



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Fiscal Year 2024-2025

**This survey refers to activities from March 1, 2024, through February 28, 2025.**

**The Recipient is the Miami-Dade County Office of Management and Budget-Grants Coordination.**

**All Miami-Dade HIV/AIDS Partnership members are asked to complete the survey**

**Due date: No later than May 30, 2025.**

#### Notes:

- Responses are tallied and reported in aggregate form without identifying information.
- Your responses will be saved if you need to complete the survey in more than one session.
- A separate survey will be distributed to Ryan White Program subrecipients addressing these issues and other concerns. If you represent both a subrecipient AND are a Partnership member, you are asked to complete two surveys.
- 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.

**Thank you!**

\* 1. Please enter your First and Last Name (Your name is required for tracking responses and will not be included in the final report.)

Name



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Reporting

**March 1, 2024, through February 28, 2025**

\* 2. 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.

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Reporting

\* 3. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response 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.*



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Reporting

\* 4. The Top Line Summary is helpful for understanding funding which impacts the Ryan White Program.

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Reporting

\* 5. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Top Line Summary is helpful for understanding funding which impacts the Ryan White Program.*



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Reporting

**March 1, 2024, through February 28, 2025**

\* 6. I understand the information presented on the Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports.

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |

Comments: Strengths, weaknesses & suggestions (optional)



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Reporting

\* 7. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *I understand the information presented on the Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports.*



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Priority Setting and Resource Allocations

**March 1, 2024, through February 28, 2025**

\* 8. The Recipient followed the Partnership's recommendations for service priorities and resource allocations.

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |

Comments: Strengths, weaknesses & suggestions (optional)



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Priority Setting and Resource Allocations

\* 9. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient followed the Partnership's recommendations for service priorities and resource allocations.*



Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Priority Setting and Resource Allocations

March 1, 2024, through February 28, 2025

\* 10. The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership.

- ☐ Strongly agree ☐ Disagree
- ☐ Agree ☐ Strongly disagree
- ☐ Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Priority Setting and Resource Allocations

\* 11. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership.*



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Sweeps / Reallocations

March 1, 2024, through February 28, 2025

\* 12. The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process (changing the distribution of funds among service categories to balance underspending with increased funding requests).

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Sweeps / Reallocations

\* 13. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process (changing the distribution of funds among service categories to balance underspending with increased funding requests).*



## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Resource Allocations (Demographics)

**March 1, 2024, through February 28, 2025**

\* 14. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.

- ☐ Strongly agree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly disagree
- ☐ Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)



Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Resource Allocations (Demographics)

\* 15. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.*



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Resource Allocations (Geographic Need)

**March 1, 2024, through February 28, 2025**

\* 16. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need.

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |

Comments: Strengths, weaknesses & suggestions (optional)



Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Resource Allocations (Geographic Need)

\* 17. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response 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.*



MIAMI-DADE  
HIV/AIDS PARTNERSHIP

## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Administration

**March 1, 2024, through February 28, 2025**

\* 18. 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.

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |

Comments: Strengths, weaknesses & suggestions (optional)



MIAMI-DADE  
HIV/AIDS PARTNERSHIP

## Partnership Member Assessment of the Recipient Administrative Mechanism Survey

### Administration

19. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response 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.*



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Administration

March 1, 2024, through February 28, 2025

\* 20. The Recipient's staff was courteous and respectful.

- ☐ Strongly agree ☐ Disagree
- ☐ Agree ☐ Strongly disagree
- ☐ Neither agree nor disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

\* 21. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient's staff was courteous and respectful.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

March 1, 2024, through February 28, 2025

\* 22. 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)



Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

\* 23. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response 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.*



Partnership Member Assessment of the Recipient Administrative Mechanism Survey

24. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, and/or other matters.