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 in order to comply with this requirement. If the health care system chooses to report in this manner, please indicate the health care system 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 pertaining to the open-ended questions in this section is currently available for the hospital or health care system on-line, the hospital or health care system may provide the on-line reference for the pertinent information.

Hospital or Health Care System*	
Contact Person for this Section	
Contact Telephone	
Contact E-Mail	

* 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)	$ 1.00

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	$ 0.00	0.00 %
Minority-Owned Businesses	$ 0.00	0.00 %
Veteran-Owned Businesses	$ 0.00	0.00 %
Small Business Enterprises	$ 0.00	0.00 %

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

The Loretto Hospital is committed to actively seeking diverse suppliers. We work with our surrounding communities and seek to help diversity-owned businesses thrive whenever and wherever we can.
By presenting bidding opportunities to certified diverse businesses and to make a good-faith effort in our procurement activities to utilize minority-owned, women-owned, and disabled-owned businesses (MWDB) to meet its procurement needs.
All efforts to contract and engage MWDB suppliers will be fair and impartial. No preference will be given to any business group or classification. The goal is to increase MWDB participation where possible in the provision of goods and services.

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?

Once the Hospital has determined the needs of the project, the CON or process of identifying a minority architect will be then next step. Once the project plans are final an RFP will be available for bidding. It is the goal of the Hospital to identify female-owned, minority-owned and/or veteran-owned business to contribute to the project from brick and mortar construction to supplies.

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

Supplier diversity challenges are most noticed in supplies for the Hospital needs i.e. beds, ventilators, critical care supplies and other such supplies. In the areas of construction if the main construction company is not female-owned, minority-owned, veteran-owned or is a small business we seek to request that they commit to identifying and working with a business in one of the categories if and when possible.

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

In an effort to compliment our current vendor list, sharing vendors used on other projects; construction, furnishings and supplies alike would be an opportunity to increase our database.

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

51 percent or more of the stock or equity of the business must be owned by a person or persons of the minority group being measured.
• Small Disadvantaged Business (SDB)
Businesses owned and operated by socially and economically disadvantaged persons may be eligible for SDB self-certification
• Service-disabled Veteran-owned Small Business Concern (SDVOSBC)
U.S. military veterans who acquired a disability as a result of their service may qualify for SDVOSBC status through the Vets First Verification Program.

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

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

Sonya Swinnie, Director, Supply Chain Management
773-854-5276
sonya.swinnie@lorettohospital.org

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

Contact the Director of Supply Chain Management via email and provide:
• Company demographics
• Point of contact
• Services/Supplies the vendor provides
• Identify diversity category

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

For small community hospital community networking is also a key to successful recruitment if diversely owned vendors/suppliers. Also being open to offering them an opportunity to take over a supply/product that may be available with of a current vendor.