

## System/Regional Network 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. All information provided on this report will be available for viewing by the public, including numerical and written responses.\*\*\***

System/Regional Network Name:

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 \$0 were spent on procurement for a category enter \$0. If the data is not accessible, please leave the category blank.

Business Ownership	Tier I Procurement	Tier II Procurement	Total Procurement
African American			
Hispanic American			
Native American			
Asian Pacific American			
Unknown Minority			
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 \$0 were spent on procurement for a category enter \$0. If the data is not accessible, please leave the category blank. When a supplier qualifies for more than one diverse category, their procurement total is reported in each category. To prevent the procurement from being counted multiple times in the combined total, the identical amount should be reported in the less duplicate amount row.

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)? Total procurement includes all procurement from diverse and non-diverse suppliers by the hospital system/regional network. Diverse procurement shall not exceed the hospital system/regional network's total procurement

**Additional Information**

Other Relevant Information (optional)