

## 2008 AAMC Development Survey

### Contact Information

**Important:** To ensure that your data is saved, please click the "Save and Continue" button at bottom of page before navigating away from the page.

Institution: .

Survey Completed By:

First Name:

Middle Initial:

Last Name:

Title:

Address 1:

Address 2:

City:

State:  Zip:

Telephone Number:  ext

Facsimile Number:

E-mail Address of Respondent:

**If not the person completing the survey, please provide contact information for the institution's chief development officer/vice president.**

check if same as above

First name:

Middle Initial:

Last Name:

Title:

Address 1:

Address 2:

City:

State:  Zip:

Telephone Number:  ext

Facsimile Number:

E-mail address:

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## 2008 AAMC Development Survey

### Institutional Description

**Important:** To ensure that your data is saved, please click the "Save and Continue" button at bottom of page before navigating away from the page.

Institution: .

Medical School Name:

Please use the pull-down list to select your medical school name (as listed in the AAMC membership database):

Select Your Medical School Name

Public  Private

What was the first year a medical school class graduated?

? Medical School's Total Endowment Size: \$

(as of date:   )

? 2007-2008 Actual Total Institutional Expenses: \$

**Financial relationship of medical school to parent university/institution, if any** (check only one):

- ?  Free-standing Medical School
- ?  Financially Autonomous
- ?  Financially Integrated with University/Institution

#### Organization of the Medical School

1. Part of university, contained within a health science center:  Yes  No  N/A

2. Part of a university, but not contained within a health science center:  Yes  No  N/A

3. If Medical School is an organizational unit within a "Joint Program" and/or health science center, what are the organizational units within the "Joint Program"? (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Pharmacy                                    |
| <input type="checkbox"/> Dentistry     | <input type="checkbox"/> Public Health                               |
| <input type="checkbox"/> Nursing       | <input type="checkbox"/> Other (please specify) <input type="text"/> |

4. To whom does the Dean of the Medical School directly report?(check all that apply):

- President or Chancellor of University
- University Provost or Academic Vice President
- Medical/Health Science Center President, Chancellor, Vice President, or Vice Chancellor
- Other (Please specify)



## 2008 AAMC Development Survey

### Total Private Support

**Important:** To ensure that your data is saved, please click the "Save and Continue" button at bottom of page before navigating away from the page.

Institution: .

Please report only data for gifts actually received for medical schools and/or teaching hospitals during the period July 2007 through June 2008. **Do not include pledge or bequest commitments, funds received from governmental sources, or funds received through a contract unless specified within a particular question.** If some period other than July-June is represented in your data, please specify:

#### ? A. Current Operations

Type	
Unrestricted	\$ <input type="text"/>
Restricted	\$ <input type="text"/>
<b>Subtotal</b>	<b>\$ <input type="text"/></b>

#### ? B. Endowment

Type	
Unrestricted	\$ <input type="text"/>
Restricted	\$ <input type="text"/>
<b>Subtotal</b>	<b>\$ <input type="text"/></b>

#### ? C. Capital Purposes

Capital Gifts	\$ <input type="text"/>
<b>Subtotal</b>	<b>\$ <input type="text"/></b>

#### ? D. Realized Bequests

Type	
For Current Operations	\$ <input type="text"/>
For Endowment Purposes	\$ <input type="text"/>
For Capital Purposes	\$ <input type="text"/>
<b>Subtotal</b>	<b>\$ <input type="text"/></b>

E. Total (Sections A, B, C, and D) \$

#### ? F. Private Support by Donor Type/Category

Source

	Dollars	No. of Donors
<b>1. Individuals</b>		
? Medical School Alumni	\$ <input type="text"/>	<input type="text"/>
? Other Institutional Alumni <i>(please specify type)</i> <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Full-Time and Part-Time Medical Faculty and Staff	\$ <input type="text"/>	<input type="text"/>
All Other Individuals	\$ <input type="text"/>	<input type="text"/>
<b>2. Institutions/Organizations</b>		
Corporations	\$ <input type="text"/>	<input type="text"/>
? Personal/Family Foundations	\$ <input type="text"/>	<input type="text"/>
? Other Private Foundations	\$ <input type="text"/>	<input type="text"/>
? Other Institutions/Organizations	\$ <input type="text"/>	<input type="text"/>
? Special Events (do not include amounts previously included above)	\$ <input type="text"/>	<input type="text"/>
<b>G. Total (Total dollars for Section F must equal E (sum of section A, B, C and D above))</b>	\$ <input type="text"/>	<input type="text"/>

<b>? H. Deferred Gifts</b>		
Dollar Face Value	\$ <input type="text"/>	
Dollar Present Value	\$ <input type="text"/>	

**I. Corporate and Foundation Giving for Research** (if known, gifts designated for **Research Purposes** received in 2007-2008 from Corporations and Foundations reported in section F2 - non-contractual, non-sponsored research grants):

Total dollar amount of gifts for research from corporations:	\$ <input type="text"/>
Total dollar amount of gifts for research from personal/family foundations:	\$ <input type="text"/>
Total dollar amount of gifts for research from other private foundations:	\$ <input type="text"/>


**J. Extraordinary Gift Description**

Please include the number of gifts and total dollars of cash received for each of the following ranges.


Gift Level	Total Number of Gifts (#)	Total Dollars (\$)
\$50,000,000+	<input type="text"/>	\$ <input type="text"/>
\$25,000,000 - \$49,999,999	<input type="text"/>	\$ <input type="text"/>
\$10,000,000 - \$24,999,999	<input type="text"/>	\$ <input type="text"/>
\$5,000,000 - \$9,999,999	<input type="text"/>	\$ <input type="text"/>
\$1,000,000 - \$4,999,999	<input type="text"/>	\$ <input type="text"/>
<b>Total</b>	<input type="text"/>	\$ <input type="text"/>

If there were no gifts of \$1,000,000 or greater, please provide the dollar amount of the largest gift received by your institution in 2007-2008: \$

**K. M. D. Alumni Giving Information (for gifts received in 2007-2008 from M. D. alumni donors):**

Total number of "solicitable"  M. D. alumni:	<input type="text"/>
Total number of M. D. alumni donors:	<input type="text"/>
Total number of M. D. alumni donors making unrestricted gifts for Current Operations and/or Endowment:	<input type="text"/>
Total number of M. D. alumni donors making restricted gifts for Current Operations and/or Endowment:	<input type="text"/>
Total number of M. D. alumni donors making unrestricted gifts of \$1,000 and larger:	<input type="text"/>
Total dollar amount of unrestricted gifts for Current Operations and/or Endowment received from M. D. alumni:	\$ <input type="text"/>

**L. Student Scholarship Funding Information:**

Scholarship funding  (not including loan programs) raised for gifts for M.D. and M.D./Ph.D. students at your institution: \$

** New Pledged Gifts/Commitments - 2007-2008:**

**N.**

Please provide the number and dollar amount of unpaid and enforceable pledged gifts-commitments secured in 2007-2008:


# of pledges

\$

**O. Campaign Information:**

Was your institution in a fundraising campaign in 2007-2008?  Yes  No

If yes, please enter the following information:

Official start date (beginning of silent phase)  

Scheduled end date  

Total campaign goal for Medical School \$

## 2008 AAMC Development Survey

### Development Staff by Function

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Institution: .

Note: Figures reported can be less than 1.0 full time equivalent (FTE). ?

#### A. Positions in Medical School Development Program Budget

##### Function

###### Professional Positions:

###### Number of (FTE) Positions

Chief Advancement/Development Officer, Development VP, Assoc./Asst. VP, Director of Development	<input type="text"/>
Development Officers of Depts., Institutes, or Other Units	<input type="text"/>
Director, Alumni Relations	<input type="text"/>
Major Gift Officers	<input type="text"/>
Planned Giving Officers	<input type="text"/>
Corporate and Foundation Giving Officers	<input type="text"/>
Annual Giving Officers	<input type="text"/>
Other (please specify): <input type="text"/>	<input type="text"/>
<b>? Subtotal Fundraising Professionals</b>	<input type="text"/>
Research and Prospect Mgmt	<input type="text"/>
Stewardship and Donor Relations	<input type="text"/>
Special Event Officers	<input type="text"/>
Development Writers	<input type="text"/>
Computer Services	<input type="text"/>
Administrative/Financial Services	<input type="text"/>
Other (Please specify): <input type="text"/>	<input type="text"/>
<b>? Subtotal Other Professionals</b>	<input type="text"/>
<b>Subtotal All Professionals</b>	<input type="text"/>

###### Support Positions:

Admin. Assts./Secretaries	<input type="text"/>
Processing, Records, Reporting	<input type="text"/>
Computer Services	<input type="text"/>
Other Admin./Clerical (Please specify): <input type="text"/>	<input type="text"/>
<b>? Subtotal Support Staff</b>	<input type="text"/>
<b>Total Staff Positions in Development Program Budget</b>	<input type="text"/>

#### ? B. Positions involved with Medical School Development Program but Not in Medical School Development Program Budget

##### Function

Fundraising Professionals	<input type="text"/>
Other Professionals	<input type="text"/>

Support Staff

Total Staff Positions involved with Medical School Development Program but Not in  
Medical School Development Program Budget

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AAMC Survey Clearance Number: 2009-005

## 2008 AAMC Development Survey

### Compensation of Key Development Staff

Institution: .

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Responses to questions in this section will only be reported in the aggregate. Institution-specific information will not be available for reporting. **Please provide the median total salary where multiple positions fall under a category.** Use 2007-2008 compensation information for this section.

Compensation	Salary ?	Other ?	(please describe Other)	Total
Chief Advt./Dev. Officer or VP for Dev.	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Assoc. or Asst. VP/Director of Development	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Dept., Institute, or Unit Dev. Officer	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Director of Major Gifts	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Major Gifts Officer(s)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Director of Annual Giving	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Director of Planned Giving	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Director of Corp. and Fdn. Giving	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Director/Manager of Dev. Op. or Advancement Services	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Special Events Officer(s)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Director, Alumni Relations	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

## 2008 AAMC Development Survey

### Fundraising/Development Costs

Institution: .

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Costs	2006-2007	2007-2008
? A. Development Personnel	\$ <input type="text"/>	\$ <input type="text"/>
? B. Development Program Costs	\$ <input type="text"/>	\$ <input type="text"/>

C. Is the entire cost of fundraising at your Medical School reflected in the figures above?  Yes  No

If no, what programs or personnel are not reflected? Please include an estimated cost for these items:

Major/Principal Gift Program/Staff	\$ <input type="text"/>	\$ <input type="text"/>
Planned Gift Program/Staff	\$ <input type="text"/>	\$ <input type="text"/>
Annual Fund Program/Staff	\$ <input type="text"/>	\$ <input type="text"/>
Stewardship/Donor Relations	\$ <input type="text"/>	\$ <input type="text"/>
Prospect Research	\$ <input type="text"/>	\$ <input type="text"/>
Gift Processing/Records	\$ <input type="text"/>	\$ <input type="text"/>
Information Systems/Reports	\$ <input type="text"/>	\$ <input type="text"/>
Fundraising Publications	\$ <input type="text"/>	\$ <input type="text"/>
Alumni Relations	\$ <input type="text"/>	\$ <input type="text"/>
Special Costs Associated with a Capital Campaign	\$ <input type="text"/>	\$ <input type="text"/>
Other: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

? Total Development Costs Covered by Other Budget Resources	\$ <input type="text"/>	\$ <input type="text"/>
? D. Total Program Fundraising/Development Costs (sum of A, B and C above)	\$ <input type="text"/>	\$ <input type="text"/>

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