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 Restricted data are data that may not be published with identification, but may be disclosed to external parties with management approval.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):   Teaching Hospital

[Save & Continue]   [Clear Form]

2018 AAMC Development Survey

Instructions and Table of Contents

Institution (user defined): *Teaching Hospital*   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 ✖ 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

Institution (user defined): *Teaching Hospital*

Survey Completed By:

First Name:

Middle Initial:

Last Name:

Title:

Address 1:

Address 2:

City:

State: Select 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: Select 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

Institution (user defined): *Teaching Hospital*

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: _____ 🖩 [Clear])

❓ 2017-2018 Actual Total Institutional Expenses: $ _____

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]

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

? 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): *Teaching Hospital*

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	$	
Restricted	$	
Subtotal	$	

? B. Endowment

Type		
Unrestricted	$	
Restricted	$	
Subtotal	$	

? C. Capital Purposes

Capital Gifts	$	
Subtotal	$	
D. Total (Sections A, B, and C)	$	

? E. Private Support by Donor Type/Category

Source	Dollars	No. of Donors
1. Individuals		
? a. Medical School Alumni	$	
? b. Other Institutional Alumni *(please specify type)*	$	
c. Full-Time and Part-Time Medical Faculty and Staff	$	
? d. All Other Individuals (including grateful patients/grateful patients' families, board members, and individuals not otherwise affiliated with your institution)	$	
2. Institutions/Organizations		
? a. Corporations	$	
? b. Personal/Family Foundations	$	
? c. Other Private Foundations	$	
? d. Other Institutions/Organizations	$	
? $ value of "Other Institutions / Organizations" above that comes from disease organizations, if you are able to determine	$	
? Institutions/Organizations Subtotal (Sections 2.a - 2.d)	$	
? 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	%	
? 3. Special Events (do not include amounts previously included above)	$	
F. Total [Total dollars for Section E ($) must equal total dollars for Section D ($)]	$	

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+		$
$25,000,000 - $49,999,999		$
$10,000,000 - $24,999,999		$
$5,000,000 - $9,999,999		$
$1,000,000 - $4,999,999		$
Under $1,000,000		$
Total		$

? 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+		$
$25,000,000 - $49,999,999		$
$10,000,000 - $24,999,999		$
$5,000,000 - $9,999,999		$
$1,000,000 - $4,999,999		$
Under $1,000,000		$
Total		$

? 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.

Gift Level	Sum of Outright Gifts Received and New Pledge Commitments	Dollar Sum of Outright Gifts Received and New Pledge Commitments ($)
$50,000,000+		$
$25,000,000 - $49,999,999		$
$10,000,000 - $24,999,999		$
$5,000,000 - $9,999,999		$
$1,000,000 - $4,999,999		$
Under $1,000,000		$
Total		$

? M. Grateful Patients

1. Do you have a formal Grateful Patients/Grateful Patients' Families Fundraising Program? ○ Yes ○ No

2. If yes, please describe key components of the program (check all that apply):

☐ Direct mail — Amount raised through direct mail: $ [____]
☐ Major/planned giving — Amount raised through major/planned giving: $ [____]
☐ Other — Amount raised through other giving: $ [____]
Total — Total: $ [____]

3. Of the total amount raised through grateful patient fundraising, please estimate what percentage comes from:

a. Board or Lead Volunteer Fundraising Committee members [____] %
b. Physicians/Staff [____] %
c. Other individuals (grateful patients and patient families) [____] %
Total [Total should equal 100%] [____] %

4. Other key components dedicated to support Grateful Patients/families fundraising:

[text area]

(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.):

[text area]

(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: [____]

? N. 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)

O. 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)　　[　　]　📅 [Clear]

Scheduled end date　　[　　]　📅 [Clear]

3. Total campaign goal for Teaching Hospital　　$

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

P. 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?

[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

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): *Teaching Hospital*

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

A. Positions in Teaching Hospital Development Program Budget
Function

Professional Positions:	Number of (FTE) Positions
Chief Advancement/Development Officer, Development VP, Assoc./Asst. VP, Director of Development	
Development Officers of Depts., Institutes, or Other Units	
Director, Alumni Relations	
Director, Advancement/Development Communications	
Major Gift Officers (including director of major gifts)	
Planned Giving Officers (including director of planned giving)	
Corporate and Foundation Giving Officers (including director of corporate and foundation relations)	
Annual Giving Officers (including director of annual giving)	
Other(*please specify*):	
? **Subtotal Fundraising Professionals**	
Research and Prospect Mgmt	
Stewardship and Donor Relations	
Special Event Officers	
Development Writers	
Computer Services	
Administrative/Financial Services	
Other *(Please specify)*:	
? **Subtotal Other Professionals**	
Subtotal All Professionals	

Support Positions:	
Admin. Assts./Secretaries	
Processing, Records, Reporting	
Computer Services	
Other Admin./Clerical *(Please specify)*:	
? **Subtotal Support Staff**	
Total Staff Positions in Development Program Budget	

? **B. Positions involved with Teaching Hospital Development Program but Not in Teaching Hospital Development Program Budget**
Function

Fundraising Professionals	
Other Professionals	
Support Staff	
Total Staff Positions involved with Teaching Hospital Development Program but Not in	

Teaching Hospital 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): *Teaching Hospital*

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.	$	$		$
Assoc. or Asst. VP/Director of Development	$	$		$
Dept., Institute, or Unit Dev. Officer	$	$		$
Director of Major Gifts*	$	$		$
Major Gifts Officer(s)	$	$		$
Director of Annual Giving*	$	$		$
Director of Planned Giving*	$	$		$
Director of Corp. and Fdn. Giving*	$	$		$
Director, Advancement/Development Communications*	$	$		$
Director/Manager of Dev. Op. or Advancement Services*	$	$		$
Director of Special Events*	$	$		$
Director, Alumni Relations*	$	$		$

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

Save & Continue	Reset to Saved Values	Clear Form

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2018 AAMC Development Survey

Fundraising/Development Costs

Institution (user defined): *Teaching Hospital*

Costs	2016-2017	2017-2018
? A. Development Personnel Costs	$	$
? B. Development Program Costs	$	$

C. Is the entire cost of fundraising at your Teaching Hospital 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	$	$	$	$
Planned Gift	$	$	$	$
Corporate and Foundation Relations	$ NA	$ NA	$	$
Annual Fund	$	$	$	$
Stewardship/Donor Relations	$	$	$	$
Prospect Research	$	$	$	$
Gift Processing/Records	$	$	$	$
Information Systems/Reports	$	$	$	$
Fundraising Publications	$	$	$	$
Alumni Relations	$	$	$	$
Communications/Publications	$	$	$	$
Campaign Support	$	$	$	$
Other:	$	$	$	$
? **Total Development Costs Covered by Other Budget Resources**	$	$	$	$
? **D. Total Program Fundraising/Development Costs (sum of A, B and C above)**	$		$	

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	$
Facilities/grounds maintenance expenses	$
Utilities expenses	$
Insurance expenses	$
Please describe type of insurance expenses budgeted:	
Institutional overhead charges (sometimes referred to as "taxes" or gift fees)	$
Please describe institutional overhead charges/expenses above:	

[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.)