

Company Name:	
Company Address:	
Name and Title of Contact Person:	
Email Address:	
Phone Number:	
Have you previously contracted with or provided a bid to work with SummitStone Health Partners?	Yes No Comment:
Do any of the following categories apply to your company?	Check all that apply: Women Owned BIPOC Owned Persons with physical, developmental or intellectual disability owned Veteran Owned LGBTQIA+ Owned Other None of the Above Comment:
Please describe the financial model of your company.	For-Profit Not-For-Profit 5013C Other: Comment:
Does your company provide any goods or services to marginalized populations? Examples could include protected classes, underserved communities, individuals experiencing homelessness, etc.	Yes No Comment:
Does your company have an official mission statement, vision, or value that includes a focus on diversity, equity, and/or inclusion?	Yes No Comment:
Do you know the demographic breakdown of your staff's race, ethnicity, and gender identify?	Yes No Please describe:
Do you know the demographic breakdown of your executive leaderships' race, ethnicity, and gender identify?	Yes No Please describe:
Do you know the demographic breakdown of your Board of Director's race, ethnicity, and gender identify?	Yes No Not Applicable Please describe:
Please add anything else you would like to further describe the diversity of your organization.	