

## Individual 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\*\*\****

Hospital Name:

Reporting Organization:

HCAI Hospital ID:

Report Period Start Date:

Report Period End Date:

Supplier Diversity Policy Statement:

How does your hospital encourage and seek out minority, women, LGBT, and disabled veteran business enterprises to become potential suppliers?

How does your hospital encourage its employees involved in procurement to seek out minority, women, LGBT, and disabled veteran business enterprises to become potential suppliers?

How does your hospital conduct outreach and communication to minority, women, LGBT, and disabled veteran business enterprises?

How does your hospital support organizations that promote or certify minority, women, LGBT, and disabled veteran business enterprises?

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			

What is your hospital's total procurement? Total procurement includes all procurement from diverse and non-diverse suppliers by the hospital. Diverse procurement shall not exceed the hospital's total procurement.

Enter the contact information for the individual(s) that business enterprises who are interested in contracting with your facility can reach out to.

Name:

Email:

Phone Number:

Website Link:

Does your hospital use a third-party procurement company (for example, a Global Purchasing Organization)?

Procurement Company Name:

Website:

**Additional Information**

Other Relevant Information (optional)