

2018 AAMC Development Survey

Introduction

Institution (user defined):

Since 1999 the AAMC has maintained a national database for use by medical school deans, hospital CEOs, or their designees at member institutions to assess integral components of a successful development program and to make effective decisions on the deployment of organizational resources. To construct the database, the AAMC is collecting benchmarking data from member medical schools and teaching hospitals. **The deadline for completing the survey is March 20, 2019.** Responses to the survey will be available in an online report in the fall of 2019. An announcement will be made to participants when the report site becomes available. Participation in this survey is voluntary. Once your data is compiled, the survey should take you approximately one hour to complete. Only those institutions that participate in the survey will have access to the full results.

Data Confidentiality Policy

The salary data collected for individual positions at an identified institution is classified by the AAMC as confidential. Confidential data are data that may not be disclosed to external parties with identification, except with the permission of the individual or institution.

All other survey data, including total salary and benefits data for any single institution, are classified as restricted. Restricted data are data that may not be published with identification, but may be disclosed to external parties with management approval. These data will be released with institutional identification to survey participants through online reports but will not be made available to the public.

Contact information you provide when filling out this survey will only be used to contact you if we have a question about your response(s).

Data will be stored for multiple years in order to provide you and your institution with the most comprehensive analysis. The data received through the online reports is for internal use and should not be shared with third parties.

Development Leadership Committee

A committee of senior development officers from member institutions advises the AAMC on the creation of the benchmark survey. Feel free to send comments or suggestions on the survey to any member of the committee.

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[Continue](#)

2018 AAMC Development Survey

Institution Categories

Institution (user defined):

Depending on the structure of your institution's development program, you may choose to provide your responses in *one of three categories*. If you have multiple development programs, under different leadership, we suggest that you select the category that best describes your primary fundraising operation. Following are definitions of the three categories provided in the survey. *Please choose the one that best fits your institution: ?*

- Medical School Only:* development program is separate from hospital.
- Teaching Hospital Only:* development program is separate from medical school. This could, for example, include children's hospitals or "stand-alone" hospitals that have separate foundations or programs. (also includes children's hospitals, rehabilitation hospitals, psychiatric hospitals, cancer specialty centers/hospitals, etc.)
- Joint Program:* development program is integrated and conducted jointly for benefit of both medical school and the medical school's primary teaching hospital(s).

The institution name you are defining in this text field will appear in various places within this survey only and will not carry forward after you submit your data. Please note that only the official name of your institution, as listed in the AAMC Member Database, will appear on subsequent survey data reports. To inquire about an official name change for your institution (which requires permission from your dean or CEO), please contact [AAMC Member Services](#).

Please provide your institution name as you wish it to appear on the survey and on the final list of participating institutions.

Institution (user defined):

2018 AAMC Development Survey

Instructions and Table of Contents

[User's Guide](#) | [Development Survey PDF](#)

Institution (user defined): *Joint Program* [Change name](#)

Before Beginning the Survey

It is recommended that you print a copy of the survey ([available as a PDF](#)) to gather data prior to entering the online system; we recommend that you complete the survey data entry in one sitting.

Data from your prior year survey will prepopulate where appropriate. You are able to edit this data as needed.


Saving Your Data

If you choose to enter your data in multiple sittings, click the "Save and Continue" button at the bottom of each section before closing your browser or stepping away from your desk; the survey will time out after twenty (20) minutes.

Term Definitions and Additional Information

A [?](#) symbol next to a section or word in the survey indicates that additional information is available in the User's Guide. If you click on the [?](#), it will take you to the appropriate section of the guide or you can click "User's Guide" at the top of the main screen.

Completing a Section

After completing all questions within a section of the survey, click "Save and Continue" at the bottom of the page to be redirected to the main screen. Once complete, a red ~~X~~ next to the section name in the status summary will change to a blue .

Missed Questions

If you cannot determine which missed question is marking a section incomplete, click the "Status Summary" link at the bottom of the main Table of Contents screen for guidance.

Answering Questions Not Applicable to your Institution

If a question is not applicable to your institution, please enter "NA" for not applicable. Only insert a zero ("0") if it represents an actual value or number response. Do not leave the questions blank or the status summary will indicate that you have not completed the section.

Numerical Columns

Note that totals and subtotals for numerical columns will be totaled automatically.

General Comments



Data requested are for gifts actually received during the period of July 2017 through June 2018. If some reporting period other than July through June is represented in the data, please specify it at the top of the Total Private Support section of the survey. In the Total Private Support section, do not include pledge or unrealized bequests, or funds from governmental sources or received through a contract (e.g., do not include clinical trial monies).

Comment Field on Final Submit Page

If your development program experienced any unique circumstances this year (such as preparation for a campaign), or some of your data might require further explanation to help the AAMC understand a significant change from the year prior (such as major changes in staffing levels or budget), please use the comment field located on the final page of the survey to provide that explanation. The data in this comment field will be used internally only and will not be reported out to other institutions.





Submitting Your Survey

After completing the survey, we recommend that you save a copy of the data for you and your institution's records. To print a hard copy, go into each section of the survey, right click your mouse, and choose "print." To create an electronic file, go into each section of the survey, right click your mouse, and choose "Adobe PDF" as the name of your printer.

Before submitting your data, we request that your Dean, CEO, or Chief Development Officer review and approve your responses. Once approved, and all s in the status summary have changed to s, click "Submit Completed Survey" at the bottom of the main screen.

Questions

Contact developmentsurvey@aamc.org or (202) 909-2003.

Section	Status	Summary
Contact Information		Status Summary
Institutional Description		Status Summary
Total Private Support		Status Summary
Development Staff by Function		Status Summary
Compensation of Key Development Staff		Status Summary
Fundraising/Development Costs		Status Summary

[Submit Completed Survey](#)

Make certain all sections are completed with blue check marks above before you click the submit completed survey button.

2018 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 (user defined): *Joint Program*

Survey Completed By:

First Name:

Middle Initial:

Last Name:

Title:

Address 1:

Address 2:

City:

State: Zip:

Telephone Number: ext

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

E-mail address:

Save & Continue

Reset to Saved Values

Clear Form

Please print a copy of this section of the survey for your records before submitting. Right click your mouse and choose "print". (To save as an electronic file choose "Adobe PDF" as your printer option.)

2018 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 (user defined): *Joint Program*

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:)

Teaching Hospital Name(s): Please use the pull-down list to select your teaching hospital name (as listed in the AAMC membership database):

Select Your Teaching Hospital Name

Public Private

Other affiliated hospitals represented in the survey data (please list):

? Hospital(s)'s Total Endowment Size: \$ (as of date:)

? 2017-2018 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 the 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):

- Allied Health Pharmacy
 Dentistry Public Health

Nursing

Other (please specify)

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)

Organization of Teaching Hospital (check one on each line):

Part of university, but separate from medical school:

 Yes No N/A

Organizational unit of the medical school:

 Yes No N/A

For-profit institution separate from the University:

 Yes No N/A

Not-for-profit institution separate from University:

 Yes No N/A

Government institution separate from University:

 Yes No N/A

Other (Please specify)

To whom does the CEO of the Teaching Hospital directly report? (check all that apply):

Hospital Board of Directors

University Board of Trustees

Government Agency

For-profit Company

University President

Medical/Health Science Center President, Chancellor, Vice President, or Vice Chancellor

Other (Please specify)

Save & Continue

Reset to Saved Values

Clear Form

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2018 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 (user defined): Joint Program

Please report data for gifts actually received (including realized bequests and private grants) only for medical schools and/or teaching hospitals during the period of July 2017 through June 2018. **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"/>
Subtotal	\$ <input type="text"/>

? B. Endowment

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

? C. Capital Purposes

Capital Gifts	\$ <input type="text"/>
Subtotal	\$ <input type="text"/>
D. Total (Sections A, B, and C)	\$ <input type="text"/>

? E. Private Support by Donor Type/Category

Source	Dollars	No. of Donors
1. Individuals		
? a. Medical School Alumni (including house staff/resident alumni)	\$ <input type="text"/>	<input type="text"/>
? b. Other Institutional Alumni (please specify type)	\$ <input type="text"/>	<input type="text"/>
c. Full-Time and Part-Time Medical Faculty and Staff	\$ <input type="text"/>	<input type="text"/>
? d. All Other Individuals (including grateful patients/grateful patients' families, board members, and individuals not otherwise affiliated with your institution)	\$ <input type="text"/>	<input type="text"/>
2. Institutions/Organizations		
? a. Corporations	\$ <input type="text"/>	<input type="text"/>
? b. Personal/Family Foundations	\$ <input type="text"/>	<input type="text"/>
? c. Other Private Foundations	\$ <input type="text"/>	<input type="text"/>
? d. Other Institutions/Organizations	\$ <input type="text"/>	<input type="text"/>
? \$ value of "Other Institutions / Organizations" above that comes from disease organizations, if you are able to determine	\$ <input type="text"/>	
? Institutions/Organizations Subtotal (Sections 2.a - 2.d)	\$ <input type="text"/>	<input type="text"/>
? Please estimate the percentage of total support reported above in sections 2.a - 2.d from Institutions/Organizations that is raised primarily by faculty members through your office of Sponsored Research and not through efforts of the Development program	<input type="text"/> %	
? 3. Special Events (do not include amounts previously included above)	\$ <input type="text"/>	
F. Total [Total dollars for Section E (\$) must equal total dollars for Section D (\$)]	\$ <input type="text"/>	<input type="text"/>

G. Deferred Gifts

Dollar Face Value

\$

Dollar Present Value

\$ **? H. Realized Bequests By Use:****Please report realized bequests received in each of the designations below.**

(Note: realized bequests should also be included in the totals reported in A-D above):

1. Current Operations (Unrestricted and Restricted): \$ 2. Endowment (Unrestricted and Restricted) \$ 3. Capital Purposes (Unrestricted and Restricted) \$ **Total: [Total dollars for Section H must equal total dollars for Section I]** \$ Are you able to break out realized bequests by source? Yes No**I. Realized Bequests By Source:**1. Medical School Alumni (including house staff/resident alumni): \$ 2. Other Institutional Alumni \$ 3. Full-Time and Part-Time Medical Faculty and Staff \$ 4. All Other Individuals (including grateful patients/grateful patients' families, board members, and individuals not otherwise affiliated with your institution) \$ **Total: [Total dollars for Section I must equal total dollars for Section H]** \$ **? New Gift Detail-Outright Gifts Received****J.** Please include the number of outright gifts (including cash and gifts-in-kind) received in 2017-2018. New outright cash gifts only should be reported; do not include pledge payments.

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"/>
Under \$1,000,000	<input type="text"/>	\$ <input type="text"/>
Total	<input type="text"/>	\$ <input type="text"/>

? New Gift Detail-Pledge Commitments Received**K.** Please include the number and dollar amount of binding pledged gift commitments (i.e., gifts that have a written agreement) received in 2017-2018. Do not include pledges received during previous fiscal years, and do not include pledge payments.

Gift Level	Total Number of New Pledged Gifts/Commitments (#)	Total Dollar Amount of New Pledged Gifts/Commitments (\$)
\$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"/>
Under \$1,000,000	<input type="text"/>	\$ <input type="text"/>
Total	<input type="text"/>	\$ <input type="text"/>

? Total Fundraising Progress (sum of outright gifts received and new pledge commitments):**L.** Data represents an automatically calculated sum of tables J and K above.

(Limited to 600 characters)

5. If you have a Grateful Patient Program, please describe how it operates distinctly within your overall development organization (e.g., is there a physicians' advisory group supporting your GP program; does your Dean or hospital CEO actively promote and encourage physician and other healthcare staff to support GP program initiatives; etc.):

(Limited to 600 characters)

6. Do you have development officer visits with patients/families while patient is in hospital? Yes No

7. If you have a Grateful Patient Program, do you dedicate budget and staff to support it? Yes No

8. If yes, please indicate the 2017-2018 budget allocated for the program: \$

9. If yes, please indicate the number of staff dedicated to the program (in FTEs): Professional Staff:

Support Staff:

? Q. Volunteer Leadership Giving

1. Does your medical school or teaching hospital(s) have a board or committee of volunteers with a primary responsibility for providing fundraising leadership? Yes No

2. If yes, what is the name of the board or committee:

3. How many members on the board or committee:

4. What amount of private support came from this board or committee during 2017-2018 (for this question only, please provide the dollar-amount as you recognize being received from the members of the board/committee, either as "hard" or "soft" credits): \$

5. Does this board or committee have any institutional governing/fiduciary responsibilities? Yes No

6. If yes, please specify what those governing/fiduciary responsibilities include:

(Limited to 200 characters)

R. Campaign Information:

1. Was your institution in a fundraising campaign in 2017-2018? Yes No

2. If yes, please enter the following information:

Official start date (beginning of silent phase)

Scheduled end date

3. Total campaign goal for Joint Program \$

4. Percent of campaign goal reached as of end of 2017-2018 gift year %

S. Online Giving 2017-2018

1. What was the total dollar amount raised online for 2017-2018? \$

2. What was your total number of gifts received online for 2017-2018?

3. What was your total number of online donors for 2017-2018?

Please print a copy of this section of the survey for your records before submitting. Right click your mouse and choose "print". (To save as an electronic file choose "Adobe PDF" as your printer option.)

2018 AAMC Development Survey

Development Staff by Function

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 (user defined): *Joint Program*

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

A. Positions in Joint Program Development Program Budget

Professional Positions:

Function	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"/>
Director, Advancement/Development Communications	<input type="text"/>
Major Gift Officers (including director of major gifts)	<input type="text"/>
Planned Giving Officers (including director of planned giving)	<input type="text"/>
Corporate and Foundation Giving Officers (including director of corporate and foundation relations)	<input type="text"/>
Annual Giving Officers (including director of annual giving)	<input type="text"/>
Other (please specify): <input type="text"/>	<input type="text"/>
? Subtotal Fundraising Professionals	<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"/>
? Subtotal Other Professionals	<input type="text"/>
Subtotal All Professionals	<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"/>
? Subtotal Support Staff	<input type="text"/>
Total Staff Positions in Development Program Budget	<input type="text"/>

? B. Positions involved with Joint Program Development Program but Not in Joint Program Development Program Budget

Function	Number of (FTE) Positions
Fundraising Professionals	<input type="text"/>
Other Professionals	<input type="text"/>
Support Staff	<input type="text"/>
Total Staff Positions involved with Joint Program Development Program but Not in	<input type="text"/>

Joint Program Development Program Budget

Save & Continue

Reset to Saved Values

Clear Form

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2018 AAMC Development Survey

Compensation of Key Development Staff

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 (user defined): *Joint Program*

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 salary for positions having more than one employee.** Use 2017-2018 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, Advancement/Development Communications*	\$ <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"/>
Director of Special Events*	\$ <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"/>

*Director position responsibilities include supervision of program and/or staff.

Please print a copy of this section of the survey for your records before submitting. Right click your mouse and choose "print". (To save as an electronic file choose "Adobe PDF" as your printer option.)

2018 AAMC Development Survey

Fundraising/Development Costs

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 (user defined): *Joint Program*

Costs	2016-2017	2017-2018
? A. Development Personnel Costs	\$ <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 Joint Program reflected in the figures above? Yes No

If no, provide the approximate personnel and program costs for each function below. If there is not a cost for a particular function, please enter 'NA'.

	2016-2017		2017-2018	
	Personnel	Program	Personnel	Program
Major/Principal Gift	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Planned Gift	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Corporate and Foundation Relations	\$ NA	\$ NA	\$ <input type="text"/>	\$ <input type="text"/>
Annual Fund	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Stewardship/Donor Relations	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Prospect Research	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gift Processing/Records	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Systems/Reports	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Fundraising Publications	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alumni Relations	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Communications/Publications	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Campaign Support	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
? Total Development Costs Covered by Other Budget Resources	\$ <input type="text"/>	\$ <input type="text"/>	\$ <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"/>	

E. In an effort to capture additional detail on the program costs reported on line B. above, please provide the amount for each line item below that is included in the program costs total. If any/all of the line items below are not already included on line B. above, please enter "NA".

Facilities rent or lease expenses	\$ <input type="text"/>
Facilities/grounds maintenance expenses	\$ <input type="text"/>
Utilities expenses	\$ <input type="text"/>
Insurance expenses	\$ <input type="text"/>
Please describe type of insurance expenses budgeted:	<input type="text"/>
Institutional overhead charges (sometimes referred to as "taxes" or gift fees)	\$ <input type="text"/>
Please describe institutional overhead charges/expenses above:	<input type="text"/>

Please print a copy of this section of the survey for your records before submitting. Right click your mouse and choose "print". (To save as an electronic file choose "Adobe PDF" as your printer option.)