



FLORIDA'S MINORITY ORGANIZATION CAPACITY BUILDING NEEDS SURVEY

1. Agency/Organization Name: _____
2. Mailing Address: _____
3. County: _____
4. Executive Director/CEO: _____
5. Name of Person completing survey:
Phone number: _____
Fax number: _____
Email address: _____
Position of person completing survey: _____
6. Please indicate the type of agency/organization. (**Check all that apply**)
 - A. Community-based organization
 - B. AIDS service organization
 - C. Sexually Transmitted Disease (STD) clinic
 - D. Counseling and testing site
 - E. Family planning clinic
 - F. Community Health Center
 - G. Community Health Center Look Like
 - H. Other primary care provider
 - I. Educational institution
 - J. Hospital
 - L. Lesbian/Gay organization
 - M. Religious organization
 - N. Women's organization
 - O. Youth services provider
 - P. Persons Living With HIV/AIDS (PLWHA) coalition
 - Q. Mental health center
 - R. Substance abuse treatment center
 - S. Criminal justice system/prison
 - T. Local/county health department
 - U. Community Planning Partnership
 - V. City/County
 - W. Other (Please specify) _____

7. A minority-owned organization is a non-profit enterprise, regardless of size, physically located in the state of Florida, which is owned, operated and controlled by minority group members. "Minority group members" are United States citizens who are Asian, Black, Hispanic and Native American. Ownership by minority individuals means the business is at least 51% owned by such individuals, board of directors, or, in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Further, the management and daily operations are controlled by those minority group members.

For purposes of this survey, a minority group member is an individual who is a United States citizen of the following:

- Asian-Indian - A U.S. citizen whose origins are from India, Pakistan and Bangladesh
- Asian-Pacific - A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.
- Black - A U.S. citizen having origins in any of the black racial groups of Africa.
- Hispanic - A U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America and the Caribbean Basin only. Brazilians shall be listed under Hispanic designation for review and certification purposes.
- Native American - A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Native Americans must be documented members of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate (i.e., tribal registry letter, tribal roll register number).

Is your organization considered a minority CBO and has an established history/record of service to racial or ethnic minority community or communities?

Yes ____ No ____

8. How many years has your agency/organization been in operation? If less than one year, please indicate the number of months:

A. Years/Months: ____ / ____

9. How many years has your agency/organization been providing HIV prevention and/or AIDS-related services? If less than one year, please indicate the number of months.

A. Years/Months: ____ / ____

10. If your agency does not provide HIV/AIDS prevention or patient care, how has it been involved in HIV/AIDS?

We are interested in knowing more about the type(s) of capacity building training that might be helpful to you.

11. Using the scale below, please indicate how important the various types of capacity building training that your agency/organization need. For those areas identified as extremely important, please provide a brief explanation. Capacity building is a broad term that encompasses "actions that improve nonprofit effectiveness," in terms of organizational and financial stability, program quality, and growth.

IMPORTANCE

Does Not Apply 1	Not At All 2	A Little 3	Somewhat 4	Very Important 5	Extremely Important 6	Don't Know 7
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A Grant writing/proposal development 1 2 3 4 5 6 7
 Comments: _____

B Board development 1 2 3 4 5 6 7
 Comments: _____

C. Fiscal/grant management 1 2 3 4 5 6 7
 Comments: _____

D Administrative management* 1 2 3 4 5 6 7
 Comments: _____

* Includes the following areas: accounting records & ledgers, agency bylaws, personnel records, operating policies & procedures, appropriate allocation and expenditure of funds, payroll records, disbursements & documentation.

E Program planning/development 1 2 3 4 5 6 7
 Comments: _____

F Program evaluation 1 2 3 4 5 6 7
 Comments: _____

G Staff recruitment/training 1 2 3 4 5 6 7
 Comments: _____

H Volunteer recruitment/training 1 2 3 4 5 6 7
 Comments: _____

I Medication Adherence 1 2 3 4 5 6 7
 Comments: _____

J Media/public relations/social marketing 1 2 3 4 5 6 7
 Comments: _____

K	Test and Treat	1	2	3	4	5	6	7
Comments: _____								
L	Pre-Exposure Prophylaxis (PrEP)	1	2	3	4	5	6	7
Comments: _____								
M	Post-Exposure Prophylaxis (nPEP)	1	2	3	4	5	6	7
Comments: _____								
N	Treatment as prevention (TasP)	1	2	3	4	5	6	7
Comments: _____								
O	Linkage and Retention to Care	1	2	3	4	5	6	7
Comments: _____								
P	Ryan White Services	1	2	3	4	5	6	7
Comments: _____								
Q	Community planning	1	2	3	4	5	6	7
Comments: _____								
R	HIV/AIDS general training	1	2	3	4	5	6	7
Comments: _____								
S	STD general training	1	2	3	4	5	6	7
Comments: _____								
T	Other(s) (Please specify);	1	2	3	4	5	6	7
Comments: _____								

12. For those types of capacity building training identified as very and extremely important in question #11, please rank the top three, with A being most important.

- A. _____
- B. _____
- C. _____

13. Capacity building training courses vary in length. In your opinion, what length of training best suits your agency's needs? Please check the one best answer.

- A. 1/2 day training 8am-12pm ___ 1pm-5pm ___ 5pm-9pm ___
- B. 1 day training
- C. 1 1/2 day training
- D. 2 days of training
- E. 3 days of training
- F. 4 days or more of training

- G. Don't know/not sure
- H. Other (Please specify)_____

14. Please list any pertinent information about your agency that will assist us in providing useful capacity building services

15. Other comments:

If you have any questions, please contact me at ronald.henderson@flhealth.gov or (850) 245-4433.

Please Return By July 13, 2018

Thank you for taking the time to complete this survey!

Please return to:

Ronald Henderson
Statewide Minority AIDS Coordinator
Florida Department of Health
HIV/AIDS Section
4052 Bald Cypress Way, Bin A09
Tallahassee, FL 32399 - 1715

Email: ronald.henderson@flhealth.gov