

System/Regional-Level Supplier Diversity Report Template

*****Please Note: you may use this template to assist you in gathering the information required for submission. Provide the following information to the extent that the data is available. All reports are required to be submitted in the Hospital Disclosures and Compliance System.*****

Reporting Organization:

System/Regional Network Description:

Report Period Start Date:

Report Period End Date:

Do you require suppliers to be certified?

Do you accept self-certification?

Diverse Procurement Spending – Minorities

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not available, enter Total Procurement amounts only.

Business Ownership	Tier I Procurement	Tier II Procurement	Total Procurement
African American			
Hispanic American			
Native American			
Asian Pacific American			
Unknown			
TOTAL			

Diverse Procurement Spending – Other

For the reporting period, enter the dollar amounts procured by your hospital from those business enterprises that employ the majority of their workforce in California. If details are not available, enter Total Procurement amounts only. If the same amounts are included in multiple categories, enter those dollars in the Duplicate Amount fields.

Business Ownership	Tier I Procurement	Tier II Procurement	Total Procurement
Minority	(Total from previous table)	(Total from previous table)	(Total from previous table)
Women			
LGBT			
Disabled Veteran			
Less Duplicate Amount (-)			
Combined Total			

How much your hospital system/regional network has spent on procurement in total during the reporting period (prior calendar year)?

Additional Information

Other Relevant Information (optional)