

Form 104 – Vendor Diversity Profile

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Website: _____

Person Completing Questionnaire Name: _____

Title: _____

Phone: _____

Email: _____

1. Please provide the following information regarding your Company's Board of Directors:

RACE/NATIONAL ORIGIN	# OF MEN	# OF WOMEN	TOTAL
Caucasian			
African-American			
Hispanic			
Asian			
GRAND TOTAL			

2. Please provide the following information regarding your Company's managers:

TITLE	CAUCASIAN	AFRICAN-AMERICAN	HISPANIC	ASIAN	WOMEN	TOTAL
CEO/President						
Executive VP						
Senior VP						
Vice President						
Division Head						
Other						
GRAND TOTAL						

3. Please provide the following information regarding your Company's employees:

RACE/NATIONAL ORIGIN	# OF MEN	# OF WOMEN	TOTAL
Caucasian			
African-American			
Hispanic			
Asian			
GRAND TOTAL			

4. Does your Company have a plan for increasing diversity among its upper ranks?

Yes No

Please provide a description of your plan:

5. Does your Company have an established diversity program?

Yes No

What is the title of the diversity program director, manager, or officer?

What is the name of the diversity program director, manager, or officer?

Please provide a brief description of your program:

6. If your Company does not currently have a diversity program, please describe below your Company's plan for establishing a program in the future.

7. How has the CEO demonstrated support for companywide diversity initiatives?

8. Does the Company incorporate diversity into its strategic business plan or goals? Please explain:

9. Please indicate your Company's procurement for the last full fiscal year in the following areas: **(In each box other than the TOTAL boxes, please provide the applicable spend amount (\$) and / percentage (%) of the total spend for each industry)**

INDUSTRY	Caucasian Business	African-American Business	Hispanic Business	Asian Business	Women Owned Business	TOTAL
Financial Services						
Legal Services						
Insurance						
Advertising						
PR/Marketing						
Technology						
Construction						
Janitorial						
Other						
GRAND TOTAL						

10. Please indicate your Company's charitable/philanthropic spending in the following areas for the last full fiscal year:

Education \$ _____

Museums \$ _____

Health & Human Services \$ _____

Environment \$ _____

Community Development \$ _____

Civil Rights \$ _____

Opera, Theater & Other Cultural \$ _____

Public Policy \$ _____

Other _____ \$ _____

11. Does your Company have a formal mentoring program for minority and women owned businesses?

Yes No

Please provide a brief description of your mentoring program:

12. Does your Company advertise in multiethnic media?

Yes No

Please provide a brief description of your advertisements:

13. Does your Company's website reference your diversity efforts?

Yes No

14. Would your Company be interested in participating in the Chicago Public Schools Education-To-Careers program?

Yes No

I, _____ hereby affirm that I am authorized to complete this questionnaire on behalf of _____ [Company Name], that I have personal knowledge of all the information contained herein and the same are true. I understand that records and documents may be requested by the Board to verify the information provided in this questionnaire.

Signature of Authorized Officer

Title

Print or Type Name

Date