

## Appendix: Survey Tools

2022-2023 Part A Assessment of the Efficiency of the Administrative Mechanism (AAM):  
Subrecipient Survey

*This survey focuses on the Ryan White HIV/AIDS Program (RWHAP) Part A Fiscal Year (FY) 2022-2023 (i.e., March 1, 2022 - February 2023). In this survey we refer to the Part A Recipient and its staff as the “Recipient.” We refer to your agency’s HIV services program as “your program.” Please click on the boxes of the responses that BEST describes your opinion.*

### Contracting Part A Grant Funds in FY 2022-2023

1. Did the Recipient effectively administer RWHAP Part A grant funds? (Pick one)
  - Always
  - Sometimes
  - Never
  - Don't Know
  - Unsure
2. Did the Recipient execute your program’s RWHAP Part A contract amendments in a timely manner? (Pick one)
  - Yes
  - No
  - Don't Know
  - Unsure
3. Did the Recipient provide technical assistance (TA) to your program about submitting invoices, reporting, and other contractual requirements? (Pick one)
  - Yes
  - No
  - Don't Know
  - Unsure
  - NA, Our Program Did Not Need TA
4. Did your program apply for funds from a RWHAP Part A Request for Proposal (RFP)? (Pick one)
  - Yes
  - No
  - Not Applicable, Our Program Was Ineligible for the RFP
5. Did the Recipient execute your program’s new contract in a timely manner on or before the start of the new FY (i.e., March 1, 2022)? (Pick one)
  - Yes
  - No
  - Don't Know
  - Unsure
  - Not applicable (NA), did not receive a new contract in FY 2022-2023

### Expenditures and Payments in FY 2022-2023

6. On average in FY 2022-2023, did your program receive Part A invoiced payments from Orange County Government within 45 calendar days of submission?
- Yes
  - No
  - Don't Know
  - Unsure
7. Did the Recipient contact your program in the FY to discuss service utilization and expenditures data if spending was not on target? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
  - NA, Our Program's Spending Was on Target Throughout FY 2022-2023
8. Did the Recipient inform your program about the reallocation process to account for under- or over-spending? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
9. How can the Recipient improve payment processing and over- and under- spending of RWHAP Part A funds

10. Did your program experience any hardship due to delays in reimbursement by the recipient?
- Yes
  - No
  - Don't Know
  - Unsure
11. If you answered "Yes" to question 10, please describe the hardship below.

**Communications**

12. Did the Recipient keep your program informed of HRSA HIV/AIDS Bureau (HAB) policies, procedures, and news that impact the Ryan White Program? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
13. Did the Recipient keep your program informed of changes in RWHAP Part A reporting requirements, such as the Ryan White Services Report (RSR)? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
14. Did the Recipient keep your program informed of Planning Council directives that impacted Part A-funded agencies? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
15. Did the Recipient keep your program informed of RWHAP Part A client eligibility requirements? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
16. Was the Recipient's staff courteous and respectful to your program's employees? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
17. How can the Recipient improve communication with your program?

**Changes in Part A Monitoring of Your Program Due to COVID-19**

18. Did the Recipient provide adequate TA to your program on billing for telehealth services? (Pick one)
- Yes
  - No
  - Don't Know
  - Unsure
  - NA, Our Program Did Not Receive TA on Billing for Telehealth Services

19. What other ways can the Recipient improve its administrative management of the RWHAP Part A Program?

Thanks for completing the survey! Please **SAVE** your completed survey and email it to: [consultant]. Other questions or comments that you would like to share with [consultant]? Please email at [email address] or call [consultant phone].