



# Diversity Practice Questionnaire

| Number* | Title |
|---------|-------|
|---------|-------|

\*For example, "Number" may be an OPRHP-Specific Solicitation, Contract, RFQ, or Bid reference number.

All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.

|   |  |
|---|--|
| 1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives?              | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <i>If Yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals:</i> |  |
|   |  |
| <i>Attach Additional Sheets, If Necessary</i>   |  |

|   |         |
|---|---------|
| 2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company's clients or customers? | _____ % |
|---|---------|

|   |         |
|---|---------|
| 3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers) or noncontract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors? <sup>1</sup> | _____ % |
|---|---------|

|   |  |
|---|--|
| 4. Does your company provide technical training <sup>2</sup> to minority- and women-owned business enterprises?   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <i>If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs:</i> |  |
|   |  |
| <i>Attach Additional Sheets, If Necessary</i>   |  |

<sup>1</sup> Do not include onsite project overhead.

<sup>2</sup> The process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.



# Diversity Practice Questionnaire

| Number* | Title |
|---------|-------|
|---------|-------|

\*For example, "Number" may be an OPRHP-Specific Solicitation, Contract, RFQ, or Bid reference number.

|   |  |
|---|--|
| 5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|---|--|

*If Yes, Identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company's commitment to the governmental mentoring program:*

|  |
|--|
|  |
|--|

*Attach Additional Sheets, If Necessary*

|  |  |
|--|--|
| 6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

*If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained:*

|  |
|--|
|  |
|--|

*Attach Additional Sheets, If Necessary*

|  |  |
|--|--|
| 7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

*If Yes, provide documentation of program activities and a copy of policy or program materials.*

|  |
|--|
|  |
|--|

*Attach Additional Sheets, If Necessary*



# Diversity Practice Questionnaire

|                |              |
|----------------|--------------|
| <b>Number*</b> | <b>Title</b> |
|----------------|--------------|

\*For example, "Number" may be an OPRHP-Specific Solicitation, Contract, RFQ, or Bid reference number.

|  |  |
|--|--|
| 8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

*If Yes, provide a description of your efforts.*

*Attach Additional Sheets, If Necessary*

### Affirmation and Certification

I swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge.

|                    |            |
|--------------------|------------|
| Company Name:      |            |
| Doing Business As: |            |
| Address:           | City       |
|                    | State      |
|                    | Zip Code   |
| Name of Official:  | Title      |
| E-Mail             | Telephone: |

|                                  |           |      |
|----------------------------------|-----------|------|
| <b>Sign &amp; Date Here</b><br>→ |           |      |
|                                  | Signature | Date |

**Unless otherwise requested by OPRHP, please sign in ink as electronic signatures are not acceptable. A scanned copy of the original ink signature is acceptable.**