Diversity Practices Questionnaire

(he	ereafter referred to as t	he company), swea	title) of(title) of	firm or company alty of perjury that the answers best of my knowledge:	
1.	Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? Yes or No				
	If Yes, provide the na individual or individual		n of duties, and evidence o	of initiatives performed by this	
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, supplied 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 the provision of goods or services to your company's clients or customers) or non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority- and womenowned business enterprises as suppliers/contractors?				
4.	Does your company ր Yes or No	provide technical tra	iining² to minority- and wo	men-owned business enterprises?	
	program was initiated	l, the names and the ing in such training,	e number of minority- and the number of years such	but not be limited to, the date the women-owned business training has been offered and the	
5.	Is your company parti		nment approved minority-	and women-owned business	
	•			company participates and provide to the governmental mentoring	
	o not include onsite project	 overhead.			

²Technical training is 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.

Exhibit IV.B – Diversity Practices Questionnaire

6.	Does your company include specific quantitative goals for the utilization of minority- and womenowned business enterprises in its non-government procurements? Yes or No
	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.
7.	Does your company have a formal minority- and women-owned business enterprise supplier diversity program? Yes or No
	If Yes, provide documentation of program activities and a copy of policy or program materials.
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? Yes or No
	If Yes, attach Utilization Plan Exhibit I.O
	information provided in connection with the questionnaire is subject to audit and any fraudulent tements are subject to criminal prosecution and debarment.
Sig	nature of Owner/Official
Pri	nted Name of Signatory
Titl	e
Na	me of Business
Ad	dress
Cit	y, State, Zip

STATE OF _______ COUNTY OF ______) ss: On the _______ day of _______, 2018, before me, the undersigned, a Notary Public in and for the State of _______, personally appeared ________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this certification and said person executed this instrument.

Notary Public

Exhibit IV.B - Diversity Practices Questionnaire