

## **APPENDIX A**

### **SPECIAL ANTIDISCRIMINATION CONTRACT PROVISIONS, INSTRUCTIONS AND FORMS**

Applicants interested in applying for contract opportunities advertised through the Mayor's Fund for Philadelphia are required to submit the following information with their proposal:

1. Identification of the race, gender, disability status, and ethnic composition of the Applicant's workforce;
2. Identification of the race, gender, disability status, and ethnic composition of the Applicant's company leadership, or board of directors or trustees (for nonprofit organizations);
3. A list of the Applicant's five highest dollar value M/W/DSBE suppliers of products and services; and
4. The Applicant's statement explaining its efforts to maintain a diverse workforce, a diverse company leadership or board of directors, and operate a fair and effective supplier diversity program.

Please use the attached form, "Diversity Disclosure Report for RFP Applicants," to submit this information, attaching additional pages as needed. This information should be submitted with the Applicant's proposal, but the Mayor's Fund for Philadelphia, at its sole discretion, may allow applicants to submit or amend this form at any time prior to award.

**Mayor's Fund for Philadelphia  
Diversity Disclosure Report for RFP Applicants**

<b>1 DEMOGRAPHIC BREAKDOWN OF WORKFORCE</b>						
<p>Please provide the following demographic breakdown of your workforce by race/ethnicity/gender/disability:</p> <p align="center"> <b>African American</b>  <b>Asian/Pacific Islander</b>  <b>Caucasian</b>  <b>Disabled</b>  <b>Hispanic</b>  <b>Native American</b>  <b>Other</b>  <b>Total Number of Employees</b> </p>	<b>#</b>	<b>%</b>		<b>#</b>	<b>%</b>	
				<b>Males</b>		
				<b>Females</b>		
<b>2 DEMOGRAPHIC BREAKDOWN OF COMPANY LEADERSHIP OR BOARD COMPOSITION</b>						
<p>Please provide the following demographic breakdown of your company leadership or Board of Directors by race/ethnicity/gender/disability:</p> <p align="center"> <b>African American</b>  <b>Asian/Pacific Islander</b>  <b>Caucasian</b>  <b>Disabled</b>  <b>Hispanic</b>  <b>Native American</b>  <b>Other</b>  <b>Total Number of Directors or Trustees</b> </p>	<b>#</b>	<b>%</b>		<b>#</b>	<b>%</b>	
				<b>Males</b>		
				<b>Females</b>		
<b>3 SUPPLIER DIVERSITY</b>						
<p>Please check the appropriate box to indicate if you have a supplier diversity policy. If "no," please explain on your letterhead.</p>				<b>Yes</b>	<b>No</b>	

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**If you maintain a supplier diversity policy, please attach a copy of your supplier diversity policy.**

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**Please identify below, your agency's five (5) highest minority, woman, and/or disabled owned business suppliers of products or services, indicating your estimated annual expenditure(s) with the firm:**

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	<b>Company Name</b>	<b>Company Address</b>	<b>Company Telephone</b>	<b>Minority</b>	<b>Woman</b>	<b>Disabled</b>	<b>Annual Expenditures</b>
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Organization Name:** \_\_\_\_\_