

The Proposer must answer each question. For Proposers that are joint ventures or partnerships, this Diversity Practices Questionnaire must be separately completed by each party to the joint venture or by each partner in the partnership. Do not omit any question.

I, \_\_\_\_\_, as \_\_\_\_\_ (title) of \_\_\_\_\_ firm or company

(hereafter referred to as the company), 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:

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 name, title, description of duties, and evidence of initiatives performed by this individual or individuals. If additional space is needed, attach an additional sheet(s) to this QUESTIONNAIRE.

2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and women-owned business enterprises as subcontractors, suppliers, joint-ventures, 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 non-contract-related expenses (from your prior fiscal year) was paid to New York State certified minority and women-owned business enterprises as suppliers/contractors? Do not include onsite project overhead.

4. Does your company provide technical training to New York State certified minority and women-owned business enterprises? (Technical 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.)

Yes or  No

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 New York State certified 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. If additional space is needed, attach an additional sheet(s) to this QUESTIONNAIRE.

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5. Is your company participating in a government approved minority and women-owned business enterprise mentor protégé program?  
 Yes or  No

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. If additional space is needed, attach an additional sheet(s) to this QUESTIONNAIRE.

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6. Does your company include specific quantitative goals for the utilization of New York State certified minority and women-owned 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. If additional space is needed, attach an additional sheet(s) to this QUESTIONNAIRE.

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7. Does your company have a formal supplier diversity program for New York State certified minority and women-owned business enterprises?  
 Yes or  No

If Yes, provide documentation of program activities and a copy of policy or program materials. If additional space is needed, attach an additional sheet(s) to this QUESTIONNAIRE..

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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 Proposer?  
 Yes or  No

If Yes, complete the attached MBE/WBE Utilization Plan.

9. Does your company plan to enter into partnering or subcontracting agreements with New York State O.G.S. certified service disabled veteran-owned business enterprises if selected as the successful Proposer?

Yes or  No

If Yes, complete the attached SDVOB Utilization Plan.

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

Signature of Owner/Official \_\_\_\_\_

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

STATE OF \_\_\_\_\_ )

) ss:

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 201\_, 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

\_\_\_\_\_ County

My commission expires: \_\_\_\_\_