



MENTOR PROTÉGÉ PROGRAM APPLICATION

05/02

This application is used to request approval from Texas State Agencies and Universities to participate as a **MENTOR or PROTÉGÉ** in the State of Texas Mentor Protégé Program. **A completed Mentor Protégé application is required** to be signed by the company's majority owner(s) or an authorized representative.

Sponsoring State Agency/University Name: _____

Please respond to each item on the application. If an item is not applicable, enter "N/A" as your response. Incomplete applications may be returned to sender, which will delay your request for approval to participate in the State of Texas Mentor Protégé Program.

1. Check **ONE** box to indicate which designation you are applying for in the State of Texas Mentor Protégé Program: ☐ **Mentor** ☐ **Protege**

2. **Payee Identification Number:** Provide the taxpayer identification number assigned to you for the purpose of filing your business' federal income tax returns. Also, check **ONE** box, which identifies the type of number you are providing.

(Taxpayer Identification Number) ☐ Federal Employer's Identification Number ☐ Texas Taxpayer Number ☐ Social Security Number*

*Note: The State of Texas encourages all business owners to obtain a Federal Employer's Identification Number from the Internal Revenue Service or a Texas Taxpayer Number from the State of Texas Comptroller of Public Accounts, for use as their business taxpayer identification number (Payee Identification Number).

3. **Business Name:** Provide your business name and if applicable, DBA (Doing Business As) name.

4. **Business Address Information:** Provide your business mailing address and physical address, if different than mailing address.

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

5. **Business Phone #:** (____) _____ **Business Fax #:** (____) _____

Contact Person(s): _____

Business Hours: _____ ☐ A.M. ☐ A.M.
_____ ☐ P.M. to _____ ☐ P.M.

6. **Internet Web Page/URL Address:** _____

7. **E-Mail Address:** _____

8. **Business Structure** - Check **ONE** box that identifies your business structure.

☐ (S) - Sole Proprietorship ☐ (P) - Partnership ☐ (C) - Corporation
☐ (J) - Joint Venture ☐ (L) - Limited Liability Company ☐ (L) - Limited Liability Partnership

9. **Business Category Description, Principal Line of Business Description**

a. **Business Category Description** - Check **ONE** box that best identifies the services provided by your business and is the primary source of gross receipts for your business.

☐ (01) - Heavy Construction other than Building Construction ☐ (06) - Other Services including Legal Services
☐ (02) - Building Construction, including General Contractors and Operative Builders ☐ (07) - Commodities Wholesaler/Reseller
☐ (03) - Special Trade Construction ☐ (08) - Commodities Manufacturer
☐ (04) - Financial and Accounting Services ☐ (09) - Medical Services
☐ (05) - Architectural/Engineering and Surveying

b. **Principal Line of Business** - Please provide a brief description of the products and/or services provided by your business.

10. **Areas of Expertise** - Check all boxes that indicate areas of expertise your business possesses as a Mentor (if applicable) and is willing to make available to approved Protégés or check all boxes that indicate areas in which your business is seeking assistance in as a Protégé (if applicable).

☐ (01) - Business Planning ☐ (09) - Business Writing Skills ☐ (17) - Business Legal Issues ☐ (25) - Blueprint Reading
☐ (02) - Bonding and Insurance ☐ (10) - Bookkeeping/Accounting ☐ (18) - Bidding ☐ (26) - Cost Estimating
☐ (03) - Banking Services ☐ (11) - Business Permits ☐ (19) - Plan Reading/Interpreting ☐ (27) - Preparing Job Budgets
☐ (04) - Competitive Market Place ☐ (12) - Business Presentation Skills ☐ (20) - Business Market Analysis ☐ (28) - Business Management
☐ (05) - Business Marketing Plans ☐ (13) - Business Technology ☐ (21) - Government Bidding ☐ (29) - Scheduling/Purchasing
☐ (06) - Project Planning/Mtg. ☐ (14) - Personnel Management ☐ (22) - Government Procurement ☐ (30) - Business Processes
☐ (07) - Quality Assurance ☐ (15) - Business Financial Planning ☐ (23) - Business Material Logistics ☐ (31) - Operations Budgeting
☐ (08) - Inventory Control ☐ (16) - Construction Management ☐ (24) - Special Trade Construction ☐ (32) - Organizational/Struct.

Other (please describe): _____

11. Does your company currently have any State of Texas Contracts? ☐ - Yes ☐ - No
12. Is your company currently participating in any other programs as a Mentor or Protégé? ☐ - Yes ☐ - No If Yes, identify the number of agreements your company currently participates in as a Mentor, and the number agreements your company currently participates in as a Protégé.
- ◆ Number of current agreements as a Mentor: _____
 - ◆ Number of current agreements as a Protégé: _____
13. If you responded Yes to Item 12, provide a brief explanation regarding your company's ability to participate in multiple Mentor Protégé Agreements: _____
14. Does your company possess as a Mentor (if applicable), or require as a Protégé (if applicable), any specialized education or training programs?
☐ - Yes ☐ - No If Yes, please describe: _____
15. Please describe your company's goal(s) in becoming a Mentor or Protégé through the State of Texas Mentor Protégé Program: _____
16. Are you willing to attend a mandatory "Mentor Orientation" session conducted by representative(s) of your sponsoring agency's Mentor Protégé Program? ☐ - Yes ☐ - No
17. Are you willing to enter into a written agreement with a Mentor (if applicable) or Protégé (if applicable) outlining the goals and objectives of your potential Mentor Protégé relationship through the sponsoring agency's Mentor Protégé Program? ☐ - Yes ☐ - No
18. As evidence of my signature below, and being an owner or authorized representative of the business identified within this document, I understand that participation in the State of Texas Mentor Protégé Program is voluntary and my participation is neither a guarantee of a contract opportunity nor a promise of business. I also understand that the Program's intent is to foster positive long-term business relationships. I, the undersigned, on behalf of the business participating in the Mentor Protégé Program, agree that the business and all of its employees, officials, and agents shall conduct themselves at all times in accordance with the highest business ethics and appropriate business conduct. I also understand that all information provided on this application, except the Social Security Number, if applicable, is open to public disclosure, and may be published in the State of Texas Mentor Protégé Program's Directory for public viewing to aide the Mentors, Protégés, and other interested parties in fostering business relationships.

Printed Name of Business Owner or Authorized Representative

Signature of Business Owner or Authorized Representative

Date