ATTACHMENT 10 DIVERSITY PRACTICES QUESTIONNAIRE

| I, | | (name), as | | (title) of |
|--------------|--|-------------------|---|------------|
| under penalt | | answers submitted | he company), swear a d to the following qu | |
| | company have a Chie lier diversity initiatives | | or other individual who i | s tasked |
| Yes | No | | | |
| | vide the name, title, de by this individual or in | | and evidence of initiati | ves |
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2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises

the provision of goods or services to your company's clients or customers?

as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for

3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors? Do not include onsite project overhead.

%

4. Does your company provide technical training to minority-and women-owned business enterprises? Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.

Yes No

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the name of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

5. Is your company participating in a government approved minority- and womenowned business enterprise mentor-protégé program?

Yes No

| | participate | entify the governmental mentoring program in which your company es and provide evidence demonstrating the extent of your company's ent to the governmental mentoring program. |
|----|-------------|---|
| | | |
| 6. | | r company include specific quantitative goals for the utilization of minority- en-owned business enterprises in its non-government procurements? |
| | Yes | No |
| | | ovide a description of such non-government procurements (including time, pal, scope, and dollar amount) and indicate the percentage of the goals that ned. |

| 7. | Does your company have a formal minority- and women-owned business enterprise supplier diversity program? | | | | | |
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| | Yes | No | | | | |
| | | ovide documentation of program activities and a copy of policy or program Reference attachments as necessary. | | | | |
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| 8. | New York | r company plan to enter into partnering or subcontracting agreements with State certified minority- and women-owned business enterprises if as the successful respondent? | | | | |
| | Yes | No | | | | |
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| Signature of Owner/Official | |
|-----------------------------|--|
| Printed Name of Signatory | |
| Title | |
| Name of Business | |
| Address | |
| City, State, Zip | |