

Individual Supplier Diversity Plan 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 plans are required to be submitted in the Hospital Disclosures and Compliance System. All information provided on this plan 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: |
| Please describe your hospital's short-term goals and timetables, but not quotas, for increasing procurement from women, minority, LGBT, and disabled veteran business enterprises. |
| Please describe your hospital's long-term goals and timetables, but not quotas, for increasing procurement from women, minority, LGBT, and disabled veteran business enterprises. |



| Please describe the methods in which the hospital encourages and seeks out both prime and subcontract suppliers from women, minority, LGBT, and disabled veteran business enterprises to become potential suppliers. |
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| Please describe the methods in which the hospital encourages its employees involved in procurement to seek out women, minority, LGBT, and disabled veteran business enterprises to become potential suppliers. |
| Please describe the methods in which the hospital conducts outreach and communication to women, minority, LGBT, and disabled veteran business enterprises. |
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| Please describe the methods in which your hospital supports, partners with, or interacts with organizations and other entities in the procurement ecosystem that promote, certify, or contract with women, minority, LGBT, and disabled veteran business enterprises. |
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| Please describe the methods in which your hospital resolves any issues that may limit or impede an enterprise from becoming a supplier. |
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| Please describe the past implementation of relevant recommendations made by the Hospital Supplier Diversity Commission. |
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| Please describe the planne Supplier Diversity Commis | • | evant recommendations n | nade by the Hospital |
|---|---|---|---|
| | | | |
| Please describe your hosp | oital's procurement proce | ess. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Website Link(s): | | | |
| Do you require suppliers to | be certified? | | |
| Do you accept self-certification | ation? | | |
| Diverse Procurement Sp For the reporting period, e business enterprises that e procurement for a categor Tier I procurement means directly to provide goods a procurement means procurement means procurement means procured. | nter the whole dollar amemploy the majority of the yenter \$0. If the data is the procurement by directed services that supported | neir workforce in California not accessible, please lea ect contract between a hos t the operations of your ho | i. If \$0 were spent on ave the category blank. spital and a supplier ospital. Tier II |
| Business Ownership | Tier I Procurement | Tier II Procurement | Total Procurement |

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



<u>Diverse Procurement Spending – Other</u>

contracting with your facility can reach out to.

For the reporting period, enter the whole 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 less duplicate amount should be reported in the less duplicate amount row.

| Business Ownership | Tier I Procurement | Tier II Procurement | Total Procurement |
|---------------------------|----------------------|----------------------|-----------------------------|
| Minority | (Total from previous | (Total from previous | (Total from previous table) |
| | table) | 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.

Total Procurement means the purchase or lease of supplies, services, equipment, and capital expenditures related to buildings and fixed equipment during the previous calendar year. Procurement does not include items such as employee salaries and wages, fixed asset depreciation, amortization, or taxes.

Enter the contact information for the individual that business enterprises who are interested in

| Name: |
|---|
| Email: |
| Phone Number: |
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| Enter the contact information for the individual of the diverse business outreach liaison of your |
| hospital. |
| Name: |
| Email: |
| Phone Number: |



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

Procurement Company Name:

Website Link:

Additional Information:
Other Relevant Information (optional).

