

**ILLINOIS COMMISSION ON EQUITY AND INCLUSION  
BUSINESS ENTERPRISE PROGRAM  
FISCAL YEAR 2022  
BEP EXPENDITURE AND SERVICE CATEGORY REPORTING**

**OVERVIEW**

The Business Enterprise Program (BEP) expenditure reporting template is a tabbed Excel Workbook provided in an electronic format. There are three required reporting worksheets:

- 1) **PE11R20**
- 2) **EXPENDITURES**
- 3) **SERVICE CATEGORY REPORT** (with narrative)

The **PE11R20** worksheet will identify **ALL** expenditures and number of contracts to certified BEP prime and BEP subcontracting vendors made by your institution, including expenditures to Sheltered Workshops participating in the State Use Program.

The submitted **PE11R20** must be signed by the Institution's director, or authorized representative, attesting that the information returned to BEP is final, complete, and accurate. The approval signature applies to all data identified on the **PE11R20** and the **SERVICE CATEGORY REPORT**. All three electronic worksheets, the **PE11R20**, the **EXPENDITURES**, and the **SERVICE CATEGORY REPORT** of the annual reporting workbook must be returned to BEP, even if no entries were made on the **SERVICE CATEGORY REPORT** worksheet.

The Fiscal Year 2022 reporting template has been modified. **Only** use the templates that are provided for this year's reporting.

**ACTION REQUIRED:**

Send your signed and completed submission to [cei.bep.compliance@illinois.gov](mailto:cei.bep.compliance@illinois.gov) and use "###(Your Institution's 3-digit ID Number) – FY22 BEP Annual Report" for the Subject line.

Do not password-protect any worksheets before returning them by **November 30<sup>th</sup>, 2022**.

If you have any questions regarding this process, please contact us at [CEI.BEP.Compliance@Illinois.gov](mailto:CEI.BEP.Compliance@Illinois.gov). These forms can also be found on our website at [CEI.Illinois.gov](http://CEI.Illinois.gov).

# INSTRUCTIONS

## PE11R20

The data displayed on the **PE11R20** worksheet/tab represents all BEP expenditure information entered on the **EXPENDITURES** worksheet/tab.

The **PE11R20** worksheet/tab displays two columns, "BEP VENDOR EXPENDITURES" and "TOTAL CONTRACTS". The column for "BEP VENDOR EXPENDITURES" represents all dollars paid to BEP prime and subcontracting vendors and Sheltered Workshops in the State Use Program. The column for "TOTAL CONTRACTS" represents the total number of all individual contracts performed by each ethnic and gender classification.

The **PE11R20** worksheet/tab only requires your signature and submission.

## EXPENDITURES

All BEP vendor (prime and subcontractor) expenditure data is entered on the **EXPENDITURES** worksheet/tab by the agencies, public institutions of higher education, and community colleges. Only data entered for BEP vendors that maintained an active BEP Certification status in Fiscal Year 2022 will be applied towards the BEP goal. Agencies that process their BEP expenditure data through the Illinois Comptroller's Office and the BEP Diversity Contract Monitoring System (DCMS) will receive their expenditure data in a follow-up email for your review, additions, or modifications.

On the **EXPENDITURES** worksheet/tab, provide the reporting institution's ID number (Column B), contract number (Column C), the contract name (Column D), the BEP vendor's name (Column E), EIN number (Column F), the amount received by the BEP vendor for Fiscal Year 2022 (Column G) and indicate with a "P" or "S" whether the BEP vendor participated as a prime or subcontractor on the contract (Column S). Enter the total contract dollar amounts received by the BEP vendor in the appropriate certified gender and ethnic column (Columns H through R).

For institutions that will be receiving Fiscal Year 2022 data from BEP, note in some instances BEP subcontracting expenditure information was not reported in DCMS. These non-reporting vendors will be displayed with a \$0 in the "TOTAL BEP DOLLAR SPEND" (Column G) on the **EXPENDITURES** worksheet/tab.

The information displayed on "EXPENDITURE TOTALS" (Row 1) and "TOTAL CONTRACTS" (Row 2) of the **EXPENDITURES** worksheet/tab, is automatically transferred to the **PE11R20** worksheet/tab under the "BEP VENDOR EXPENDITURES" (Column G) and "TOTAL CONTRACTS" (Column I).

The “EXPENDITURE TOTALS” (Row 1) cells contain formulas totaling all the expenditures on the worksheet by column. The “TOTAL CONTRACTS” (Row 2) requires manual entry. Enter the total number of contracts per gender and ethnicity for each column.

If appropriate, the BEP vendor expenditure information entered here may also need to be entered in the **SERVICE CATEGORY REPORT**. This applies if the goods and services provided by the BEP vendor falls under one of the service reporting categories.

## SERVICE CATEGORY REPORT

### **Narrative**

The first component of Service Category reporting requires completion of a narrative on your institution’s letterhead. The narrative should document the Institution’s adoption of policies that identify their plan and implementation procedures for increasing the use of certified service firms owned by minorities, females, and persons with disabilities. The Institution shall state the actions it has undertaken to increase the use of diversity service firms, including encouraging non-minority-owned firms to use other service firms owned by minorities, females, and persons with disabilities as subcontractors when the opportunities arise.

Note, an additional and separate narrative is required if an Institution did not attain their BEP goal for the year. The institution shall also state any recommendations made by the BEP Council to increase participation using diversity service firms.

### **Service Category Report Worksheet**

The **SERVICE CATEGORY REPORT** worksheet/tab details the Institution’s certified diversity vendor participation within six identified categories. Details for Service Category Reporting are located [here](#) under Section 4.f.

Complete all four Tables (A through D) on the worksheet labeled **SERVICE CATEGORY REPORT**. If there is no data to report for a Table, enter “N/A” in the first cell of each appropriate Table.

Table **A** - for **INSURANCE SERVICES** enter the following information under each column:

- The three-digit identification number of the Institution (Column B).
- The name of the service firm owned by minorities, women, and persons with disabilities (Column C).
- The EIN number of the service firm (Column D).

- Select the certifying entity of the service firm (Column E) from the dropdown options.
- The name of insurance broker or claims consultant (Column F).
- The total of risk managed by the Institution by insurance brokers (Column G).
- The total commissions, fees paid, or both (Column H).
- The lines or insurance policies placed (Column I).
- The percentage of risk managed by insurance brokers (Column J).
- The percentage of total commissions and fees paid (Column K).
- Lines or insurance policies placed with the service firm owned by minorities, females, and persons with disabilities (Column L).
- Amount of premiums placed with the service firm owned by minorities, females, and persons with disabilities (Column M).

Table **B** - for **INVESTMENT MANAGEMENT SERVICES** enter the following information under each column:

- The three-digit identification number of the Institution (Column B).
- The name of the service firm owned by minorities, women, and persons with disabilities (Column C).
- Enter the EIN number if the service firm (Column D).
- Select the certifying entity of the service firm (Column E) from the dropdown options.
- The name of the investment manager used (Column F).
- The total funds under management of the investment manager (Column G).
- The total commissions, fees paid, or both (Column H).
- The total funds under management of the emerging investment manager owned by minorities, women, and persons with disabilities (Column I).
- The total percentage of funds under management of the emerging investment manager owned by minorities, women, and persons with disabilities (Column J).

- The percentage of total commissions and fees paid by the Institution (Column K).

Table **C** - for **PROFESSIONAL SERVICES** enter the following information under each column:

- The three-digit identification number of the Institution (Column B).
- The name of prime service firm on the contract (Column C).
- Enter the EIN number if the service firm is BEP certified (Column D).
- Select the certifying entity of the service firm (Column E) from the dropdown options.
- Identify the appropriate service category from the dropdown options for the service firm's contract commitment (Column F).
- The total dollars paid to the prime service firm for the selected professional service (Column G).
- The total dollar amount paid to the service firm owned by minorities, women, and persons with disabilities (Column H).
- The total percentage paid to the service firm owned by minorities, women, and persons with disabilities (Column I).

Table **D** - for the **NUMBER OF CONTRACTS** enter the following information under each column:

- The three-digit identification number of the Institution (Column B).
- The total number of contracts awarded in each service category listed (Column D).
- The total number of contracts awarded by service category to service firms in owned by minorities, women, and persons with disabilities (Column E).

