & Non-Cash Contributed by Your Company to this Program (\$): [Type here]

Program Type (Select one)

Civic & Public Affairs, Community & Economic Development, Culture & Arts, Education: Higher, Education: K-12, Environment, Health & Social Services, Disaster Relief, Other

Target Beneficiary Group (demographic description): [Type here] Impact metrics: [Type here]

If available, pleaes share the website URL for this program: [Type here]

#### III. INTERNATIONAL

#### III.A. Centralization and Domestic/International Breakdown

Please indicate whether your company contributed at least one grant to **international end-recipients** in the survey year.

☐ Yes

□ No

Estimate the CENTRALIZATION VS. DECENTRALIZATION of decisions made with respect to your company's international giving:



| Check one box at right for each area below | All<br>Headqua | Majority<br>Headquarters | Shared | Majority<br>Regional/Local | All<br>Regional/Local |
|--|----------------|--------------------------|--------|----------------------------|-----------------------|
|  | rters          |                          |        |                            |                       |
| Contribution                               |                |                          |        |                            |                       |
| Budgeting Process                          |                |                          |        |                            |                       |
| Setting Funding                            |                |                          |        |                            |                       |
| Priorities                                 |                |                          |        |                            |                       |
| Reporting on Data                          |                |                          |        |                            |                       |
| Approval Process of                        |                |                          |        |                            |                       |
| Grantees/ Recipients                       |                |                          |        |                            |                       |

Please break down total giving (\$USD) by DOMESTIC and INTERNATIONAL endrecipients. The total must be equal to Total Contributions reported in question II.A.

|                    | Direct Cash | Foundation Cash | Non-Cash |
|--------------------|-------------|-----------------|----------|
| Domestic End-      |             |                 |          |
| Recipients         |             |                 |          |
| International End- |             |                 |          |
| Recipients         |             |                 |          |
| Total (Must equal  |             |                 |          |
| II.A)              |             |                 |          |

Estimate the percentage of your company's giving to international-end recipients that goes through PHILANTHROPIC INTERMEDIARIES: [Type here]%

#### III.B. Regional Breakdown

Indicate if your company has more geographic detail about beneficiaries in countries or regions. Based on your response you will be asked for a regional or country breakdown of your company's total contributions.

| Our company also tracks this data at a <b>country</b> level (e.g. Thailand) | Our company also tracks this data at a regional level (e.g.Asia) |
|---|--|
| □ Yes   | □ Yes  |
| □ No  | □ No   |

REGIONAL LEVEL: Break down total giving by region of where the beneficiaries of the contribution are located (in \$USD).

|                               | \$USD       |
|-------------------------------|-------------|
| Asia & the Pacific            | [Type here] |
| Europe                        | [Type here] |
| Latin America & the Caribbean | [Type here] |
| Middle East & Africa          | [Type here] |
| North America                 | [Type here] |
| Breakdown Not Available       | [Type here] |

#### III.C. Country Breakdown

COUNTRY LEVEL: Breakdown total giving by country of where the beneficiaries of the contribution are located (in \$USD).



|  | \$USD |
|--|-------|
| Afghanistan                                  |       |
| Albania                                      |       |
| Algeria                                      |       |
| Andorra                                      |       |
| Etc. Full list of countries available online |       |
| Breakdown Not Available                      |       |

#### III.D. Program Type Breakdown

Break down total international contributions by PROGRAM TYPE. Total Giving (Cash &

Non-Cash Giving) to International End-Recipients:

| Non-Oash Giving) to international End-Neciplents. |             |  |  |  |  |
|---|-------------|--|--|--|--|
|   | \$USD       |  |  |  |  |
| Civic & Public Affairs                            | [Type here] |  |  |  |  |
| Community & Economic Development                  | [Type here] |  |  |  |  |
| Culture & Arts                                    | [Type here] |  |  |  |  |
| Education: Higher Education                       | [Type here] |  |  |  |  |
| Education: K-12                                   | [Type here] |  |  |  |  |
| Environment                                       | [Type here] |  |  |  |  |
| Health & Social Services                          | [Type here] |  |  |  |  |
| Disaster Relief                                   | [Type here] |  |  |  |  |
| Other   | [Type here] |  |  |  |  |
| Total (must equal total to international          |             |  |  |  |  |
| end-recipients in III.A)                          |             |  |  |  |  |

### IV. EMPLOYEE ENGAGEMENT

| 13 / A | B 4   |      |     |     | $\sim$ |     |
|--------|-------|------|-----|-----|--------|-----|
| IV A   | IV/I: | atci | nın | ด ( | Ξľ     | ITS |

| oid your company | offer at least one of | mnlovee MAT | CHING-GIFT | PROGRAM |
|------------------|-----------------------|-------------|------------|---------|
|------------------|-----------------------|-------------|------------|---------|

□ Yes

□ No

Break down the total value (\$USD) of your MATCHING GIFTS to employee giving.

DO NOT INCLUDE funds given by employees.

|                            | Direct Cash (\$USD) | Foundation Cash (\$USD) | Total (\$USD) |
|----------------------------|---------------------|-------------------------|---------------|
| Workplace Giving Campaigns | [Type here]         | [Type here]             | [Type here]   |
| Year-Round Policy          | [Type here]         | [Type here]             | [Type here]   |
| Dollars for Doers          | [Type here]         | [Type here]             | [Type here]   |
| Disaster Relief            | [Type here]         | [Type here]             | [Type here]   |
| Other                      | [Type here]         | [Type here]             | [Type here]   |

If you have any value for "other" in the question above, please provide more details: [Type here]

#### Match Ratio & Program Caps

<sup>\*</sup> Caps refers to the minimum and maximum matched gifts per employee per year. Match Ratio for Dollars for Doers is the grant amount per hours of service.



|                            | Program Caps | Match Ratios | Program Details |
|----------------------------|--------------|--------------|-----------------|
| Workplace Giving Campaigns | [Type here]  | [Type here]  | [Type here]     |
| Year-Round Policy          | [Type here]  | [Type here]  | [Type here]     |
| Dollars for Doers          | [Type here]  | [Type here]  | [Type here]     |
| Disaster Relief            | [Type here]  | [Type here]  | [Type here]     |
| Other                      | [Type here]  | [Type here]  | [Type here]     |

Identify which Individual Sub-Groups were Eligible for each Matching-Gift Program

| Employee Type:             | Domestic<br>Full-Time | Domestic<br>Part-time | Retirees | Int'l<br>Employees | Board<br>Members |
|----------------------------|-----------------------|-----------------------|----------|--------------------|------------------|
| Workplace Giving Campaigns |                       |                       |          |                    |                  |
| Year-Round Policy          |                       |                       |          |                    |                  |
| Dollars for Doers          |                       |                       |          |                    |                  |
| Disaster Relief            |                       |                       |          |                    |                  |
| Other                      |                       |                       |          |                    |                  |

Matching Gift Program Type and Employee Participation Rate (%)

|  | Employee Participation Rate (%) |
|--|---------------------------------|
| Workplace Giving Campaigns                   | [Type here]                     |
| Year-Round Policy                            | [Type here]                     |
| Dollars for Doers                            | [Type here]                     |
| Disaster Relief                              | [Type here]                     |
| Other  | [Type here]                     |
| Consolidated (if breakdown is not available) | [Type here]                     |

Some matching programs are limited to specific organizations while others are open to all applicable organizations. Does your company limit which organizations are eligible for a match in your company's domestic market? Please select the answer that best describes your company's approach to employee choice in matching gifts

| npa | iny's approach to employee choice in matching gifts  |
|-----|--|
|     | No: We do not limit which nonprofit organizations are eligible to receive a matching gift in |
|     | the geographic area the company serves   |
|     | Yes: We limit matches to a select number of nonprofit organizations                          |
|     | Yes: We limit matches to a select number of cause areas (e.g., Education or Arts)            |
|     | Yes: We limit matches solely to educational institutions                                     |



Please indicate any matching gift programs you plan on making changes to in the next 2 years, or have closed down in the past 2 years: [Type here]

#### IV.B. Philanthropic Leverage

PHILANTHROPIC LEVERAGE: Money Raised from Others by Your Company. Matching Gifts from Non-Employees:

Raised From Non-Employees (\$USD):

| rtaicea i Terri terr Empleyees (\$CCD):   |             |
|---|-------------|
| Number of Fundraising Campaigns During    | [Type here] |
| the 12-Month Period                       |             |
| Total Number of Campaign Days (across all | [Type here] |
| campaigns)                                |             |
| Total Markting/Admin.Dollars Spent        | [Type here] |
| T : 15 !!                                 |             |
| Total Dollar Amount Generated for Non-    | [Type here] |
| Profits                                   |             |
| Total Number of Non-Profit Partners       | [Type here] |
| Supported                                 | [-7]        |
|   | I .         |

Raised from Employees: Total Dollar Amount Generated for Non-Profits (\$USD)

| Total Dollar Amount Generated for Non-    | [Type here] |
|---|-------------|
| Profits From Employee Payroll Deductions  | rm 1 1      |
| Total Dollar Amount Generated for Non-    | [Type here] |
| Profits From Other Employee Contributions |             |
| Total Number of Non-Profit Partners       | [Type here] |
| Supported                                 |             |

| F | \re t | these em | iployee i | donations | matched | d by th | ne company´ | ? |
|---|-------|----------|-----------|-----------|---------|---------|-------------|---|
|   |       |          |           |           |         |         |             |   |

□ No

☐ Not Sure

### IV.C. Employee-Volunteer Programs

Identify which EMPLOYEE-VOLUNTEER PROGRAMS are offered by your company.

|                                       | Are these offered by your company? |                            | Extra column                                |
|---------------------------------------|------------------------------------|----------------------------|---|
|                                       | Domestic<br>Employees              | International<br>Employees | Please use it to mark your ranking for IV.D |
| Paid Release Time                     | Y or N                             | Y or N                     |   |
| Flexible Scheduling                   | Y or N                             | Y or N                     |   |
| Dollars for Doers                     | Y or N                             | Y or N                     |   |
| Employee-Volunteer Recognition Awards | Y or N                             | Y or N                     |   |
| Retiree Volunteering                  | Y or N                             | Y or N                     |   |
| Family Volunteering                   | Y or N                             | Y or N                     |   |
| Team Grants                           | Y or N                             | Y or N                     |   |
| Incentive Bonuses                     | Y or N                             | Y or N                     |   |



| Company-Wide Day of Service | Y or N | Y or N |  |
|-----------------------------|--------|--------|--|
| Volunteer Sabbatical        | Y or N | Y or N |  |
| Board Leadership Programs   | Y or N | Y or N |  |
| Pro Bono Service            | Y or N | Y or N |  |
| Other                       | Y or N | Y or N |  |

#### IV.D. Sucessful Volunteer Programs

For **domestic** employees, which of the programs for which you marked "Y" in IV.C do you consider to be the most successful? Mark your top 3.

For international employees, which of the programs for which you marked "Y" in IV.C do you consider to be the most successful? Mark your top 3.

| Please indicate any employee-volunteer programs you plan on making changes to in the next 2 years, or have closed down in the past 2 years. [Type here]  |
|--|
| Does your company measure the business value of employee participation in corporate volunteer programs (e.g., improved retention)?  □ Yes. Please describe the specific metrics you use to measure the value: [Type here] □ No |
| IV.E. Volunteer Percentage Parcipation Estimate the PERCENTAGE of your company's employees who VOLUNTEERED at least one hour over the course of the year (%). [Type here]%   |
| Does this percentage include employees that volutneered:  ☐ On-company time ☐ Off-company time ☐ We don't track on- or off- company time ☐ Not Sure  |
| Please share one activity, tactic, or initiative that was SUCCESSFUL in improving volunteer participation: [Type here]   |
| Please share one activity, tactic, or initiative that was NOT AS SUCCESSFUL in improving volunteer participation: [Type here]  |
| IV F. Employee Engagement & Volunteer Hours  |

Provide your company's total EMPLOYEE ENGAGEMENT HOURS.

You reported the following information about your company's pro bono service value in 2016 in Question II.A.: Pro Bono Service: \_\_\_\_; Total Non-Cash Giving: \_\_\_\_

Provide the number of on-company-time pro bono hours (Reminder: You can include the value of pro bono as 'non-cash' in question II.A. Refer to our Pro Bono Valuation Guide for details on how to convert the hours into a dollar value): [Type here]

#### **On-Company-Time Volunteerism**

Does your company have an "On-Company-Time" / "Paid Release Time" volunteering policy or program?



| If "Yes", please answer the following two questions: Total # of volunteer hours performed on-company-time: [Type here] If you can calculate the estimated cost of company of on-company-time hours, please share your method and total cost:    Method  | □ Yes<br>□ No  |  | FORGOOD   |
|---|--|--|---|
| Estimated Cost to Company of On-Company-Time Hours  | Total # of volunteer hours perfor If you can calculate the estimate    | med on-company-time: [Type he                    | _   |
| Estimated Cost to Company of On-Company-Time Hours  |  | Method   | Total Cost (USD)  |
| Does your company have an "Outside-Company-Time" program or policy?  Yes No  If "Yes", what is the total # of volunteer hours performed outside-company-time: [Type here] hours  If you are unable to distinguish between on-company-time and outside-company-time hours, please share total consolidated hours here. [Type here]  V. ADMINISTRATION  V.A. Foundations and Trusts  Does your company have a foundation or trust? (If you have more than 1 foundation or trust, please specify how many in the "Notes" field below.)  Yes No  If yes, what type of foundation does your company have? Select one: Predominately Pass-Through, Hybrid, Operating, Other  If yes, what was the total dollar amount of all corporate funds transferred to the foundation or trust during the 12 months of this survey? Please report in US Dollars. [Type here]  Notes (Please respond with the total number, if more than 1 foundation or trust): [Type here]  V.B. Contribution FTEs  Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)  Number of FTEs: Domestic (Corporate Headquarters Country) |  | [Type here]                                      |   |
| If you are unable to distinguish between on-company-time and outside-company-time hours, please share total consolidated hours here. [Type here]  V. ADMINISTRATION  V.A. Foundations and Trusts  Does your company have a foundation or trust? (If you have more than 1 foundation or trust, please specify how many in the "Notes" field below.)  Yes No  If yes, what type of foundation does your company have? Select one: Predominately Pass-Through, Hybrid, Operating, Other  If yes, what was the total dollar amount of all corporate funds transferred to the foundation or trust during the 12 months of this survey? Please report in US Dollars. [Type here]  Notes (Please respond with the total number, if more than 1 foundation or trust): [Type here]  V.B. Contribution FTEs  Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)  Number of FTEs: Domestic (Corporate Headquarters Country)  | Does your company have an "Or ☐ Yes                                    |  | or policy?  |
| V. ADMINISTRATION  V.A. Foundations and Trusts  Does your company have a foundation or trust? (If you have more than 1 foundation or trust, please specify how many in the "Notes" field below.)  Yes No  If yes, what type of foundation does your company have? Select one: Predominately Pass-Through, Hybrid, Operating, Other  If yes, what was the total dollar amount of all corporate funds transferred to the foundation or trust during the 12 months of this survey? Please report in US Dollars. [Type here]  Notes (Please respond with the total number, if more than 1 foundation or trust): [Type here]  V.B. Contribution FTEs  Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)  Number of FTEs: Corporate Headquarters Country)  Number of FTEs: International (Outside Corporate Headquarters Country)  |  | unteer hours performed outside-                  | -company-time: [Type here]  |
| V.A. Foundations and Trusts  Does your company have a foundation or trust? (If you have more than 1 foundation or trust, please specify how many in the "Notes" field below.)  Yes No  If yes, what type of foundation does your company have? Select one: Predominately Pass-Through, Hybrid, Operating, Other  If yes, what was the total dollar amount of all corporate funds transferred to the foundation or trust during the 12 months of this survey? Please report in US Dollars. [Type here]  Notes (Please respond with the total number, if more than 1 foundation or trust): [Type here]  V.B. Contribution FTEs Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)  Number of FTEs: Domestic (Corporate Headquarters Country)  Number of FTEs: International (Outside Corporate Headquarters Country)  |  |  | utside-company-time hours,  |
| Does your company have a foundation or trust? (If you have more than 1 foundation or trust, please specify how many in the "Notes" field below.)  Yes No  If yes, what type of foundation does your company have? Select one: Predominately Pass-Through, Hybrid, Operating, Other  If yes, what was the total dollar amount of all corporate funds transferred to the foundation or trust during the 12 months of this survey? Please report in US Dollars. [Type here]  Notes (Please respond with the total number, if more than 1 foundation or trust): [Type here]  V.B. Contribution FTEs  Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)  Number of FTEs: Domestic (Corporate Headquarters Country)  Number of FTEs: International (Outside Corporate Headquarters Country)  |  | V. ADMINISTRATIO                                 | N   |
| Through, Hybrid, Operating, Other  If yes, what was the total dollar amount of all corporate funds transferred to the foundation or trust during the 12 months of this survey? Please report in US Dollars. [Type here]  Notes (Please respond with the total number, if more than 1 foundation or trust): [Type here]  V.B. Contribution FTEs  Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)  Number of FTEs: Domestic (Corporate Headquarters Country)  Number of Country)   | Does your company have a four please specify how many in the Table Yes |  | re than 1 foundation or trust,                                      |
| Notes (Please respond with the total number, if more than 1 foundation or trust): [Type here]  V.B. Contribution FTEs  Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)  Number of FTEs: Domestic (Corporate Headquarters Country)  Number of FTEs: International (Outside Corporate Headquarters Country)  | • • •  | • •  | one: Predominately Pass-  |
| V.B. Contribution FTEs  Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)    Number of FTEs: Domestic (Corporate Headquarters (Corporate Headquarters Country)   | •  | •  |   |
| Size of the Department: Number of full-time equivalent (FTE) staff members in your Corporate Foundation(s), Community Affairs operations and "All Other Groups." (Please use a decimal if the team includes part-time responsibilities of some staff members.)    Number of FTEs: Domestic (Corporate Headquarters (Country))   International (Outside Country)   Country)  | Notes (Please respond with the   | total number, if more than 1 four                | ndation or trust): [Type here]                                      |
| (Corporate Headquarters International (Outside Corporate Headquarters Country)  | Size of the Department: Number Foundation(s), Community Affair         | s operations and "All Other Gro                  | ups." (Please use a decimal if                                      |
|   |  | Number of FTEs: Domestic (Corporate Headquarters | Number of FTEs:<br>International (Outside<br>Corporate Headquarters |
|   | Corporate Foundation   | [Type here]                                      |   |



| Corporate Community Affairs | [Type here] | [Type here] |
|-----------------------------|-------------|-------------|
| All Other Groups            | [Type here] | [Type here] |
| Breakdown Not Available     | [Type here] | [Type here] |
| Total                       | [Type here] | [Type here] |

| ☐ Selected team       | nent and evaluation mployee/team mem n members are partibers are partially reserved. | (M&E)?  sber is fully response ally responsible sponsible | sible         | / approach |
|-----------------------|--|---|---------------|------------|
| Trovide the total ham | Domestic Domestic  | International   | Breakdown Not | Total      |
|                       | Domestic   | international   | Available     | Total      |
| # of Grants           | [Type here]  | [Type here]   | [Type here]   |            |
| # of Recipient        | [Type here]  | [Type here]   | [Type here]   |            |
| Organizations         | - 71   | 2 71 1  |               |            |

How are grantee decisions typically made? Please specify the number of individuals involved and additional details.

|   | No. of individuals involved | Additional Details |
|---|-----------------------------|--------------------|
| By a committee comprised of employees                               |                             |                    |
| By the Foundation Board   |                             |                    |
| By a committee comprised of both internal and external stakeholders |                             |                    |
| By a FTE whose job is to review grant proposals                     |                             |                    |
| Other (please specify)  |                             |                    |

# V.D. Management & Program Costs

What are your company's total MANAGEMENT & PROGRAM COSTS (\$).

| what are your company's total MANAGEMENT & FROGRAM COSTS (ψ). |                               |  |
|---|-------------------------------|--|
|   | TOP-LINE MGMT & PROGRAM COSTS |  |
| Foundation  |                               |  |
| Corporate Community Affairs                                   |                               |  |
| Volunteerism  |                               |  |
| All Other Groups  |                               |  |



| Breakdown Not Available |  |
|-------------------------|--|
| Total                   |  |

| Briefly, what data or information does your company review/consider to determine its annual corporate giving budget? [Type here]  |
|---|
| <ul> <li>V.E. Use of Software</li> <li>Does your company use specialized software for Grants Management?</li> <li>Yes. Vendor Name [Type here]</li> <li>No</li> </ul>   |
| Types:  ☐ Hosted Online System ☐ Installed System ☐ System Integrated with Back Office Services ☐ Custom-Built System   |
| Does your company use specialized software for Employee Engagement?  ☐ Yes. Vendor Name [Type here] ☐ No  |
| VI. EVALUATION  |
| VI.A. Current Measurement Practices   |
| Describe your company's CURRENT MEASUREMENT PRACTICES. Which levels of the Logic Model does your company currently measure? <i>Please select all applicable levels even if only for one grant:</i>  |
| ☐ Inputs ☐ Activities ☐ Outputs ☐ Outcomes ☐ Impacts  |
| Which of the following best describes the scope of your company's measurement of societal outcomes of your grants? Our company measures societal outcomes for:  All grants, regardless of grant size Only grants larger than a specific threshold (please share the threshold [Type here]) Only grants made to a specific cause area (or cause areas) [Type here] Only grants made to a specific cause area (or cause areas) that exceed a specific threshold: [Type here] Only grants made for a strategic philanthropic program (or programs) We do not measure |
| ☐ Other (please describe) [Type here]   |

#### VI.B. Collaboraion with Grantees

It is a common best practice to collaborate with grantee partners when selecting specific output or outcome metrics to collect (with respect to measurement and evaluation). For example, meeting with organization staff to learn what information they already report on their programs.

Generally speaking, how common is this collaborative practice for your company in how it works with grantee partners?



| <ul> <li>□ Very Common</li> <li>□ Common</li> <li>□ Unsure or not applicable</li> <li>□ Uncommon</li> <li>□ Very Uncommon</li> </ul>   |
|--|
| VI.C. Strategic Program Evaluation (Part 2)  Earlier in question II.E., you noted your signature philanthropic program is:  You also indicated the impact metrics for this program are:  |
| In addition to the impact metrics you shared above for your strategic philanthropic program, what are some other metrics commonly used across multiple (or all) grantees? Please share up to 3 examples of metric(s) (e.g., # of students enrolled in, or # of students that graduated from a program): [Type here]  |
| For this same signature program, which resource(s) did you use to measure the societal outcomes and/or impacts of your grant(s)? [Select all that apply:]  Internal Resource: Developed Entirely In-House Internal Resource: Developed In-House, Informed by External Tool(s) or Model(s) External Resource: Grantee External Resource: Consulting Firm External Resource: Research Institution External Resource: University External Resource: Public Agency (e.g. metrics tracked by government agencies) Other (please specify): |

#### VI.D. Use of Evaluation Data

This is our final survey question!

Peer evaluation: Are there other companies, entities, or frameworks that you view as a leading example of measurement and evaluation? Please share.

Thank you for your commitment and participation in our Giving in Numbers Survey! For any additional questions, please contact info@cecp.co.