



## MICRO Program Annual Vendor Diversity Report

*Must be submitted annually by April 15 throughout the term of the related MICRO Agreement. Reports can be emailed to [CEO.MICRO@Illinois.gov](mailto:CEO.MICRO@Illinois.gov) or uploaded to the MICRO Document Submission Portal.*

|   |  |                       |  |                                  |
|---|--|-----------------------|--|----------------------------------|
| <b>Company Named in MICRO Tax Credit Agreement:</b> |  |                       |  |                                  |
| City/Site:  |  |                       |  |                                  |
| Fiscal Year Ended:                                  |  | MICRO Agreement Date: |  | # Worldwide Full-Time Employees: |

### SECTION 1 – VENDOR DIVERSITY REPORTING

| <b>Procurement Results:</b><br><i>For the reporting year, input expenditures for each category as a percentage of total corporate expenditures. *For the purposes of this report, the term "minority" refers to female-owned, minority-owned, veteran- owned and small business enterprises.</i> | CATEGORY                                     | TOTAL% |
|--|--|--------|
|  | Minority Business Enterprise (MBE)           |        |
|  | Women Business Enterprise (WBE)              |        |
|  | <b>Subtotal MBE &amp; WBE (auto total)</b>   |        |
|  | Veteran Business Enterprise (VBE)            |        |
|  | <b>Total MBE, WBE &amp; VBE (auto total)</b> |        |
|  | Small Business Enterprise (SBE)              |        |

Briefly identify how the company plans to increase minority procurement during the upcoming year. Address areas of procurement which are targeted for increased participation, and how the company will alert and encourage potential minority vendors. Additionally, if company is a federal contractor required to submit a vendor diversity report to the federal government, attach that report:

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Identify how the minority procurement goals identified above will be achieved:

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Identify challenges faced when seeking minority vendors:

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Identify certifications recognized by the company regarding minority firm qualifications:

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Contact information for individual responsible for coordination of minority vendor opportunities:

| NAME | TITLE | EMAIL |
|------|-------|-------|
|      |       |       |