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**State of Illinois**

**Commitment to Diversity: Vendor Answer Sheet**

**V.24.3**

|  |
| --- |
| Vendor: Date: Bid #: |

**I. BEP Goal Compliance:** Have you met the set goal for contracting or subcontracting with businesses owned by women, minorities, or persons with disabilities or completed a Good Faith Effort Waiver for this procurement? **If there is no BEP goal the 5 points will automatically be awarded.**

[ ] BEP Goal met

[ ] Good Faith Effort Waiver

[ ] Self-fulfilling

[ ] Bid has no BEP Goal

**Verification:**

[ ] List of vendors and % goal met

[ ] U-Plan

[ ] Bid has no BEP Goal - No Verification Needed

[ ] Copy of Good Faith Effort Waiver

**II. Subcontracting / Contracting with any WMDB (not Limited to BEP):** Please list any WMD (women, minorities, or persons with disabilities) businesses that your business has contracted/subcontracted within the prior calendar year. This is outside of the current solicitation. **Businesses are not required to be registered with BEP.**

\*Subcontracts listed in U-Plan for this procurement do not qualify for this factor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contract Purpose** | **Vendor** | **Type of Diversity** | **Address** | **Phone/Email** | **Length of Contract** | **Cost** | **Percentage of Overall Spend** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Verification:**

[ ] Receipts

[ ] Contracts

[ ] References

**III. DEI Spend:** Percentage of business, education, and/or community spend from prior calendar year gross revenue that involves businesses owned by women, minorities, and/or persons with disabilities. **The assisted business is not required to be certified in BEP.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Percent** | **Amount** | **Description** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Verification:**

[ ] Proof of Transaction

[ ] Receipts

[ ] Contracts

[ ] Purchase Description

[ ] Flyer

[ ] References

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. DEI Time:** Hours spent in the prior calendar year on promoting DEI in the workplace, the community, education institutes, or supporting businesses owned by women, minorities, or persons with disabilities. **The assisted business is not required to be certified in BEP.** The success or failure of each event does not impact the points achieved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Date** | **Hours** | **Description** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Verification:**

[ ] Timesheet

[ ] Event Flyer

[ ] References

[ ] Event Emails/pages

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. DEI Policies:** The vendor has provided a written copy of, or screenshot of, their current written workforce diversity, equity, and inclusion (“DEI”) policy.

[ ] Yes, we have actionable DEI Policies.

[ ] No, we do not have actionable DEI Policies.

**Verification:**

[ ] Screenshot of DEI policies from website

[ ] Attached policies

**VI. Diversity in Staffing:**

**Calendar Year:** As used by the State of Illinois, the fiscal year starts in July. However, for our purposes, we refer to and utilize the calendar year, which begins in January, to determine the prior year.

**Governing Board:** Legally responsible for overseeing and running the business.

**Management:** A person who controls or administers all or part of the business.

**Senior Executives:** the chief executive officer, chief operating officer, chief financial officer, and anyone in charge of a principal business unit or function.

**Supervisor:** individual immediately in line after management who is responsible for monitoring and regulating a staff in their performance of delegated duties.

**Staff:** Any person permanently employed by the business.

To determine the percentage of WMD individuals in any role:

1. Divide the number of WMD staff by the total number of staff in the role.
2. Multiply by 100 to get the percentage.
3. Round up to the next whole percent if necessary. Ex. 0.45%=1%.

For example: if you have 10 board members and 5 are WMD, the calculation would be

(5/10) X 100 = 50%.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Number of WMD Staff** | **Percentage of WMD Staff** | **Types of Diversity** | **Number of Total Staff in Role** |
| **Governing Board and/or Senior Executives** |  |  |  |  |
| **Management/ Supervisor** |  |  |  |  |
| **Total Staff** |  |  |  |  |

**Verification:**

[ ] Attached staff list including role and diversity type

[ ] Attached EEO-1 Form

***This disclosure is signed by an authorized officer or employee on behalf of the submitting Vendor/Offeror. The undersigned certifies and affirms that the statements set forth in this document are true and accurate.***

Name of Disclosing Entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification Checklist**

Documents must be uploaded with the bid as its own “Required Quote Attachment” labeled as “Commitment to Diversity” along with the Vendor’s technical and pricing bids. Documents must be uploaded as either a zip file or PDF portfolio with each document labeled to identify what it is or is in support of.

**\*\*\* IF A VERIFICATION DOCUMENT IS NOT ATTACHED POINTS WILL NOT BE REWARDED\*\*\***

|  |  |  |
| --- | --- | --- |
| **Verification** | **Attached** | **Page #/section (if available)** |
| List of vendors and % goal met |  |  |
| U-Plan |  |  |
| Copy of Good Faith Effort Waiver |  |  |
| List of contracts/subcontracts with contract purpose, vendor name, diversity type, address, contact, cost, length, the percentage from the total spend |  |  |
| Copy of signed contracts |  |  |
| List of spend items, amount, percent, and description |  |  |
| Receipts |  |  |
| Loan contracts |  |  |
| Money spent references |  |  |
| List of activities, dates, hours, and descriptions |  |  |
| Time spent list |  |  |
| Time spent references |  |  |
| Event emails/pages |  |  |
| Flyers from events/fundraisers |  |  |
| Screenshot of DEI policies on website |  |  |
| DEI policies |  |  |
| Staffing list with roles and diversity types |  |  |
| Other: |  |  |