2019 Development Survey Part I - Total Private Support, Staff, and Costs

Introduction

Welcome to the 2019 AAMC Development Survey Part I - Total Private Support, Staff, and Costs. The data from the AAMC Development Survey will be used in a national database. Maintained by the AAMC since 1999, this database is for use by medical school deans, teaching 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.

Part I of the survey collects information about private support, development staff, and fundraising/development costs. Part II of the survey collects compensation information of key development staff.

Participation in the survey is voluntary. You can decide not to participate or to discontinue your participation at any time without penalty. However, only those institutions that participate in the survey will have access to the full results when they are available in August 2020. Once your data is compiled, the survey should take you approximately one hour to complete. **The deadline for completing the survey is March 16, 2020.**

Data Confidentiality Policy

All data in Part I of this survey 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 Restricted data are data that may not be published with identification but may be disclosed to external parties with management approval.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 but will not be made available to the public.

Contact information you provide when filling out this survey will be used to contact you if we have a question about your response(s). Contact information will also be included in the data file provided to participating institutions.

Data will be stored for multiple years in order to provide you and your institution with the most comprehensive analysis. The information provided by your institution on the survey questionnaire will be handled and protected by the AAMC in secure databases to which only a few AAMC staff have access.

Risks/Benefits

This data collection is considered to be minimal risk. While the AAMC has taken extensive measures to ensure the security of the data and the confidentiality of the responses, if the compensation data provided in response to Part II of the survey survey were made public in an individually identifiable way, it could prove embarrassing or harmful to individuals or institutions. If the restricted data provided in response to Part I of the survey were made public, it is expected to have a limited adverse effect on individuals and institutions. Institutionally-identified data will only be shared with participating institutions. Institutions that are given access to restricted information may not publish or share it with others.

Participating institutions will receive access to all institution-level responses to Part I of the survey, as well as aggregated compensation data from Part II of the survey.

Contact Information

This data collection has been reviewed according to AAMC policies and procedures. If you have any questions or concerns about your rights as a participant in this survey, please contact the AAMC Human Subjects Protection Program at humansubjects@aamc.org. If you have any technical questions on the survey, please contact survey staff at developmentsurvey@aamc.org.

By clicking the "Next" button, you acknowledge that you have read the above statement and understand the risks and benefits of participation and would like to continue.

2019 Development Survey Part I - Total Private Support, Staff, and Costs

You may wish to print this page for your reference.

Survey Instructions

Answering Questions Not Applicable to your Institution
If a question is not applicable to your institution, please enter "NA" for not applicable, or leave the field blank. Only insert a zero ("0") if it represents an actual value or numeric response.

Numerical Columns
Note that totals and subtotals for numerical columns will be calculated automatically.

General Comments
Data requested are for gifts actually received during the period of July 2018 through June 2019. 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 Survey 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, please remember to print a copy of your survey responses for your records.

Background and FAQs

What is the AAMC Annual Development Survey?

Since 1999, the Association of American Medical Colleges (AAMC) has worked to build a national database for use by medical school deans, hospital CEOs, and their designees at member institutions to assess integral components of a successful fundraising program and to make effective decisions on the deployment of organizational resources. To construct the database, the AAMC annually collects benchmarking data from member medical schools and teaching hospitals.

Is my institution eligible to participate in the survey?
Any U.S. medical school or teaching hospital that is a member of the AAMC is encouraged to participate in the annual survey by submitting the requested data about their development programs.

How does a member institution access benchmarking data?
Only institutions that participate in the annual survey will have access to the extensive reporting and analysis generated by the data collected. Instructions for accessing data will be provided to participating institutions when the reports and analyses become available in August 2020.

What benefits and analyses will participating institutions have access to upon participating?
An institution that participates in the survey can access survey analyses that enable representatives to:

- View a comparison chart of your institution and others showing select private support, cost, and staff data.
- View a summary of the compensation data.
- View institution-level data from the survey.
- View an executive summary and additional trend analysis of the survey data.

Who should I contact if I have questions about the survey?
Questions, comments, or suggestions on the content of the survey should be directed to survey staff at developmentsurvey@aamc.org.

How is confidential data stored and shared?
Data collected regarding salaries of individual positions at an identifiable institution are classified as confidential by the AAMC and will not be published or shared with other institutions or persons. Salary levels for individual positions will only be shared in aggregate form. All other survey data are classified as restricted; these data will be made available only to participating institutions through the online reports but will not be made available to the public.

Survey Glossary

Terms and definitions used in the AAMC Annual Development Survey generally have been drawn from and are, when appropriate for AAMC institutions, consistent with the current CASE reporting standards.

Section I — Institution Type Classification

Survey participant institutions are classified according to institutional type. The categories of institutional type relate to an institution's development program defined for the purpose of survey analyses. The following are categories of institutional type:

- **Medical School** — development program is separate from the development program(s) of its primary teaching hospitals(s).

- **Teaching Hospital** — development program is separate from that of the medical school.

- **Joint Program** — development program is integrated and conducted jointly for the benefit of both the medical school and the medical school's primary teaching hospital(s).

Section II — Institutional Description

- Endowment size — report market value and include perpetual endowment, term endowment, and quasi-endowment.

- Actual Total Institutional Expenses — provide the total 2018-2019 expenses for the organization for which your development program raises private funds; i.e., total expenses for the entire organization of your medical school, teaching hospital or joint program (corresponding to institution type).

Section III — Total Private Support

Gifts for medical schools and/or teaching hospitals only are to be reported — do not include gifts received in support of other academic units or programs [e.g., allied health, dentistry, nursing, pharmacy, public health].

Total Private Support figures should be reported in terms of cash only, including new outright gifts and pledge payments from previous pledges (please do not include new pledge commitments). Number of gifts should reflect overall gifts, not separate gift transactions (i.e. multiple payments from a donor in one fiscal year should be considered just one gift).

Please report gifts actually received (including realized bequests) only for medical schools and/or teaching hospitals during the 2018-2019 gift year.
Do not include pledge or bequest commitments, funds received from governmental sources, or funds received through a contract.
Gifts reported from individuals should include estates and trusts.

Gifts from donor-advised funds should be reported under Institutions/Organizations. [Per the Council for Advancement and Support of Education (CASE) definition: "the fund is the legal donor, and so the gift source is reported as an organization ..."]

Gifts from donor-directed funds should be included under Individuals. [Per CASE explanation, in the case of donor-directed funds "the donor making the direction is the legal donor, thus the gift source is an individual."]

Note that Total Private Support by Designation should equal Total Private Support by Source. Total Private Support Research Designation figures are already represented in the previous sections of Total Private Support reported in the survey.

• Current Operations, unrestricted — outright gifts given for current operations without any restrictions.

• Current Operations, restricted — outright gifts given for current operations that have been restricted by the donor for a specific purpose.

• Endowment Gifts — gifts that donors specify are to be retained and invested for income-producing purposes. Income from endowments can be either restricted or unrestricted, as indicated by donor directions. Perpetual endowment gifts are those for which the donor has stipulated that the fund's principal be maintained inviolate and in perpetuity. Term endowment gifts are those for which the donor or outside agency has stipulated that the fund's principal is to be maintained inviolate until a particular event or for a stated period of time, after which all or part of the principal may be expended. Quasi-endowments are funds established by the institution's governing body as endowments, any portion of which may be expended at the discretion of the governing body. For purposes of this survey, do not include long-term investments that are not endowment funds.

• Capital Purpose Gifts — outright gifts of both real and personal property for the use of the institution; gifts made for the purpose of purchasing buildings, other facilities, equipment, and land for use of the medical school and/or teaching hospital; and, gifts restricted for construction or major renovation of buildings and other facilities. For purposes of the AAMC survey, include gifts-in-kind in this category.

• Realized Bequests — gifts and/or funds actually received from the estate of a donor. Bequeathed gifts can be reported as designated by the donor for current operations, either unrestricted or restricted, for endowment purposes, or for capital purposes.

• Private Support by Donor Type (i.e., Donor Source) — gifts should be reported based on legal donors as opposed to attributed donors.

• Medical School Alumni Gifts — gifts from house staff/resident alumni as well as those from alumni of degree programs of the medical school.

• Other Institutional Alumni Gifts — gifts from alumni of the medical school's parent university, but who are not alumni of the medical school itself.

• All other Individuals — including grateful patients/grateful patients' families, board members, and individuals not otherwise affiliated with your institution in the categories above.

• International Donors — Gifts and pledges received from individuals, foundations, corporations and other (non-governmental) organizations whose primary and legal residence is outside of the United States.

• Corporations — Corporations, businesses, partnerships, and cooperatives that have been organized for profit-making

purposes, including corporations owned by individuals and families and other closely held companies. This category also includes corporate foundations-that is, those created by business corporations and funded exclusively by their companies-as well as industry trade associations.

• Personal/Family Foundations Gifts — gifts from these sources are reported as foundation gifts, not as gifts from alumni or other individuals. Family foundations are not legally differentiated from other private/independent foundations and include: those with the word "family" or "families" in the organization's name; those with a living donor whose surname is the same as the foundation's; or, those with at least two trustee surnames that match a living or deceased original donor of the foundation.

• Other Private Foundations Gifts — gifts from foundations or trusts, including donor advised funds that are private tax-exempt entities operated exclusively for charitable purposes. With gifts from donor advised funds, the fund is the legal donor and so the gift source is reported as a Foundation if that is where the donor advised fund resides.

• Other Institutions/Organizations — gifts and charitable grants from organizations not classified as foundations or corporations, including gifts from donor advised funds if they are their own separate incorporated entities, disease organizations and other additional organizations. For example Rotary International, Salvation Army, professional practice groups or medical faculty practice groups. Do not include, however, pharmaceutical contract funds, government grants, or gifts from affiliated foundations or organizations that already counted the funds as gifts to their organization when they originally received them.

• Disease Organizations — gifts and grants might include funds from organizations such as the American Cancer Society, American Heart Association, National Multiple Sclerosis Society, etc.

• Percentage of Support from Other Institutions/Organizations Raised by Faculty — please estimate the percentage of dollar support coming from other institutions/organizations raised primarily by faculty with no assistance from the development program. Often an Office of Sponsored Research provides the assistance to faculty in raising these funds.

• Special Events — funds raised through auctions and other special events can be reported as net proceeds of such events, assuming the funds from such activities are handled independent of the institution's development accounting system for recording gifts by individuals or organizations.

• Deferred Gifts — gifts that are irrevocable/documented commitments including bequest expectancies, charitable gift annuities, charitable lead trusts, charitable remainder trusts, life estates, pooled income funds, and split-interest trusts. Deferred gifts reported in this survey can include trusts administered by others than the medical school, parent university/institution, or primary teaching hospital.

• New Gift Detail: Outright Gifts Received — report the number and dollar amounts of outright gifts (including cash and gifts-in-kind) received in 2018-2019. New outright gifts only should be reported. Do not include pledge payments or pledges.

• New Gift Detail: Pledge Commitments Received — report the number and dollar amount of binding gift commitments pledged during the reporting year of 2018-2019. Binding gifts represent those for which there is a written gift agreement. Do not

include pledged gifts and commitments received before the 2018-2019 year.

   • Total Fundraising Progress — report the sum of outright gifts and new pledge commitments. Do not include pledge payments. Total Fundraising Support should not equal Total Private Support.

   • Solicitable MD Alumni — the number of MD alumni for which the institution/program has good address and contact information (re: MD degree recipients only).

   • Solicitable Medical School Alumni — all solicitable medical school alumni, including number of MD alumni in the school as well as house staff/resident alumni (re: MD degree recipients and former house staff/residents).

   • Total number of MD alumni donors — report the number of MD alumni who gave a gift in 2018-2019. Do not report a donor more than once even if he or she gave multiple gifts.

   • Scholarship Funding - report only gifts/pledges received in 2018-2019, not unpaid pledge commitments.

   • Grateful Patients/Grateful Patients' Families Fundraising Program — report gifts received through programs conducted by development staff dedicated and resourced to solicit philanthropic support from individuals affiliated primarily with the institution because of a current or past relationship as a patient.

   • Volunteer Leadership Giving — report gifts received from those volunteer groups, boards or committees whose primary responsibility is to exhibit philanthropic leadership through personal giving and advocacy of major philanthropic support.

Section IV — Development Staff by Function

   • FTE — represented in increments up to 1.0, with 1.0 representing one full-time equivalent staff position in medical school/teaching hospital /joint program budget. Include all FTEs budgeted for the fiscal year even if positions are vacant.

   • Fundraising Professionals — staff position (full- or part-time) having responsibilities for fundraising and/or management of fundraising programs (i.e., fundraisers may work medical school or medical center wide, or may be assigned to a specific unit or center such as diabetes, cardiology, etc.).

   • Other Professionals — staff (full- or part-time) with management responsibilities for development/fundraising support programs (i.e., information services, donor relations programs, development special events, research/prospect management).

   • Support Staff — staff position not having management or administrative oversight of programs and other staff in the development program (i.e., administrative staff).

   • Positions Not in Development Program Budget — FTE information regarding staff assigned development functions but not carried in the medical school and/or teaching hospital development program budget. Examples would include staff from the

institution's central development/advancement program and/or an institution's support organization or Foundation.

Section V — Fundraising/Development Costs

    • Development Personnel Costs — the total of all salaries, benefits (include retirement, and medical/hospital and life insurance benefits in this section) and other compensation for development personnel funded in the medical school and/or teaching hospital development program budget. Report only those for the entity for which you are reporting. For example, include only those salaries and other compensation within the medical school development program budget if completing the medical school version of this survey; similarly, only include those for teaching hospital if completing teaching hospital version of this survey; and both the medical school and teaching hospital development program budgets if completing joint program version of this survey.

    • Development Program Costs — total operating expenses, not including any personnel costs, for programs funded in the medical school and/or teaching hospital development program budget. Report only those for the entity for which you are reporting. For example, include only those operating expenses within the medical school development program budget if completing the medical school version of this survey; similarly, only include those for teaching hospital if completing teaching hospital version of this survey; and both the medical school and teaching hospital development program budgets if completing joint program version of this survey. Service fees charged to a medical school or teaching hospital for development personnel or program support by the institution's central administration would be included as a "Development Program Cost."

    • Costs Covered by Other Budget Resources — total of other funds for development personnel and programs provided in budgets other than that of the entity (medical school or teaching hospital or joint program) for which you are reporting in this survey (i.e., costs covered by parent university).

    • Total Program Fundraising/Development Costs — development costs covered from all sources, even if the costs are incurred by budgets other than those managed by the entity for which you are reporting in this survey (including expenses funded by an institution's central development or advancement program, or foundation organization; also includes both personnel and program costs).

## Things to Consider Before Submitting Your Data:

1. Total Private Support by Source should equal Total Private Support by Designation. Both questions are asking for the Total Private Support for your organization but broken out in two different ways.

2. Total Private Support should be equal or greater than New Gift Detail - Outright Gifts Received. Total Private Support is defined as cash and pledge payments while New Gift Detail - Outright Gifts Received is just cash. The former should be larger than the latter unless your organization does not receive pledge payments.

3. Total Private Support and Total Fundraising Progress should not be equal. Total Private Support is defined as cash and pledge payments while Total Fundraising Progress is outright gifts and pledge commitments. They may be the same if your organization does not have pledges.

4. Total number of Medical School Alumni donors should generally be greater than MD Alumni donors. Medical School Alumni include MD Alumni, house staff/resident alumni/ae, and other people with degrees from the medical school. MD Alumni donors includes only MD alumni/ae.

5. For the Gift Levels sections for New Gift - Outright Gifts Received, New Gift Detail - Pledge Commitments Received, and Total Fundraising Progress, the average value of a range should be the minimum of the range. In other words, if the range is $1 million to $4.9m, the average size gift of the category should be at a minimum of $1 million.
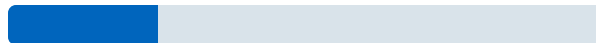
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Survey Contact and Institution Type

Our records indicate that you are associated with AAMC. If this is not correct, please contact developmentsurvey@aamc.org before completing the survey.

Survey Completed By:
This individual will serve as the primary contact for survey follow-up

*First Name:

*Last Name:

*Title:

*Phone:

*Email:

*Indicates required field.

Is the survey contact listed above the Chief Development Officer (CDO)?
If no, please enter the CDO information below.

○ Yes

● No

Chief Development Officer (CDO) Information:

First Name:

Last Name:

Title:

Phone:

Email:

*Institution Type:
Please select the structure that best fits your institution's development program. If you have multiple development programs under different leadership, please select the category that best describes your primary fundraising operation.

○ **Medical School Only**: Development program is separate from the development program(s) of your institution's primary teaching hospital(s).

○ **Teaching Hospital Only**: development program is separate from medical school. This could include, for example, children's hospitals, rehabilitation hospitals, psychiatric hospitals, cancer specialty centers/hospitals, "stand-alone" hospitals that have separate foundations or programs, etc.

○ **Joint Program**: Development program is integrated and conducted jointly for benefit of both the medical school and the teaching hospital.

As a reminder, in previous years, your institution indicated for institution type. In addition, please ensure that the institution type entered for Part I and Part II are the same.
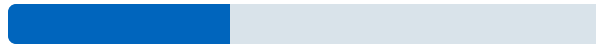
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Institutional Description

Our records indicate that you are associated with AAMC.

Medical School Information:

Medical School Name

Medical School City

Medical School State

First year a medical school class graduated:

Medical School's Total Endowment Size:

$ [   ]

Endowment as-of date:

Teaching Hospital Information:

Teaching Hospital Name

Teaching Hospital City

Teaching Hospital State

Please list any other teaching hospitals represented in the survey data.

Teaching Hospital(s)'s Total Endowment Size:

$ [   ]

Endowment as-of date:

[   ] ☐

2018-2019 Actual Total Institutional Expenses:

$ [   ]

Organization of Medical School:

	Yes	No	Not Applicable
Part of university, contained within a health science center:	○	○	○
Part of a university, but not contained within a health science center:	○	○	○

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

☐ Dentistry

☐ Nursing

☐ Pharmacy

☐ Public Health

☐ Other, please specify:

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:

	Yes	No	Not Applicable
Part of university, but separate from medical school:	○	○	○
Organizational unit of the medical school:	○	○	○
For-profit institution separate from the university:	○	○	○
Not-for-profit institution separate from university:	○	○	○
Government institution separate from university:	○	○	○

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:

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Total Private Support

Note: Depending on your institution type, you may not see all questions.

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 2018 through June 2019. **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 2018 through June 2019 is represented in your data, please specify:

A. Current Operations

Unrestricted

$ [   ] [ ]
            [ ]

Restricted

$ [   ] [ ]
            [ ]

Subtotal $ 0

B. Endowment

Unrestricted

$ [_____]

Restricted

$ [_____]

Subtotal $ **0**

C. Capital Purposes

Capital Gifts

$ [_____]

Subtotal $ **0**

D. Total (Sections A, B, and C)
To adjust this total, update Sections A, B, or C.

[_____]

Of the Total Private Support for current operations or endowment (Sections A and B), what amount is designated in support of **research**, including programs, staff, and facilities?

Programs:

$

Staff:

$

Facilities:

$

Total $ **0**

E. Private Support by Donor Type/Category

1. Individuals	Dollars ($)	Number of Donors
a. Medical School Alumni (including house staff/resident alumni)		
b. Other Institutional Alumni, please specify type below		
c. Full-Time and Part-Time Medical Faculty and Staff		
d. All Other Individuals		
Individuals Subtotal (1.a - 1.d)	**0**	**0**

If indicated "Other Institutional Alumni" above, please specify type.

Please indicate the dollar value and number of donors in Individuals (1.a - 1.d) above that comes from International Donors.

Dollars ($)	Number of Donors

E. Private Support by Donor Type/Category, continued

2. Institutions/Organizations	Dollars ($)	Number of Donors
a. Corporations		
b. Personal/Family Foundations		
c. Other Private Foundations		
d. Other Institutions/Organizations		
Institutions/Organizations Subtotal (2.a - 2.d)	**0**	**0**

Please indicate the dollar value and number of donors in "Other Private Foundations" above that comes from Donor Advised Funds.

Dollars ($)	Number of Donors

If you are able to determine, please indicate the dollar value and number of institutions/organizations in "Other Institutions/Organizations" above that comes from disease organizations.

Dollars ($)	Number of Disease Organizations

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 with no assistance from the Development program

[   ] %

E. Private Support by Donor Type/Category, continued

	Dollars ($)
3. Special Events (do not include amounts included in E.1 or E.2)	

F. Totals

Note: The total dollars from Section D must equal the total dollars from Section E.

Total from Section D

$ [   ]

Total from Section E

$ [   ]

Of the total private support reported in Sections D and E, what is the dollar amount of gifts received for your teaching hospital(s)?

$ [   ]

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 Sections A through D above.

Current Operations (Unrestricted and Restricted)

$ [   ]

Endowment (Unrestricted and Restricted)

$ [   ]

Capital Purposes (Unrestricted and Restricted)

$ [   ]

Total $ **0**

Are you able to break out realized bequests by source?
If yes, please report realized bequests by source in Section I.

🔵 Yes

⚪ No

I. Realized Bequests By Source

If you are able to break out realized bequests by source, please answer here.

	Dollars ($)
Medical School Alumni (including house staff/resident alumni)	
Other Institutional Alumni	
Full-Time and Part-Time Medical Faculty and Staff	
All Other Individuals	
Total (Total dollars for Section I should equal total dollars for Section H)	**0**

J. New Gift Detail-Outright Gifts Received

Please include the number of outright gifts (including cash and gifts-in-kind) received in 2018-2019. New outright cash gifts only should be reported; do not include pledge payments.

Gift Level	Total Number of Gifts (#)	Total Dollars ($)
$50,000,000 and over		
$25,000,000 - $49,999,999		
$10,000,000 - $24,999,999		

Gift Level	Total Number	Total Dollar Amount
$5,000,000 - $9,999,999		
$1,000,000 - $4,999,999		
Under $1,000,000		
Total	**0**	**0**

K. New Gift Detail-Pledge Commitments Received

Please include the number and dollar amount of binding pledged gift commitments (i.e., gifts that have a written agreement) received in 2018-2019. 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 and over		
$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	**0**		**0**

L. Total Fundraising Progress
Sum of Outright Gifts Received and New Pledge Commitments:

Data represents an automatically calculated sum of Sections J (Outright Gifts Received) and K (New Pledge Commitments) above.

Please update Sections J and K if they should be updated.

$50,000,000 and over

$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

[   ]

L. Total Fundraising Progress, continued
Dollar Sum of Outright Gifts Received and New Pledge Commitments ($):

Data represents an automatically calculated sum of Sections J (Outright Gifts Received) and K (New Pledge Commitments) above.

Please update Sections J and K if they should be updated.

$50,000,000 and over

$ [   ]

$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. MD Alumni Giving Information (for gifts received in 2018-2019 from MD alumni donors)

Total number of solicitable MD alumni

Total number of all solicitable medical school alumni

Total number of MD alumni donors

Total number of MD alumni donors making unrestricted gifts for Current Operations and/or Endowment

Total number of MD alumni donors making restricted gifts for Current Operations and/or Endowment

Total number of MD alumni donors making unrestricted gifts of $1,000 and larger

Total dollar amount of unrestricted gifts for Current Operations and/or Endowment received from MD alumni

$

N. Student Scholarship Funding Information

Scholarship funding (not including loan programs) raised for gifts for MD and MD/PhD students at your institution

$

O. Grateful Patients

Do you have a formal Grateful Patients/Grateful Patients' Families Fundraising Program?
If yes, please answer the questions below.

⬤ Yes

◯ No

Please report the amount raised through each of the key components of the program:

Direct mail

$ [ ]

Major/planned giving

$ [ ]

Other

$ [ ]

Total $ **0**

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

Board or Lead Volunteer Fundraising Committee Members

[ ] %

Physicians/Staff

[ ] %

Other Individuals (for example, grateful patients and patient families)

[   ] %

Total (should equal 100%)   **0**

Other key components dedicated to support Grateful Patients/Grateful Patients' Families Fundraising Program:

600 characters left.

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

600 characters left.

Do you have development officer visits with patients/families while patient is in hospital?

○ Yes

○ No

If you have a Grateful Patients/Grateful Patients' Families Fundraising Program, do you dedicate budget and staff to support it?
If yes, please answer the questions below.

● Yes

○ No

Please indicate the 2018-2019 budget allocated for the program:

$ [   ]

Please indicate the number of FTEs dedicated to the program:

Professional Staff

[   ]

Support Staff

[   ]

P. Volunteer Leadership Giving

Does your institution(s) have a group, board, or committee of volunteers with a primary responsibility for providing fundraising leadership?
If yes, please answer the questions below.

● Yes

○ No

What is the name of the group, board, or committee?

How many members are on the group, board, or committee?

What amount of private support came from this group, board, or committee during 2018-2019?
(For this question only, please provide the dollar amount as you recognize being received from the members, either as "hard" or "soft" credits.)

$

Does this group, board, or committee have any institutional governing/fiduciary responsibilities?
If yes, please answer the questions below.

● Yes

○ No

Please specify what those governing/fiduciary responsibilities include.

200 characters left.

Q. Campaign Information

Was your institution in a fundraising campaign in 2018-2019?
If yes, please answer the questions below.

● Yes

○ No

Please enter the following information:

Official start date (beginning of silent phase)

Scheduled end date

Total campaign goal

$

Percentage of campaign goal reached as of end of 2018-2019 gift year

%

R. Online Giving

What was the total dollar amount raised online for 2018-2019?

$

What was your total number of gifts received online for 2018-2019?

What was your total number of online donors for 2018-2019?

2019 Development Survey Part I - Total Private Support, Staff, and Costs

Development Staff by Function

Note: Figures reported can be less than 1.0 full time equivalent (FTE). Please include all FTEs budgeted for the fiscal year even if positions are vacant.

A. FTEs in Development Program Budget

Fundraising Professionals - Number of FTEs by Function:

Chief Advancement/Development Officer, Development Vice President, Associate/Assistant Vice President, Director of Development

Development Officers of Departments, 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 below

[   ] □
       □

Fundraising Professionals Subtotal   **0**

If indicated "Other" above, please specify.

Other Professionals - Number of FTEs by Function:

Research and Prospect Management

[   ] □
       □

Stewardship and Donor Relations

[   ] □
       □

Special Event Officers

[   ] □
       □

Development Writers

☐
☐

Computer Services

☐
☐

Administrative/Financial Services

☐
☐

Other, please specify below

☐
☐

Other Professionals Subtotal   **0**

If indicated "Other" above, please specify.

Subtotal All Professionals

Support Staff - Number of FTEs by Function:

Administrative Assistants/Secretaries

Processing, Records, Reporting

Computer Services

Other Administrative/Clerical, please specify below

Support Staff FTEs Subtotal   **0**

If indicated "Other" above, please specify.

Total Staff FTEs in Development Program Budget

<div style="border: 1px solid #ccc; padding: 40px;"></div>

B. FTEs involved with the Development Program but not in the Development Program Budget

Number of FTEs by Function:

Fundraising Professionals

<div style="border: 1px solid #ccc; padding: 30px;"></div>

Other Professionals

<div style="border: 1px solid #ccc; padding: 30px;"></div>

Support Staff

<div style="border: 1px solid #ccc; padding: 30px;"></div>

Total Staff FTEs involved with Development Program but not in Development Program Budget   **0**

2019 Development Survey Part I - Total Private Support, Staff, and Costs

Fundraising/Development Costs

Costs

	FY 2017-2018 (actual)	FY 2018-2019 (budgeted)
A. Development Personnel Costs ($)		
B. Development Program Costs ($)		
Subtotal	**0**	**0**

Please provide the amount for each item below that is included in the Development Program Costs total (item B) for FY 2018-2019. If any of the items below are not included in item B, please leave them blank.

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

Please describe institutional
overhead charges:

C. Is the entire cost of fundraising at your program reflected in items A and B above?
If no, please answer the questions below.

○ Yes

● No

Please provide the approximate personnel and program costs for each function below. If there is not a cost for a particular function, please enter 0.

	Personnel Costs, FY 2017-2018 (actual)	Program Costs, FY 2017-2018 (actual)	Personnel Costs, FY 2018-2019 (budgeted)	Program Costs, FY 2018-2019 (budgeted)
Major/Principal Gift				

Planned Gift	☐	☐	☐	☐
Corporate and Foundation Relations	☐☐	☐☐	☐☐	☐☐
Annual Fund	☐☐	☐☐	☐☐	☐☐
Stewardship/Donor Relations	☐☐	☐☐	☐☐	☐☐
Prospect Research	☐☐	☐☐	☐☐	☐☐
Gift Processing/Records	☐☐	☐☐	☐☐	☐☐
Information Systems/Reports	☐☐	☐☐	☐☐	☐☐
Fundraising Publications	☐☐	☐☐	☐☐	☐☐
Alumni Relations	☐☐	☐☐	☐☐	☐☐
Communications/Publications	☐☐	☐☐	☐☐	☐☐
Campaign Support	☐☐	☐☐	☐☐	☐☐
Other, please specify below	☐☐	☐☐	☐☐	☐☐
Total Development Costs Covered by Other Budget Resources	0	0	0	0

If indicated "Other" above, please specify.

D. Total Program Fundraising/Development Costs (sum of A, B and C, if applicable)

2017-2018 (actual) $ ☐
                               ☐

2018-2019 (budgeted) $ ☐
                               ☐

2019 Development Survey Part I - Total Private Support, Staff, and Costs

Thank you

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 box below to provide that explanation. The data in this box will be used internally only and will not be reported out to other institutions.

Please estimate how much time it took for your institution to complete the survey. Please report as whole numbers.

Hour(s)

Minutes

Please share any thoughts that you have about this survey.

Please click the "Submit Survey" button at the bottom of this page to submit this survey. After clicking this button, you will see a complete listing of the responses you entered.