



Office of Statewide Pretrial Services  
850 East Madison Street, 3rd Floor #329  
Springfield, IL 62702

### Attachment B: Company Organization and Diversity Questionnaire

The following questionnaire must be completed and included with your response to this RFP.

Please type your responses in the same order as the questionnaire, listing the question first followed by your answer.

#### Contact and Company Information:

Name of Individual / Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Contact Person(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

#### Organization Background:

1. Please provide a general description and history of the organization, its operations (please include any history of mergers and/or acquisitions), year founded, ownership structure, biographies of the principals and percentage ownership by current employees.
2. Provide a brief, descriptive statement detailing evidence of the respondent's ability to deliver the goods or services sought under this RFP.
3. Is respondent a "Minority-owned business," meaning a business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it? If so, please provide a detailed explanation.
4. Is respondent a "Female-owned business," meaning a business which is at least 51% owned by one or more females, or, in the case of a corporation, at least 51% of the stock in which is owned by one or more females; and the management and daily business operations of which are controlled by one or more of the females who own it? If so, please provide a detailed explanation.
5. Is respondent a "Business owned by a person with a disability," meaning a business that is at least 51% owned by one or more persons with a disability and the management and daily business operations of which are controlled by one or more of the persons with disabilities who own it? A not-for-profit agency for persons with disabilities that is



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exempt from taxation under Section 501 of the Internal Revenue Code of 1986 is also considered a "business owned by a person with a disability." If so, please provide a detailed explanation.

6. Does respondent's firm/company have a formal diversity and inclusion policy or initiative? Does this policy extend to subcontractors? If so, please provide a copy of the same.
7. Does respondent's firm/company have a formal mentorship program or offer enhanced training opportunities for minorities and/or women? If so, please provide details.
8. If selected, does respondent expect to assign any female employees, minority employees, or employees with disabilities to provide any of the requested services to OSPS? Please explain.