



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Fiscal Year 2024-2025

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

**All Ryan White Program Part A/MAI-funded subrecipients must complete the survey.**

**This survey link is specific to your organization. Topics include contract negotiation and execution, compliance, technical assistance, staff communication, and Provide® Enterprise Miami. It is recommended to include input from medical case managers and supervisors, contract managers, and billing managers when completing the survey.**

**Results will be distributed to all respondents and shared with the Strategic Planning Committee. You are welcome to attend Strategic Planning Committee meetings to review results and assist with process improvement.**

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

### Notes:

- The Recipient is the Miami-Dade County Office of Management and Budget-Grants Coordination.
- 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 or if more than one person is responding.
- 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.
- 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 Organization's Name

Organization

\* 2. Primary Respondent: 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.)

*You can include up to two additional people in the next section.*

First and last name of  
primary person  
completing this survey

Title of primary person  
completing this survey

\* 3. Primary Respondent: How many years have you worked with the Ryan White Program?

- ☐ Up to 3 years
- ☐ 4-7 years
- ☐ 7-9 years
- ☐ 10 years or more

4. OPTIONAL Second Respondent: Please enter the First and Last Name and Title of the second respondent completing the survey.

First and last name of  
second respondent  
completing survey

Title of second  
respondent completing  
survey

5. Second Respondent: How many years have you worked with the Ryan White Program?

- ☐ Up to 3 years
- ☐ 4-7 years
- ☐ 7-9 years
- ☐ 10 years or more

6. OPTIONAL Third Respondent: Please enter the First and Last Name and Title of the third respondent completing the survey.

First and last name of  
third respondent  
completing survey

Title of third  
respondent completing  
survey

7. Third Respondent: How many years have you worked with the Ryan White Program?

- ☐ Up to 3 years
- ☐ 4-7 years
- ☐ 7-9 years
- ☐ 10 years or more



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Contract Negotiation

March 1, 2024, through February 28, 2025

\* 8. The Miami-Dade County Office of Management and Budget-Grants Coordination ("the Recipient") conducted a fair contract negotiation process with our organization.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Contract Negotiation

\* 9. 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") conducted a fair contract negotiation process with our organization.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Award Notification

March 1, 2024, through February 28, 2025

\* 10. The Recipient sent award notifications/letters to our organization 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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Award Notification

\* 11. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient sent award notifications/letters to our organization in a timely manner.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Contract Execution

March 1, 2024, through February 28, 2025

\* 12. The Recipient executed our organization's contract 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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

\* 13. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient executed our organization's contract in a timely manner.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

March 1, 2024, through February 28, 2025

\* 14. Were there internal factors within your organization that led to delayed contract execution?

- ☐ Yes
- ☐ No
- ☐ N/A - Our contract was executed on time.

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

\* 15. Please select up to three internal factors that led to delayed contract execution. You can also include other internal factors in the comment box.

- ☐ Difficulty obtaining the necessary paperwork.
- ☐ Difficulty obtaining the necessary signatures.
- ☐ Limited time due to other contract execution demands.
- ☐ Limited time due to program monitoring schedule.
- ☐ Delayed by Board of Directors process(es).
- ☐ Delayed by our internal document routing process(es).

Other internal factors



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Contract Execution

March 1, 2024, through February 28, 2025

\* 16. Were there external factors with the Recipient that led to delays in contract execution?

- ☐ Yes
- ☐ No
- ☐ N/A - Our contract was executed on time.



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Contract Execution

\* 17. Please select up to three external factors that led to delayed contract execution. You can also include other external factors in the comment box.

- |   |  |
|---|--|
| <input type="checkbox"/> Delayed by the lateness of the Notice of Award.      | <input type="checkbox"/> Delayed in obtaining approval for the allocated amounts assigned to our agency. |
| <input type="checkbox"/> Delayed due to a contract language revision.         | <input type="checkbox"/> Delayed by Recipient for unknown reasons.                                       |
| <input type="checkbox"/> Delayed due to multiple contract language revisions. |  |

Other external factors



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Contract Execution

March 1, 2024, through February 28, 2025

\* 18. Did delays in contract execution cause service disruptions and/or organizational disruptions?

- ☐ Yes
- ☐ No
- ☐ N/A - Our contract was executed on time.



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Contract Execution

\* 19. Please select up to three service disruptions and/or organizational disruptions resulting from delayed contract execution. You can also include additional feedback in the comment box.

- ☐ Delayed services to existing clients.
- ☐ Inability to expand services for existing clients.
- ☐ Inability to accommodate new clients.
- ☐ Delayed payroll.
- ☐ Unable to hire additional staff.
- ☐ Delayed billing (accounts payable).
- ☐ Interrupted cashflow.
- ☐ Unable to complete facilities upgrades with reserve funding.

Other service disruptions and/or organizational disruptions



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Reimbursements

March 1, 2024, through February 28, 2025

\* 20. There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Reimbursements



\* 21. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Utilization and Expenditures

March 1, 2024, through February 28, 2025

\* 22. The Recipient contacted our organization to review utilization and expenditures that were not on target.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Utilization and Expenditures

\* 23. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient contacted our organization to review utilization and expenditures that were not on target.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Utilization and Reimbursements

March 1, 2024, through February 28, 2025

\* 24. The Recipient reviewed our organization's service utilization and reimbursement requests submissions 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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Utilization and Reimbursements

\* 25. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient reviewed our organization's service utilization and reimbursement requests submissions in a timely manner.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Payment of Invoices

March 1, 2024, through February 28, 2025

\* 26. After contract execution, the Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Payment of Invoices

\* 27. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *After contract execution, the Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Payment of Invoices

March 1, 2024, through February 28, 2025

\* 28. The Recipient clearly explained any holds or disallowances on reimbursement requests.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Payment of Invoices

\* 29. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient clearly explained any holds or disallowances on reimbursement requests.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

March 1, 2024, through February 28, 2025

\* 30. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

\* 31. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

March 1, 2024, through February 28, 2025

\* 32. Communication between the Recipient and our organization has been timely.

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



### Subrecipient Assessment of the Recipient Administrative Mechanism Survey

#### Communication

\* 33. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Communication between the Recipient and our organization has been timely.*



### Subrecipient Assessment of the Recipient Administrative Mechanism Survey

#### Communication

March 1, 2024, through February 28, 2025

\* 34. Communication between the Recipient and our organization has been effective.

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



### Subrecipient Assessment of the Recipient Administrative Mechanism Survey

## Communication

\* 35. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Communication between the Recipient and our organization has been effective.*



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Communication

March 1, 2024, through February 28, 2025

\* 36. The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps, and the requirements of a spending plan in order to adjust our organization's budget during the contract year.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Communication

\* 37. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps, and the requirements of a spending plan in order to adjust our organization's budget during the contract year.*



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Communication

March 1, 2024, through February 28, 2025

\* 38. 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.).

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Communication

\* 39. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response 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.).*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Compliance

March 1, 2024, through February 28, 2025

\* 40. When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Compliance

\* 41. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Technical Assistance

March 1, 2024, through February 28, 2025

\* 42. When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided 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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)





## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Technical Assistance

\* 43. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.*



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Technical Assistance

March 1, 2024, through February 28, 2025

\* 44. 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.

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Technical Assistance

\* 45. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response 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.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

March 1, 2024, through February 28, 2025

\* 46. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

\* 47. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Staff

March 1, 2024, through February 28, 2025

\* 48. The Recipient's staff was courteous and respectful.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



### Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Staff

\* 49. 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.*



### Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Staff

March 1, 2024, through February 28, 2025

\* 50. 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.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Staff

\* 51. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *BSR, the Recipient's Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization.*



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Provide® Enterprise Miami

March 1, 2024, through February 28, 2025

\* 52. The Groupware Technologies, LLC (GTL) Provide® Enterprise Miami (PE Miami) client data management system is reliable.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Provide® Enterprise Miami

\* 53. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Groupware Technologies, LLC (GTL) Provide® Enterprise Miami (PE Miami) client data management system is reliable.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide® Enterprise Miami

March 1, 2024, through February 28, 2025

\* 54. The PE Miami client database system is easy to use.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable.   |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide® Enterprise Miami

\* 55. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The PE Miami client database system is easy to use.*



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide® Enterprise Miami

March 1, 2024, through February 28, 2025

\* 56. The PE Miami client database system generates organization-specific data in an efficient and user-friendly 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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



### Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide® Enterprise Miami

57. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.*



### Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide® Enterprise Miami

March 1, 2024, through February 28, 2025

\* 58. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.

- |  |   |
|--|---|
| <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 | <input type="radio"/> Not applicable    |

Comments: Strengths, weaknesses & suggestions (optional)



## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Provide® Enterprise Miami

59. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.*



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## Subrecipient Assessment of the Recipient Administrative Mechanism Survey

### Additional Comments - Optional

60. Please offer additional comments or suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.