

95002 Individual Hospital Supplier Diversity Plan

(a)

A hospital as defined in Section 95000 shall file a plan with the Department.

(b)

Data elements for individual hospital-level plans shall include: (1) Hospital name (2) Hospital HCAI ID (3) Reporting organization (4) Report period start date [January 1 of prior calendar year] (5) Report period end date [December 31 of prior calendar year] (6) The hospital's Supplier Diversity Policy Statement (7) The hospital's short-term and long-term goals and timetables, but not quotas, for increasing procurement from WMDVLGBTBE. (8) Does the hospital require certification? (9) Does the hospital accept self-certification? (10) Other relevant information. (11) The hospital's outreach and communications to WMDVLGBTBE to become potential suppliers, including: (A) The methods in which the hospital encourages and seeks out both prime and subcontract suppliers from WMDVLGBTBE to become potential suppliers. (B) The methods in which the hospital encourages its employees involved in procurement to seek out WMDVLGBTBE to become potential suppliers. (C) The methods in which the hospital conducts outreach and communication to WMDVLGBTBE. (D) The methods in which the hospital supports, partners with, or interacts with organizations and other entities in the procurement ecosystem that promote, certify, or contract with WMDVLGBTBE. (E) The methods in which the hospital resolves any issues that may limit or impede an enterprise from becoming

a supplier. (12) The planned and past implementation of relevant recommendations made by the hospital diversity commission. (13) The hospital's Tier I procurements that are made from WMDVLGBTBE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.

(A) Tier I Total Minority Business Enterprises (B) Tier I African American Business Enterprise (C) Tier I Hispanic American Business Enterprise (D) Tier I Native American Business Enterprise (E) Tier I Asian Pacific American Business Enterprise (F) Tier I Unknown Minority Business Enterprise (if unable to identify which qualified minority category). (G) Tier I Women Business Enterprises (H) Tier I LGBT Business Enterprises (I) Tier I Disabled Veteran Business Enterprises (J) Tier I Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total). (K) Combined Tier I total (14) The hospital's Tier II procurements that are made from WMDVLGBTBE

with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank. (A) Tier II Total Minority Business Enterprise (B) Tier II African American Business Enterprise (C) Tier II

Hispanic American Business Enterprise (D) Tier II Native American Business Enterprise (E) Tier II Asian Pacific American Business Enterprise (F) Tier II Unknown Minority Business Enterprise (if unable to identify which qualified minority category). (G) Tier II Women Business Enterprises (H) Tier II LGBT Business Enterprises (I) Tier II Disabled Veteran Business Enterprises (J) Tier II Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total). (K) Combined Tier II total

(15) The hospital's combined Tier I and Tier II procurements that are made from WMDVLGBTBE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital.

(A) Combined Total Minority Business Enterprise (B) Combined African American Business Enterprise (C) Combined Hispanic American Business Enterprise (D) Combined Native American Business Enterprise (E) Combined Asian Pacific American Business Enterprise (F) Combined Unknown Minority Business Enterprise (if unable to identify which qualified minority category) (G) Combined Women Business Enterprises (H) Combined LGBT Business Enterprises (I) Combined Disabled Veteran Business Enterprises (J) Combined Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total). (K) Combined Tier I and Tier II total

(16) How much your hospital has spent on procurement in total during the reporting period (prior calendar year). (17) Indicate if your hospital also has procurement through a hospital system or regional network within a hospital system, which was reported by the health system. (A) If yes, please list the

entity(s) this procurement is reported by. (18) Information regarding appropriate contacts at the hospital for interested business enterprises. Include relevant information as it pertains to your facility. (A) Name of contact person(s) who will be involved with hospital procurement. (B) Email of contact person(s) or general email where hospital procurement questions/inquiries may be answered. (C) Phone number of contact person(s) or general phone number where hospital procurement questions/inquiries may be answered. (D) If different from subdivision (18)(A), provide the name, email address and phone number of the contact person(s) of the diverse business outreach liaison of the hospital. (E) Website for hospital procurement where information, instructions, requirements, and/or other information will be available. (F) Description of hospital's procurement process. (G) Third party procurement organization information. (H) Other helpful website links. (I) Other relevant information.

(1)

Hospital name

(2)

Hospital HCAI ID

(3)

Reporting organization

(4)

Report period start date [January 1 of prior calendar year]

(5)

Report period end date [December 31 of prior calendar year]

(6)

The hospital's Supplier Diversity Policy Statement

(7)

The hospital's short-term and long-term goals and timetables, but not quotas, for increasing procurement from WMDVLGBTBE.

(8)

Does the hospital require certification?

(9)

Does the hospital accept self-certification?

(10)

Other relevant information.

(11)

The hospital's outreach and communications to WMDVLGBTBE to become potential suppliers, including: (A) The methods in which the hospital encourages and seeks out both prime and subcontract suppliers from WMDVLGBTBE to become potential suppliers. (B) The methods in which the hospital encourages its employees involved in procurement to seek out WMDVLGBTBE to become potential suppliers. (C) The methods in which the hospital conducts outreach and communication to WMDVLGBTBE. (D) The methods in which the hospital supports, partners with, or interacts with organizations and other entities in the procurement ecosystem that promote, certify, or contract with WMDVLGBTBE. (E) The methods in which the hospital resolves any issues that may limit or impede an enterprise from becoming a supplier.

(A)

The methods in which the hospital encourages and seeks out both prime and subcontract suppliers from WMDVLGBTBE to become potential suppliers.

(B)

The methods in which the hospital encourages its employees involved in procurement to seek out WMDVLGBTBE to become potential suppliers.

(C)

The methods in which the hospital conducts outreach and communication to WMDVLGBTBE.

(D)

The methods in which the hospital supports, partners with, or interacts with organizations and other entities in the procurement ecosystem that promote, certify, or contract with WMDVLGBTBE.

(E)

The methods in which the hospital resolves any issues that may limit or impede an enterprise from becoming a supplier.

(12)

The planned and past implementation of relevant recommendations made by the hospital diversity commission.

(13)

The hospital's Tier I procurements that are made from WMDVLGBTBE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank. (A) Tier I Total Minority Business Enterprises (B) Tier I African American Business Enterprise (C) Tier I Hispanic American Business Enterprise (D) Tier I Native American Business Enterprise (E) Tier I Asian Pacific American Business Enterprise (F) Tier I Unknown Minority Business Enterprise (if unable to identify which qualified minority category). (G) Tier I Women Business Enterprises (H) Tier I LGBT Business Enterprises (I) Tier I Disabled Veteran Business Enterprises (J) Tier I Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when

calculating the combined total). (K) Combined Tier I total

(A)

Tier I Total Minority Business Enterprises

(B)

Tier I African American Business Enterprise

(C)

Tier I Hispanic American Business Enterprise

(D)

Tier I Native American Business Enterprise

(E)

Tier I Asian Pacific American Business Enterprise

(F)

Tier I Unknown Minority Business Enterprise (if unable to identify which qualified minority category).

(G)

Tier I Women Business Enterprises

(H)

Tier I LGBT Business Enterprises

(I)

Tier I Disabled Veteran Business Enterprises

(J)

Tier I Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).

(K)

Combined Tier I total

(14)

The hospital's Tier II procurements that are made from WMDVLGBTBE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank. (A) Tier II Total Minority Business Enterprise (B) Tier II African American Business Enterprise (C) Tier II Hispanic American Business Enterprise (D) Tier II Native American Business Enterprise (E) Tier II Asian Pacific American Business Enterprise (F) Tier II Unknown Minority Business Enterprise (if unable to identify which qualified minority category). (G) Tier II Women Business Enterprises (H) Tier II LGBT Business Enterprises (I) Tier II Disabled Veteran Business Enterprises (J) Tier II Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total). (K) Combined Tier II total

(A)

Tier II Total Minority Business Enterprise

(B)

Tier II African American Business Enterprise

(C)

Tier II Hispanic American Business Enterprise

(D)

Tier II Native American Business Enterprise

(E)

Tier II Asian Pacific American Business Enterprise

(F)

Tier II Unknown Minority Business Enterprise (if unable to identify which qualified minority category).

(G)

Tier II Women Business Enterprises

(H)

Tier II LGBT Business Enterprises

(I)

Tier II Disabled Veteran Business Enterprises

(J)

Tier II Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).

(K)

Combined Tier II total

(15)

The hospital's combined Tier I and Tier II procurements that are made from WMDVLGBTBE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, plans shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. (A) Combined Total Minority Business Enterprise (B) Combined African American Business Enterprise (C) Combined Hispanic American Business Enterprise (D) Combined Native American Business Enterprise (E) Combined Asian Pacific American Business Enterprise (F) Combined Unknown Minority Business Enterprise (if unable to identify which qualified minority category) (G) Combined Women Business Enterprises (H) Combined LGBT Business Enterprises (I) Combined Disabled Veteran Business Enterprises (J) Combined Less duplicated amount

(if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total). (K) Combined Tier I and Tier II total

(A)

Combined Total Minority Business Enterprise

(B)

Combined African American Business Enterprise

(C)

Combined Hispanic American Business Enterprise

(D)

Combined Native American Business Enterprise

(E)

Combined Asian Pacific American Business Enterprise

(F)

Combined Unknown Minority Business Enterprise (if unable to identify which qualified minority category)

(G)

Combined Women Business Enterprises

(H)

Combined LGBT Business Enterprises

(I)

Combined Disabled Veteran Business Enterprises

(J)

Combined Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).

(K)

Combined Tier I and Tier II total

(16)

How much your hospital has spent on procurement in total during the reporting period (prior calendar year).

(17)

Indicate if your hospital also has procurement through a hospital system or regional network within a hospital system, which was reported by the health system. (A) If yes, please list the entity(s) this procurement is reported by.

(A)

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(18)

Information regarding appropriate contacts at the hospital for interested business enterprises. Include relevant information as it pertains to your facility. (A) Name of contact person(s) who will be involved with hospital procurement. (B) Email of contact person(s) or general email where hospital procurement questions/inquiries may be answered. (C) Phone number of contact person(s) or general phone number where hospital procurement questions/inquiries may be answered. (D) If different from subdivision (18)(A), provide the name, email address and phone number of the contact person(s) of the diverse business outreach liaison of the hospital. (E) Website for hospital procurement where information, instructions, requirements, and/or other information will be available. (F) Description of hospital's procurement process. (G) Third party procurement organization information. (H) Other helpful website links. (I) Other relevant information.

(A)

Name of contact person(s) who will be involved with hospital procurement.

(B)

Email of contact person(s) or general email where hospital procurement questions/inquiries

may be answered.

(C)

Phone number of contact person(s) or general phone number where hospital procurement questions/inquiries may be answered.

(D)

If different from subdivision (18)(A), provide the name, email address and phone number of the contact person(s) of the diverse business outreach liaison of the hospital.

(E)

Website for hospital procurement where information, instructions, requirements, and/or other information will be available.

(F)

Description of hospital's procurement process.

(G)

Third party procurement organization information.

(H)

Other helpful website links.

(I)

Other relevant information.