

## Introduction

Welcome to the 2020 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 2021. The expected time to complete this survey is about eight hours. Once your data is compiled, the survey should take approximately one hour to complete. **The deadline for completing the survey is March 15, 2021.** 

## **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 Restricted data are data that may not be published with identification but may be disclosed to external parties with management approval.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. Your responses will be securely stored by the AAMC with appropriate access controls to limit exposure of your data to those with a need to know.

## 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 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.

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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 2019 through June 2020. 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 2021.

## 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 up to three others at a time, showing select total private support, development staff, and fundraising/development costs data.
  - · View a summary of the compensation data.

- · View institution-level data from the survey.
- View an executive summary 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 to participating institutions through the reporting tool 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 quasiendowment.
- Actual Total Institutional Expenses provide the total 2019-2020 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 2019-2020 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.
- Donor Advised Funds gifts from a charitable giving vehicle administered by a public charity created to manage charitable donations on behalf of organizations, families, or individuals.
- Other Private Foundations Gifts gifts from foundations or trusts, but excluding donor advised funds, that are private tax-exempt entities operated exclusively for charitable purposes.

- 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, such as 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 2019-2020. 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 2019-2020. Binding gifts represent those for which there is a written gift agreement. Do not include pledged gifts and commitments received before the 2019-2020 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 2019-2020. Do not report a donor more than once even if he or she gave multiple gifts.
  - Scholarship Funding— report only gifts/pledges received in 2019-2020, not unpaid pledge commitments.
- Grateful Patients/Grateful Patients' Families Fundraising report gifts received through efforts 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, including emeritus and honorary groups, 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 a medical school, teaching hospital, or 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.

#### <u>Section V — Fundraising/Development Costs</u>

- 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 at least 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.

## Survey Changes:

The below updates have been made to the 2020 AAMC Development Survey from the 2019 AAMC Development Survey:

- In the Total Private Support section, the questions regarding Total Private Support that is designated in support of research have been modified.
- In the Total Private Support section, International Individuals has been added as a separate donor type/category under Individuals in section E.
- In the Total Private Support section, Donor Advised Funds has been added as a separate donor type/category under Institutions/Organizations in section E.
- In the Total Private Support section, the questions related to Grateful Patients/Grateful Patients' Families Fundraising have been modified and additional questions have been added.
- In the Development Staff by Function section, the list of FTEs in Development Program Budget has been updated to be more granular.
- In the Fundraising/Development Costs section, the Costs Covered by Other Budget Resources questions have been modified.





# Survey Contact and Institution Type

Our records indicate that you are associated with . This is the institution name which will be included in the Development Survey Reporting Tool. 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:
*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.
*Indicates required field.
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# **Institutional Description**

Our	records	indicate	that	งดน	are	associated	with

## **Teaching Hospital Information:**

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

Teaching Hospital(s)'s Total Endowment Size:	
\$	
Endowment as-of date:	
2019-2020 Actual Total Institutional Expenses:	
\$	

## 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 2019 through June 2020. **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 2019 through June 2020 is represented in your data, please specify:

A. Current Operations	
Unrestricted	
Restricted	
Subtotal \$	
Subtotal \$	•
B. Endowment	
Unrestricted	
Restricted	
Subtotal \$	
C. Capital Purposes	
Conital Ciffo	
Capital Gifts	
\$	

Subtotal \$		C
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 (S research, including programs, staff, and facilities?	Sections A and B), what amount is	s designated in support of
\$		
Are you able to break out the amount designated in support of <b>resea</b> If yes, please report the amounts below.	arch into programs, staff, and fac	ilities?
Yes		
○ No		
Please enter the amount of Total Private Support for current operation out by programs, staff, and facilities.	ons or endowment designated in	support of <b>research</b> , broken
Programs:		
\$		
Staff:		
\$		
Facilities:		
\$		
Total \$		C
E. Private Support by Donor Type/Category		
1. Individuals	Dollars (\$)	Number of Donors
a. Medical School Alumni (including house staff/resident alumni)		
h Other Institutional Alumni places specify type helew		

c. Full-Time and Part-Time Medical Faculty and Staff		
d. International Individuals		
e. All Other Individuals		
Individuals Subtotal (1.a - 1.e)		0 0
If indicated "Other Institutional Alumni" above, please specion of the special	fy type.	
2. Institutions/Organizations	Dollars (\$)	Number of Donors
a. Corporations		
b. Personal/Family Foundations		
c. Other Private Foundations		
d. Donor Advised Funds		
e. Other Institutions/Organizations		
Institutions/Organizations Subtotal (2.a - 2.e)	0	0
If you are able to determine, please indicate the dollar value Institutions/Organizations" above that comes from disease  Dollars (\$)	organizations.	ations in "Other sease Organizations
Please estimate the percentage of total support reported at primarily by faculty members through your office of Sponso		

## 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	
\$	
G. Deferred Gifts	
Dollar Face Value	
\$	
Dollar Present Value	
II Dealined Degreeste Dulles	
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 th	rough 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.	
<ul><li>✓ Yes</li><li>✓ No</li></ul>	

## I. Realized Bequests By Source

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

		Dollars (\$)
Medical School Alumni (including hous	e staff/resident alumni)	
Other Institutional Alumni		
Full-Time and Part-Time Medical Facul	lty 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 Rece	ived	
Please include the number of outright gi should be reported; do not include pledg	fts (including cash and gifts-in-kind) received in ge payments.	n 2019-2020. New outright cash gifts only
Gift Level	Total Number of Gifts (#)	Total Dollars (\$)
\$50,000,000 and over		
#0F 000 000		
\$25,000,000 - \$49,999,999		
\$10,000,000 - \$24,999,999		
\$5,000,000 - \$9,999,999		
A4 000 000 A4 000 000		П
\$1,000,000 - \$4,999,999		
Under \$1,000,000		

# **Total Outright Gifts Received** Total Number of Gifts (#) Total Dollars (\$) 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 2019-2020. Do not include pledges received during previous fiscal years, and do not include pledge payments. **Total Number of New Pledged Total Dollar Amount of New Pledged** Gifts/Commitments (#) Gifts/Commitments (\$) Gift Level \$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 Pledge Commitments Received** Total Number of New Pledged Gifts/Commitments (#)

Total Dollar Amount of New Pledged Gifts/Commitments (\$)
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
φ10,000,000 - φ24,333,333
\$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
\$
O. Grateful Patients  Does your institution have access to conduct grateful patients/grateful patients' families fundraising efforts?  If yes, please answer the questions below.
<ul><li>Yes</li></ul>
○ No
Please report the amount raised through each of the key components of your institution's grateful patients/grateful patients' families fundraising efforts:
Direct Mail
Major/Planned Giving
Other

Total \$	0
Of the total amount raised through grateful patient/grateful patients' families fundraising efforts, 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 your institution's grateful patients/grateful patients' families fundraising efforts:	
600 characters le	ft.
Does your institution have access to screen patients? (Please choose all that apply)	
Outpatients	
Inpatients	
Neither	
Does your institution have permission to screen patients? (Please choose all that apply)	
Outpatients	
Inpatients	
Neither	

	Total Private Support, Staff, and Costs	
How often does your	institution screen new patients?	
Daily		
Weekly		
Monthly		
Other (please spe	ecify)	
Does your institution	have development officers partner with faculty to secure referrals and engage prospects or donors?	
Yes		
○ No		
Does your institution	track the number of caregiver referrals received by your office?	
Yes		
○ No		
Does your institution	track caregiver referrals as a KPI for each development officer?	
Yes	·	
O No		
	grateful patients/grateful patients' families fundraising efforts, is budget and staff dedicated to support it? r the questions below.	
Yes		
No		
Please indicate the 2	2019-2020 budget allocated for grateful patients/grateful patients' families fundraising efforts:	
\$		
Please indicate the n	number of FTEs dedicated to grateful patients/grateful patients' families fundraising efforts:	
Please indicate the n	number of FTEs dedicated to grateful patients/grateful patients' families fundraising efforts:	
	number of FTEs dedicated to grateful patients/grateful patients' families fundraising efforts:	
	number of FTEs dedicated to grateful patients/grateful patients' families fundraising efforts:	
Professional Staff	number of FTEs dedicated to grateful patients/grateful patients' families fundraising efforts:	
Professional Staff  Support Staff		
Professional Staff		
Professional Staff  Support Staff  P. Volunteer Leader  Does your institution leadership?		
Professional Staff  Support Staff  P. Volunteer Leader  Does your institution leadership?	rship Giving  (s) have a group, board, or committee of volunteers with a primary responsibility for providing fundraising	

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 2019-2020? (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 lef	t.
Q. Campaign Information	
Was your institution in a fundraising campaign in 2019-2020?  If yes, please answer the questions below.	
<ul><li>Yes</li></ul>	
○ 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 2019-2020 gift year		
R. Online Giving		
What was the total dollar amount raised online for 2019-2020?		
\$		
What was your total number of gifts received online for 2019-2020?		
What was your total number of online donors for 2019-2020?		
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# Development Staff by Function

Note: Figures reported can be less than 1.0 full time equivalent (<u>FTE</u>). Please include all <u>FTEs</u> 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 Relation	ons)
· · · · · · · · · · · · · · · · · · ·	

evelopment Survey Part I - Total Private Support, Staff, and Costs	
Annual Civing Officers (including Director of Annual Civing)	
Annual Giving Officers (including Director of Annual Giving)	
Other, please specify below	
who, please speed, selen	
	Ц
Fundraising Professionals Subtotal	
f indicated "Other" above, please specify.	

## Other Professionals - Number of FTEs by Function:

Research and Prospect Management	
Stewardship and Donor Relations	
·	
Special Event Officers	
Davidonment Writers	
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	П

Support Staff FTEs Subtotal	0
If indicated "Other" above, please specify.	
Total Staff FTEs in Development Program Budget	
B. FTEs involved with the Development Program but not in the Development Program Budget	
Number of FTEs by Function:	
Number of FTEs by Function:  Fundraising Professionals  Other Professionals	
Fundraising Professionals	
Fundraising Professionals	
Fundraising Professionals  Other Professionals	



## Fundraising/Development Costs

Costs
-------

		FY 2018-2019		FY 2019-20	20
A. Development Personnel Costs (\$					
B. Development Program Costs (\$)					
Subtotal			0		
Please provide the amount for each it elow are not included in item B, plea			n Costs total (item B)	for FY 2019-2020. If	any of the items
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. Does your institution receive supplevelopment office budget? This substitution Resources, IT, or Marketing fyes, please answer the questions but Yes	upport may repres or Hospital Legal	ent services provided by, for exa	ample, University D	hing hospital, or joi evelopment/Advanc	nt program ement, Legal,
No					
Please provide the approximate perso	onnel and program o	osts for each function below. If the	re is not a cost for a	particular function pl	ease enter 0
	p9	Personnel		r, p.	
		Costs, FY 2018-2019	Program Costs, FY	Personnel Costs, FY 2019-2020	Program Costs FY 2019-2020
Planned Giving					
Corporate and Foundation Relations					

Stewardship/Donor Relations				
Prospect Research				
Gift Processing/Records				
Information Systems/Reporting				
Alumni Relations				
Communications/Publications				
Human Resources/Talent Management				
Marketing				
Legal				
Rent/Facilities				
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)

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# 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 r	nuch time it t	ook for your inst	itution to o	complete th	e survey. Pleas	se report as whole	e numbers.	
Hour(s)								
Minutes								
Diagram along any thou								
Please share any thou	gnis inai yoi	i nave about this	s survey.					
Please click the "Subn complete listing of the			om of this	page to sub	mit this survey	. After clicking this	s button, you will se	e a
	,					_		
_								
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