

Strategic Planning Committee Behavioral Science Research Corp. 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134 April 12, 2024 Minutes

#	Members	Present	Absent
1	Cardwell, Joanna	X	
2	Hunter, Tabitha		X
3	Machado, Angela	X	
4	Mooss, Angela		X
5	Poblete, Karen		X
6	Sheehan, Diana M.		X
7	Singh, Hardeep	X	
	Ouorum = 3		

Guests	
Marquez, Jamie	
Medina, Jesus	
Valle-Schwenk, Carla	
Williams, Stephen	
Staff	
Bontempo, Christina	
Ladner, Robert	

Note: All documents referenced in these minutes are on file and were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/the-partnership#strategicplanning1.

I. Call to Order

Committee Vice Chair, Angela Machado called the meeting to order at 10:05 a.m.

II. Introductions

Members, guests, and staff introduced themselves, and Ms. Machado identified Behavioral Science Research Corp. (BSR) staff as the resource persons.

III. Housekeeping/Meeting Rules

Ms. Machado reviewed the *Meeting Housekeeping* PowerPoint, which includes general reminders, code of conduct, people-first language, and meeting participation best practices.

IV. Floor Open to the Public

Ms. Machado opened the floor to the public with the following statement:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated telephone line as well as a general email address for statements to be read into the record. No statements were received via the telephone line or email.

There were no comments, so the floor was then closed.

V. Review/Approve Agenda

Members reviewed the agenda and approved it with no changes.

Motion to approve the agenda as presented.

Moved: Joanna Cardwell Seconded: Hardeep Singh Motion: Passed

VI. Review the Minutes of March 8, 2024

Members reviewed the minutes of March 8, 2024, and approved the minutes with no changes.

Motion to approve the minutes of March 8, 2024 as presented.

Moved: Hardeep Singh Seconded: Joanne Cardwell Motion: Passed

VII. Reports

Membership

Ms. Machado announced that member and former Vice Chair, Dr. Angela Mooss, will have completed her six-year term at the end of this month. Members thanked her for her service.

Stephanie Stonestreet submitted an application for membership. Ms. Stonestreet introduced herself and stated her interest in membership. Members voted to accept Ms. Stonestreet as a new member.

Motion to approve Stephanie Stonestreet as a new member of the Strategic Planning Committee.

Moved: Hardeep Singh Seconded: Joanna Cardwell Motion: Passed

There are still many vacancies on the Partnership and Committees; however, staff announced the Community Coalition will put forward several candidates at the May 13 Partnership meeting.

Partnership Report to the Committee

The Partnership report for March 18, 2024, was posted online. Members re-elected Alecia Tramel-McIntyre as Chair and Harold McIntyre as Vice Chair and reviewed the motion from Strategic Planning to seek guidance from HRSA on the schedule of surveys for the Assessment of the Administrative Mechanism. That item will be addressed later in the meeting.

VIII. Standing Business

- Assessment of the Recipient Administrative Mechanism (AAM)
 - □ Response from HRSA re Request on Surveys and Reporting

Last month, members put forward the motion, "for BSR staff to request guidance from our HRSA Project Officer to assess implementing a two-year AAM rapid cycle to allow for survey administration one year and follow up on an action plan resulting from the survey results in the next year." The legislation requires an evaluation to assess the Recipient in rapidly dispersing funds and responding to Planning Council directives each year. Therefore, members agreed to maintain the previous survey structure and add follow up questions, specifically for gathering feedback on "disagree" or "strongly disagree" responses. Members also agreed to establish an action plan for tracking the progress of issues raised by survey responses.

□ 2024 Action Plan and Draft Surveys Review

Staff will draft the action plan and revised surveys based on today's meeting feedback for review in May; included in these minutes as:

- Attachment #1: AAM FY2024 Partnership Member Survey
- Attachment #2: AAM FY2024 Ryan White Program Subrecipient Survey
- Attachment #3: 2024 Action Plan

□ Updates to 2024 Schedule of Meetings and Agenda Topics

Members received an updated schedule indicating the revised timing and activities around the AAM. Staff will correct a typo; no other changes were indicated. Members had previously voted to accept the schedule with the AAM changes; no further action was needed.

IX. New Business

2024 Annual Report

Members agreed to maintain the layout and data elements of the 2023 Annual Report and review updates at their next meeting. The color scheme will be updated to differentiate the 2022 version from the 2023 version.

X. Announcements and Open Discussion

Staff announced the April 25 Prevention Committee meeting will include presentations on Project T-SHARP and HPTN 096: Building Equity Through Advocacy; and advised there are opportunities for presentations to the Prevention Committee if anyone has a topic of interest. Staff announced the April 17 Needs Assessment training and the complete schedule of Needs Assessment meetings, and included flyers in the meeting presentation.

XI. Next Meeting

Ms. Machado announced the next meeting is scheduled for May 10, 2024, at BSR Corp.

XII. Adjournment

Ms. Machado adjourned the meeting at 11:53 a.m.

Miami-Dade HIV/AIDS Partnership Member Survey REVIEW VERSION FOR SPC MEMBERS

The Assessment of the Recipient Administrative Mechanism (AAM) is a Health Resources and Services Administration (HRSA)-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.

This AAM survey covers the activities of the Ryan White Program grant Recipient: The Miami-Dade County Office of Management and Budget-Grants Coordination, during the Ryan White Program (RWP) Fiscal Year FY 2023-2024: March 1, 2023-February 29, 2024.

All Miami-Dade HIV/AIDS Partnership members who were appointed prior to February 2024, must complete this survey, no later than May 31, 2024.

A separate survey will be distributed to Ryan White Program Part A/MAI-funded subrecipients addressing these issues and other concerns. If you are a Partnership member and you represent a subrecipient, you are asked to complete two surveys.

Responses are tallied and reported in aggregate form without identifying information.

Thank you!

* 1. Please enter y	your First and	Last Name (Yo	our name is r	equirea
for tracking response	onses and will	not be include	ed in the final	report.)
5 1				_
Mana]	
Name				

Grants Coordination ("the Re	Office of Management and Budget- ecipient") kept the Partnership well ares, and updates from HRSA which cam.			
Strongly agree	○ Disagree			
Agree	 Strongly disagree 			
O Neither agree nor disagree				
Comments: Strengths, weaknesses	& suggestions (optional)			
statement: The Miami-Dade Co Budget-Grants Coordination (" well informed of policies, proc which impact the Ryan White I	3. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Miami-Dade County Office of Management and Budget-Grants Coordination ("the Recipient") kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program, please explain your concern and suggest a solution to the problem.			
	ation presented on the Recipient's Ryan			
reports. (See Reports, above	ity AIDS Initiative (MAI) expenditure).			
Strongly agree	○ Disagree			
Agree	Strongly disagree			
O Neither agree nor disagree				
Comments: Strengths, weaknesses	& suggestions (optional)			

Part A Expenditure Report (End of Year Summary)				
Minority AIDS Initiative Expenditur	e Report (End of Year Summary)			
5. For a rating of "Disagree" or "Str statement: <i>I understand the informa</i>				
Recipient's Ryan White Program Pa	·			
(MAI) expenditure reports, please e	xplain your concern and suggest			
a solution to the problem.				
* 6. The Recipient followed the Pa	-			
service priorities and resource all	ocations. (See Reports, below).			
Strongly agree	○ Disagree			
Agree	Strongly disagree			
Neither agree nor disagree				
Comments: Strengths, weaknesses & sug	gestions (optional)			
Part A Expenditure Report (End of Year Summary)				
T	J,			
Minority AIDS Initiative Expenditur	e Report (End of Year Summary)			
1 IIII of The of The office of	o respond (Line or rour ouriffically)			

statement: The Recipient fol recommendations for service	or "Strongly Disagree" to the lowed the Partnership's e priorities and resource allocations, and suggest a solution to the problem.
	ely administered Part A/MAI funds by the Partnership. (See Reports, below).
Strongly agree	○ Disagree
Agree	 Strongly disagree
Neither agree nor disagree	
Comments: Strengths, weakness	ses & suggestions (optional)
Part A Expenditure Report (I	End of Year Summary)
Minority AIDS Initiative Exp	enditure Report (End of Year Summary)
-	

9. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership, please explain your concern and suggest a solution to the problem.				
-	nicated clearly to the Partnership on d to the Part A/MAI sweeps/reallocation w).			
Strongly agree	○ Disagree			
Agree	 Strongly disagree 			
Neither agree nor disagree				
Comments: Strengths, weaknesse	s & suggestions (optional)			
Part A Expenditure Report (E	nd of Year Summary)			
Minority AIDS Initiative Expe	nditure Report (End of Year Summary)			

11. For a rating of "Disagree" or statement: The Recipient communon expenditure changes related to sweeps/reallocation process, pleasuggest a solution to the problem.	inicated clearly to the Partnership to the Part A/MAI ase explain your concern and		
solving needs from the Partner	to inquiries, requests, and problem- rship, including those related to the nt (Priority Setting and Resource		
Strongly agree	○ Disagree		
Agree	Strongly disagree		
Neither agree nor disagree			
Comments: Strengths, weaknesses &	suggestions (optional)		
13. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership's Needs Assessment (Priority Setting and Resource Allocations) in a timely manner, please explain your concern and suggest a solution to the problem.			
	4		

of greatest need.	cted toward the demographic population(s)
Strongly agree	○ Disagree
○ Agree	 Strongly disagree
Neither agree nor disagree	ee
Comments: Strengths, weakne	esses & suggestions (optional)
funded by Part A/MAI were	s Assessment data, HIV/AIDS services
suggest a solution to the p	eed, please explain your concern and
* 16. Based on Needs Ass by Part A/MAI were direct greatest need.	eed, please explain your concern and roblem. sessment data, HIV/AIDS services funded cted toward the geographic area(s) of
* 16. Based on Needs Ass by Part A/MAI were direct greatest need. O Strongly agree	eed, please explain your concern and roblem. sessment data, HIV/AIDS services funded cted toward the geographic area(s) of Disagree
* 16. Based on Needs Ass by Part A/MAI were direct greatest need. Output Out	sessment data, HIV/AIDS services funded cted toward the geographic area(s) of Disagree Strongly disagree
* 16. Based on Needs Ass by Part A/MAI were direct greatest need. O Strongly agree	sessment data, HIV/AIDS services funded cted toward the geographic area(s) of Disagree Strongly disagree

17. For a rating of "Disagree" or "Strongly Disagree" to the statement: Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need, please explain your concern and suggest a solution to the problem.
* 18. The Recipient's staff was courteous and respectful.
○ Strongly agree ○ Disagree
○ Agree ○ Strongly disagree
Neither agree nor disagree
Comments: Strengths, weaknesses & suggestions (optional)
19. For a rating of "Disagree" or "Strongly Disagree" to the statement: <i>The Recipient's staff was courteous and respectful</i> , please explain your concern and suggest a solution to the problem.

* 20. Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership.			
Strongly agree	Disagree		
Agree	Strongly disagree		
Neither agree nor disagree			
Comments: Strengths, weaknesses & suggestions (optional)			
21. For a rating of "Disagree" or "Strongly Disagree" to the statement: Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership, please explain your concern and suggest a solution to the problem.			
22. OPTIONAL: Additional commentation Recipient, BSR, and/or other matter			

Ryan White Program Part A/MAI Subrecipient Survey REVIEW VERSION FOR SPC MEMBERS

The Assessment of the Recipient Administrative Mechanism (AAM) is a Health Resources and Services Administration (HRSA)-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.

This AAM survey covers the activities of the Ryan White Program grant Recipient: The Miami-Dade County Office of Management and Budget-Grants Coordination, during the Ryan White Program (RWP) *Fiscal Year FY 2023-2024: March 1, 2023-February 29, 2024.*

All Ryan White Program Part A/MAI-funded subrecipients must complete this survey, *no later than May 31, 2024*.

A separate survey will be distributed to Miami-Dade HIV/AIDS Partnership members addressing these issues and other concerns. If you represent both a subrecipient AND are a Partnership member, you are asked to complete two surveys.

Responses are tallied and reported in aggregate form without identifying information.

Thank you!

* 1. Please enter your Organization's Name

Organization

* 2. Please enter the First and Last Name and Title of the primary person completing this survey. (This is required for tracking responses and will not be included in the final report.)				
	the option in Statemre helping to comple	nent #3 to include add te the survey.	litional	
First and last name of primary person completing this survey				
Title of primary person completing this survey				
How many years have you been with your organization?				

	irst and Last Name(s) and ing to complete the surve	
First and last name of additional person completing survey (1)		
Title of additional person completing survey (1)		
How many years have you been with your organization (1)?		
First and last name of additional person completing survey (2)		
Title of additional person completing survey (2)		
How many years have you been with your organization (2)?		

•	ffice of Management and Budget- pient") conducted a fair contract ganization.
Strongly agree	Disagree
Agree	Strongly disagree
Neither agree nor disagree	O Not applicable
Comments: Strengths, weaknesses &	suggestions (optional)
. For a rating of "Disagree" or "Statement: The Miami-Dade Courudget-Grants Coordination ("the ontract negotiation process with our concern and suggest a solut	nty Office of Management and e Recipient") conducted a fair n our organization, please explain
* 6. The Recipient sent award reorganization in a timely manner	
organization in a timely manner	r.
organization in a timely manner O Strongly agree	r. O Disagree
organization in a timely manner Strongly agree Agree	r.DisagreeStrongly disagreeNot applicable

7. For a rating of "Disagree" or "Strongly Disagree" to the statement: <i>The Recipient sent award notifications/letters to our organization in a timely manner</i> , please explain your concern and		
suggest a solution to the problem.		
* 8. The Recipient executed our of manner.	organization's contract in a timely	
Strongly agree	Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & su	ggestions (optional)	
9. For a rating of "Disagree" or "St statement: The Recipient executed timely manner, please explain your to the problem.	our organization's contract in a	

* 10. Please indicate the date of your FY 2023-2024 contract execution.		
11. For contact execution later than March 15, 2023, please provide details explaining the delay(s).		
* 12. There were no significant different reimbursed amounts for our organ prior to any disallowance.		
Strongly agree	○ Disagree	
Agree	 Strongly disagree 	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & sug	gestions (optional)	
13. For a rating of "Disagree" or "Strongly Disagree" to the statement: There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance, please explain your concern and suggest a solution to the problem.		

* 14 The Recipient contacted on	ır organization to review utilization	
and expenditures that were not		
Strongly agree	○ Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & su	iggestions (optional)	
15. For a rating of "Disagree" or "S		
statement: The Recipient contacte utilization and expenditures that w		
your concern and suggest a solution	<u> </u>	
* 16. The Recipient reviewed our	r organization's service utilization	
and reimbursement requests submissions in a timely manner.		
Strongly agree	○ Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	Not applicable	
Comments: Strengths, weaknesses & su	nggestions (optional)	

17. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Recipient reviewed our organization's service utilization and reimbursement requests submissions in a timely manner, please explain your concern and suggest a solution to the problem.		
* 18. The Recipient provided paym days of submission of complete an		
Strongly agree	○ Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & sug	gestions (optional)	
19. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices, please explain your concern and suggest a solution to the problem.		

st 20. The Recipient clearly explained any holds or disallowances on reimbursement requests.		
Strongly agree	○ Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	○ Not applicable	
Comments: Strengths, weaknesses & suggestions (optional)		
21. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Recipient clearly explained any holds or disallowances on reimbursement requests, please explain your concern and suggest a solution to the problem.		
* 22. When/if our organization requires fiscal technical assistance or training manner.	- 0	
Strongly agree	○ Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	○ Not applicable	
Comments: Strengths, weaknesses & suggestions (optional)		

23. For a rating of "Disagree" or " statement: When/if our organizati and/or fiscal technical assistance timely manner, please explain you to the problem.	on requested programmatic or training, it was provided in a
* 24. The Recipient provided ou explanation of Ryan White Prog Ryan White HIV/AIDS Program Progress Report, client eligibilit	ram reporting requirements (i.e., Services Report (RSR), Annual
Strongly agree	○ Disagree
Agree	Strongly disagree
Neither agree nor disagree	O Not applicable
Comments: Strengths, weaknesses & s	suggestions (optional)
25. For a rating of "Disagree" or " statement: The Recipient provided explanation of Ryan White Progra Ryan White HIV/AIDS Program Se Progress Report, client eligibility your concern and suggest a soluti	d our organization with a clear m reporting requirements (i.e., ervices Report (RSR), Annual screening, etc.), please explain

* 26. Communication between the Recipient and our organization has been timely.		
Strongly agree	Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & suggestions (optional)		
27. For a rating of "Disagree" or "statement: Communication betwee organization has been timely, pleasuggest a solution to the problem	een the Recipient and our ase explain your concern and	
* 28. Communication between that has been effective.	the Recipient and our organization	
Strongly agree	○ Disagree	
Agree	 Strongly disagree 	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & s	suggestions (optional)	

29. For a rating of "Disagree" or "Statement: Communication between organization has been effective, pleasuggest a solution to the problem.	the Recipient and our
* 30. The Recipient informed our o	organization of reallocation
processes (sweeps) to identify unn requirements of a spending plan in organization's budget during the o	n order to adjust our
Strongly agree	Obisagree
Agree	Strongly disagree
Neither agree nor disagree	O Not applicable
Comments: Strengths, weaknesses & sugg	gestions (optional)
31. For a rating of "Disagree" or "Statement: The Recipient informed of processes (sweeps) to identify unmerequirements of a spending plan in conganization's budget during the concern and suggest a solution to the	our organization of reallocation t needs or service gaps, and the order to adjust our ntract year, please explain your

* 32. The Recipient kept our organization well informed of Miami- Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.).		
Strongly agree	○ Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & sug	ggestions (optional)	
33. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.), please explain your concern and suggest a solution to the problem.		
	A	

* 34. When contract non-complication Recipient provided adequate tire issue.	iance issues were raised, the me for remediation specific to the
Strongly agree	○ Disagree
Agree	Strongly disagree
Neither agree nor disagree	O Not applicable
Comments: Strengths, weaknesses & s	suggestions (optional)
35. For a rating of "Disagree" or "statement: When contract non-con Recipient provided adequate time issue, please explain your concern problem.	mpliance issues were raised, the e for remediation specific to the
and clarification to our organiza	ts, the Recipient provided guidance ation for any program-related ent, or other requested items, in a
Strongly agree	Disagree
Agree	Strongly disagree
Neither agree nor disagree	O Not applicable
Comments: Strengths, weaknesses & suggestions (optional)	

37. For a rating of "Disagree" or "Strongly Disagree" to the statement: In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner, please explain your concern and suggest a solution to the problem.				
* 38. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.				
Strongly agree	Disagree			
Agree	Strongly disagree			
Neither agree nor disagree	O Not applicable			
Comments: Strengths, weaknesses & sug	gestions (optional)			
39. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization, please explain your concern and suggest a solution to the problem.				

* 40. The Recipient's staff was courteous and respectful.		
Strongly agree	○ Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	O Not applicable	
Comments: Strengths, weaknesses & suggestions (optional)		
11. For a rating of "Disagree" or '		
statement: <i>The Recipient's staff w</i> please explain your concern and s	suggest a solution to the problem.	
* 42. Behavioral Science Resear	rch Corp. (BSR), the Recipient's	
Ryan White Program Clinical Q	uality Management contractor,	
responded adequately to inquir from our organization.	ries, requests, and problem-solving	
Strongly agree	Disagree	
Agree	Strongly disagree	
Neither agree nor disagree	Not applicable	
Comments: Strengths, weaknesses & s	suggestions (optional)	
	- 199 co 12011 (c p 120111)	

43. For a rating of "Disagree" or "Strongly Disagree" to the statement: Behavioral Science Research Corp. (BSR), the Recipient's Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization, please explain your concern and suggest a solution to the problem.				
* 44. The Groupware Technologies, LLC (GTL) Provide® Enterprise Miami (PE Miami) client data management system is reliable.				
Strongly agree	○ Disagree			
Agree	Strongly disagree			
Neither agree nor disagree	O Not applicable			
Comments: Strengths, weaknesses & sugg	gestions (optional)			
45. For a rating of "Disagree" or "Strongly Disagree" to the statement: The Groupware Technologies, LLC (GTL) Provide® Enterprise Miami (PE Miami) client data management system is reliable, please explain your concern and suggest a solution to the problem.				

* 46. The PE Miami client database system is easy to use.				
Strongly agree	Disagree			
Agree	Strongly disagree			
Neither agree nor disagree	O Not applicable.			
Comments: Strengths, weaknesses & suggestions (optional)				
47. For a rating of "Disagree" or "Strongly Disagree" to the statement: <i>The PE Miami client database system is easy to use</i> , please explain your concern and suggest a solution to the problem.				
* 48. The PE Miami client database system generates organization- specific data in an efficient and user-friendly manner.				
Strongly agree	Disagree			
Agree	Strongly disagree			
Neither agree nor disagree	O Not applicable			
Comments: Strengths, weaknesses & suggestions (optional)				

49. For a rating of "Disagree" or "Strongly Disagree" to the statement: The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner, please explain your concern and suggest a solution to the problem.			
* 50. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.			
Strongly agree	○ Disagree		
Agree	 Strongly disagree 		
Neither agree nor disagree	O Not applicable		
Comments: Strengths, weaknesses & sugg	gestions (optional)		
51. For a rating of "Disagree" or "Strongly Disagree" to the statement: The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting, please explain your concern and suggest a solution to the problem.			

52. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.		
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