CAPITAL EXPENDITURES TO FEMALE-OWNED, MINORITY-OWNED, VETERAN-OWNED, AND SMALL BUSINESS ENTERPRISES

Under the provisions of the Illinois Health Facilities Planning Act (20 ILCS 3960/5.3 (b) (2)), **any hospital having more than 100 authorized beds, and having any capital expenditures in excess of $350,000 for the erection, building, alteration, reconstruction, modernization, improvement, extension, or demolition of or by the hospital,** is required to complete this section of the annual hospital questionnaire (items A through J). The hospital may include capital expenditures below the $350,000 threshold, if desired.

A health care system may develop a system-wide annual report that includes all hospitals to comply with this requirement. If the health care system chooses to report in this manner, please indicate it as the reporting entity. The health care system shall use as much State-specific data as possible in this report. If State-specific data is not available, the health care system shall include national data and explain why State-specific data is not available, and what steps the system will take to provide State-specific data in future reports.

If information about the open-ended questions in this section is currently available online for the hospital or health care system, the hospital or health care system may provide the online reference for the pertinent information.

Hospital or Health Care System*	Southern Illinois Healthcare
Contact Person for this Section	Dan Boeckman
Contact Telephone	(618) 549-0721
Contact E-Mail	Dan.Boeckman@sih.net

* If the reported information is for a Health Care System, please indicate in the space below the hospitals included in the Health Care System.

If the reporting entity cannot provide all State-specific data, explain why State-specific data is not available, and what steps will be taken to provide State-specific data in future reports:

Please provide the following information based on your hospital or health system's most recently completed fiscal year.

For this section, **Qualifying capital expenditures** include "only expenditures ... for the erection, building, alteration, reconstruction, modernization, improvement, extension, or demolition of or by a hospital" [20 ILCS 3960/5.3(b)(1)].

A. What was your organization's goal for qualifying capital expenditures to the following categories of businesses?

	Percentage
Female-Owned Businesses	0.0 %
Minority-Owned Businesses	0.0 %
Veteran-Owned Businesses	0.0 %
Small Business Enterprises	0.0 %

B. What was the amount of your organization's total qualifying capital expenditures for the reporting period? **If your organization had no qualifying capital expenditures, proceed to question D.**

Total Qualifying Capital Expenditures for the Reporting Period (Dollars)	$ 195,041.00

C. What amount of your organization's qualifying capital expenditures actually were to the following types of businesses?

	Actual Amount Expended (Dollars)	Percentage of Total (Calculated)
Female-Owned Businesses	$ 18,717.00	9.60 %
Minority-Owned Businesses	$ 0.00	0.00 %
Veteran-Owned Businesses	$ 0.00	0.00 %
Small Business Enterprises	$ 175,324.00	89.89 %

D. For what type or types of qualifying capital expenditures is/are your organization actively seeking supplier diversity?

The Hospital Policy is to bid all construction projects over $250,000
We use our Pre-Qualified Contractor List to solicit Bids.

CAPITAL EXPENDITURES TO FEMALE-OWNED, MINORITY-OWNED, VETERAN-OWNED AND SMALL BUSINESS ENTERPRISES

E. What is your organization's plan for alerting and encouraging enterprises of your efforts to promote supplier diversity in your planned qualifying capital expenditures?

We will continue to look for qualified contractors. We have inserted a section in our bid form asking for female-owned, minority-owned, veteran-owned and small business enterprises contractor information that are included in bid submissions.

F. What challenges has your organization encountered in its efforts to promote and encourage supplier diversity?

Not enough diversity in our area.

G. What could the Illinois Health Facilities and Services Review Board do to assist your efforts to increase supplier diversity?

H. What certifications does your organization recognize in the recruitment of diverse-owned vendors/suppliers?

We do require documentation showing proof of female-owned, minority-owned, veteran-owned and small business enterprises contractors.

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I. How should a potential vendor/supplier contact your organization (point of contact)?

Request can be sent to: projects@sih.net
SIH Facilities Management Office Number: 618.529.0494

J. How would a vendor/supplier enroll with your organization to be recognized as a vendor/supplier of diversity ownership?

Fill out request "Prequalified Contractor Form"

K. Do you have particular examples of successful recruitment of diverse-owned vendors/suppliers which could be instructive to other organizations to emulate in their efforts to recruit diverse vendors/suppliers?