

## 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			
<b>GRAND TOTAL</b>			

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						
<b>GRAND TOTAL</b>						

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

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

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

Yes       No

Please provide a description of your plan:

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5. Does your Company have an established diversity program?

Yes       No

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

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

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Please provide a brief description of your program:

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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.

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

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

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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						
<b>GRAND TOTAL</b>						

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:

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12. Does your Company advertise in multiethnic media?

Yes       No

Please provide a brief description of your advertisements:

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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