

Appendix: Survey Tools

202~~54~~-202~~65~~ 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) 202~~54~~-202~~65~~ (i.e., March 1, 202~~54~~ - February 28, 202~~65~~). 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 2024-2025

1. Did the Recipient effectively administer RWHAP Part A grant funds? (Pick one)
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
 - Don't Know
2. Did the Recipient execute your program’s RWHAP Part A contract amendments in a timely manner? (Pick one)
 - Yes
 - No
 - Don't Know
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
 - NA, Our Program Did Not Need TA

RFP Process

4. Did your program apply for funds from a RWHAP Part A Request for Proposal (RFP)? (Pick one) (logic-based question)
 - Yes
 - No
 - Don't Know
 - Not Applicable, Our Program Was Ineligible for the RFP

5. Did the Recipient conduct a bidder’s conference?

6. If you answered “yes”, then:

~~5.~~ a. Did the Recipient execute your program's new contract in a timely manner on or before the start of the new fiscal year (FY) (i.e., March 1, 2024)? (Pick one)

- Yes
- No
- Don't Know
- Not applicable (NA), did not receive a new contract in FY 2024-2025

Expenditures and Payments in FY 202~~5~~4-202~~6~~5

~~6-5.~~ 6-5. On average in FY 202~~5~~4-202~~6~~5, did your program receive Part A invoiced payments from Orange County Government within 45 calendar days of submission?

- Yes
- No
- Don't Know

~~7-6.~~ 7-6. 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
- NA, Our Program's Spending Was on Target Throughout FY 202~~5~~4-202~~6~~5

~~8-7.~~ 8-7. Did the Recipient inform your program about the reallocation process to account for under- or over-spending? (Pick one)

- Yes
- No
- Don't Know

~~9-8.~~ 9-8. How can the Recipient improve payment processing and over- and under-spending of RWHAP Part A funds?

~~10-9.~~ 10-9. Did your program experience any hardship due to delays in reimbursement by the Recipient?

- Yes
- No
- Don't Know

~~11-10.~~ 11-10. If you answered "Yes" to question 10, please describe the hardship below.

Communications

42.11. 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

13.12. 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

14.13. Did the Recipient keep your program informed of Planning Council directives that impacted Part A-funded agencies? (Pick one)

- Yes
- No
- Don't Know

15.14. Did the Recipient keep your program informed of RWHAP Part A client eligibility requirements? (Pick one)

- Yes
- No
- Don't Know

16.15. Was the Recipient's staff courteous and respectful to your program's employees? (Pick one)

- Yes
- No
- Don't Know

17.16. The Recipient provides responsive and timely responses when our agency needed information.

- Yes
- No
- Don't Know

18.17. How can the Recipient improve communication with your program?

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



Thank you for completing the survey! Other questions or comments that you would like to share with _____? Please email him at _____ or call _____.