



Los Angeles Jewish Health  
Joyce Eisenberg-Keefer Medical Center

## Vendor Diversity Questionnaire

6/20/2025

Dear Valued Vendor,

Our organization seeks to create meaningful partnerships with businesses that reflect the diversity of the communities we serve. In alignment with California's Hospital Supplier Diversity Program (Health and Safety Code § 1339.85 et seq.), we are requesting that your business voluntarily provide information about its ownership and certification status.

Please take a few moments to complete and return the attached questionnaire. Your participation is entirely voluntary and will not affect your current or future status as a vendor with our organization. The information will be used for internal tracking, mandatory state reporting to HCAI, and planning efforts related to diversity in our supply chain.

If your business is certified as a Diverse Business Enterprise (DBE), please indicate the type of certification and the certifying agency. If your business is not currently certified but qualifies under any of the categories listed (e.g., minority-owned, woman-owned, veteran-owned, LGBTQ-owned, disabled-owned), we encourage you to consider obtaining certification.

If your business is interested in becoming a certified Diverse Business Enterprise, you can explore certification through the following websites.

<https://sch.thesupplierclearinghouse.com>, <https://www.nmsdc.org>, <https://www.wbenc.org>,  
<https://www.nglcc.org>, <https://vetbiz.va.gov>, <https://disabilityin.org/what-we-do/supplier-diversity/>

We thank you in advance for your participation and for your partnership with Los Angeles Jewish Health.

Sincerely,

Los Angeles Jewish Health  
Joyce Eisenberg-Keefer Medical Center

### Vendor Diversity Questionnaire

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is your company certified as a Diverse Business Enterprise (DBE)?

☐ Yes

☐ No

If yes, check all that apply and provide certification info:

☐ Minority-Owned ☐ Woman-Owned ☐ Veteran-Owned

☐ LGBTQ-Owned ☐ Disability-Owned ☐ Other: \_\_\_\_\_

Certifying Agency: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If not certified, does your company self-identify as any of the following?

☐ Minority-Owned ☐ Woman-Owned ☐ Veteran-Owned

☐ LGBTQ-Owned ☐ Disability-Owned ☐ Other: \_\_\_\_\_

Does your business have a Supplier Diversity Program?

☐ Yes

☐ No

Completed by (print Name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_