



New York State
Homes & Community Renewal
 www.nyshcr.org

Company Name: _____

Contact Person: _____

Contact Phone Number: _____

Date: _____

Diversity Questionnaire

I. Company Demographic Profile

Enter the total number of employees in each category identified below.

Job Categories	Total Number of Employees		Report Employees in only one racial/ethnic category)												Disabled		Veteran (military service between 1/1/1963-5/7/1975)	
			Non-Hispanic or Latino										Hispanic or Latino					
			White		Black or African American		Native Hawaiian or other Pacific Islander		Asian		American Indian or Alaskan Native							
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Services Workers																		
Current Total																		
Temporary/Apprentices																		
Current Total																		
2011 Total																		
2010 Total																		
2009 Total																		

(NOTE: Proposers may attach the Employer Information Reports EEO-1 for the last 3 years instead of completing the above table)

II. Demographic Profile of Staff Assigned to the Agency's or Agencies' Engagement

Enter the total number of employees in each category identified below.

Job Categories	Total Number of Employees		Report Employees in only one racial/ethnic category)												Disabled		Veteran (military service between 1/1/1963-5/7/1975)	
			Non-Hispanic or Latino										Hispanic or Latino					
			White		Black or African American		Native Hawaiian or other Pacific Islander		Asian		American Indian or Alaskan Native							
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Services Workers																		
Current Total																		
Temporary/Apprentices																		
Total																		

III. Employment Practices Information

- a. Please provide a copy of your firm's officially adopted equal opportunity and affirmative action policy.

IV. MWBE Certification Status

- a. Is your company certified as a Minority and/or Women-Owned business enterprise with the New York State Department of Economic Development (ESDC)?
Yes or No
- b. If yes, please provide a copy of your certification.
- c. If your company has applied for but, as of the issuance of the RFP, has not been certified as a Minority or Women-Owned Business Enterprise by ESDC, you must submit proof of a pending application, including the filing date.
- d. If no, please list all other jurisdictions and/or certifying bodies that have deemed your company Minority and/or Women-Owned. Also, please provide a copy of each certification.

V. Strategic Plan and Diversity Initiatives

- a. Please provide a copy of your company's Diversity Policy statement.
- b. Does your company have a full-time "Chief Diversity Officer" or someone whose primary responsibility is to oversee administration of and compliance with the company's diversity business development?
Yes or No
- c. Does your company have a registration process for minority and women-owned companies interested in doing business with your company?
Yes or No
- d. Does your company currently track procurement spending with Minority and Women-Owned Businesses?
Yes or No
If yes, please provide the following information for Minority and Women-Owned Businesses you have previously procured goods or services from: company name, employee contact information and contract amount.
- e. Does your company have a documented numeric goal for utilizing Minority and Women-Owned Businesses as suppliers?
Yes or No
If yes, please provide documentation of this goal as a percentage of total procurement dollars.

VI. Joint Venture / Strategic Partnership / Sub-Contracting (if applicable)

(Note: Certain procurements are not suited for Jointed Ventures, Strategic Partnerships or Sub-contracting relationships.)

- a. Has your company engaged in any prior partnering arrangements with certified M/WBE companies? (Responses should include the nature of the engagement, how such arrangements was structured, and a description of how the services and fees were allocated)
- b. Please state your company's willingness, if any, to partner with a certified M/WBE. Explain how you would suggest structuring such an arrangement and allocating work in a manner that ensures that partnered M/WBE companies receive appropriate credit and compensation for the services they provide.
- c. If your company plans to establish a subcontracting arrangement with a New York State certified Minority or Women-Owned Business Enterprise (M/WBE), please complete a "Utilization Plan".

** Please note that the Agencies shall reserve the right to contract directly with each individual company submitting a joint proposal, when appropriate, and allocate work in a manner that ensures that partnered M/WBE companies receive appropriate credit and compensation for the services they provide.*