Texas Tech University Health Sciences Center
Historically Underutilized Business (HUB) Office Box 5706
Lubbock, Texas 79417
(806) 743-2197 FAX (806)
743-4475

Texas Tech University Health Sciences Center
Mentor/Protégé Program Agreement

The Texas Tech University Health Sciences Center Mentor Protégé Program is designed to encourage approved Mentors to provide various forms of assistance to eligible Texas Historically Underutilized Business (HUB) participants as Protégés. The parties to this agreement agree to participate in the TTUHSC Mentor/Protégé Program. The parties verify that the information contained in this agreement is accurate and agree to adhere to the guidelines set forth in the Mentor Protégé Program Operating Procedure Guidelines.

1. Mentor Firm Information
   • Name of Firm: ___________________________________________
   • Contact Name: ___________________________________________
   • Position Title: ___________________________________________
   • Address: ___________________________________________
   • Telephone: ___________________________________________
   • Fax: ___________________________________________
   • E-Mail: ___________________________________________
   • Website: ___________________________________________

2. Protégé Firm Information
   • Name of Firm: ___________________________________________
   • Contact Name: ___________________________________________
   • Position Title: ___________________________________________
   • Address: ___________________________________________
   • Telephone: ___________________________________________
   • Fax: ___________________________________________
   • E-Mail: ___________________________________________
   • Website: ___________________________________________

3. Eligibility (Determination of Eligibility by TTUHSC Statement)
   • ____________________________________________ is currently eligible to participate in the Texas Tech University Health Sciences Center Mentor Protégé Program pursuant to the following criteria:
     • ____________________________________________ is certified by the Texas Procurement And Support Services (TPASS) as a Historically Underutilized Business (HUB) firm.
     • ____________________________________________ has an active certification through ______________.
     • ____________________________________________ has a QISV designation (if applicable).
HUB SUBCONTRACTING PLAN (HSP) POLICIES AND PROCEDURES

In accordance with Gov’t Code §2161.252, the contracting agency has determined that subcontracting opportunities are prot respondents, including State of Texas certified Historically Underutilized Businesses (HUBs), must complete and submit a State of with their solicitation response.

NOTE: Responses that do not include a completed HSP shall be rejected pursuant to

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State o specified in the Texas Disparity Study. The HUB goals defined in 1 TAC §111.13 are: 11.9 percent for heavy construction, 57.2 percent for all building construction, including general contractors and operative builders contracts, 20 percent for professional services contracts, 33 percent for all other services contracts, and 12.6 percent for commodit

- Agency Special Instructions/Additional Requirements - -

SECTION 1 - RESPONDENT AND SOLICITATION INFORMATION

a. Competitive Market Place ( ) 

Point of Contact: 

Other: (please describe) 

b. Is your company a State of Texas certified HUB? □ Yes □ No 

Solicitation #: 

SECTION 2 - SUBCONTRACTING INTENTIONS

After having divided the contract work into reasonable lots or portions to the extent consistent with prudent industry practices portion(s) of work, including goods or services, will be subcontracted. Note: In accordance with 1 TAC §111.12., a “Subcontractor vendor to work, to supply commodities, or contribute toward completing work for a governmental entity. Check the appropriate intention:

- Yes, I will be subcontracting portion(s) of the contract. 

(If Yes, in the spaces provided below, list the portions of work you will be subcontracting, and go to page 

- No, I will not be subcontracting any portion of the contract, and will be fulfilling the entire contract with 

(If No, complete SECTION 9 and 10.) 

| Line Item # | Subcontracting Opportunity Description | Line Item # | - Subcontracting Opportunity Descri 
|-------------|------------------------------------------|-------------|------------------------------------------ 
| (#1)        |                                          | (#11)       | will provide                            
| (#2)        | Technical assistance for the Protégé:    | (#12)       | on-the-job if needed. This              
|             | ( #3)                                    |             | assistance could include areas such as project management 
|             | ( #4)                                    |             | skills and technology training.        
|             | ( #5)                                    |             |                                          
|             | ( #6)                                    |             |                                          
|             | ( #7)                                    |             |                                          
|             | ( #8)                                    |             |                                          
|             | ( #9)                                    |             |                                          
|             | ( #10)                                   |             |                                          

*If you have more than twenty subcontracting opportunities, a continuation page is available at http://www.tbpc.state.tx.us/commun forms/hsp_sep06_cont1.doc.
5. Milestones (Agreement Objectives)

Monthly Meetings
• Discuss potential bids and identify teaming opportunities
• Make bid/no bid decisions on released Requests For Proposals/Offers
• Review status of proposals in process
• Review status of ongoing contracts

Quarterly Meetings
• Assess milestone progress
• Review areas for the expansion of teaming arrangements
• Identify improvements in the proposal/contract process

6. Metrics (Proposed Outcomes) (*OPTIONAL)

Year 1 – (First 12 months of current year)
• Submission of proposals with Protégé: ______________________, share estimated at: $_____________.

Year 2 & 3 (Second & 3rd 12 months of preceding year)
• Submission of proposals with Protégé: ______________________, share estimated at:
  $_____________.
• Award of contract(s) with Protégé: ______________________, share estimated at:
  $_____________.

7. Program Participation Term (Term of Agreement)

Two - three years from the date the Mentor Protégé Agreement is signed by all parties.

8. Potential Subcontracts (*OPTIONAL) The type of subcontract employed will depend upon the requirements of the government agency and the opportunities identified for joint participation. Subcontractor arrangements will fall into several types including Teaming Partners, Joint Ventures, Subcontractors and Resource Providers for existing contracts. Contract types will range from fixed-price to time and materials contracts. The parties anticipate that subcontracts in the (aggregate?) amount of: $__________________ will be awarded during the next two years.

9. Mentor Termination Procedures (Agreement Termination Clause)

Either party may terminate this agreement for cause or convenience. In the event of termination for convenience, thirty days advance notice will be given to the other party. Neither party shall terminate this agreement for convenience and continue in the Mentor-Protégé Program with another party. In the event of termination for cause, written notice shall be provided by the terminating party stating the reason for termination and offering a thirty day period during which the other party may offer reasons why the termination should not occur, including a plan to cure the reasons for the termination. After reviewing the response, the terminating party may elect to continue the program or issue a formal termination. In no event is the termination subject to appeal to the Texas Tech University Health Sciences Center.
10. Acknowledgement - Signed Agreement

Participants shall indemnify and hold harmless the Texas Tech University Health Sciences Center, its employees, officials and agents from and against any and all claims from any person, which arises out of or is related to participation in this Mentor-Protégé Program.

The purpose of this Mentor-Protégé Program is the development of appropriate business relationships. The Texas Tech University Health Sciences Center shall not be responsible for the interactions between and among program participants the primary purpose of which is not the development of appropriate business relationships. Therefore, each Mentor, Protégé, and their respective employees, officials and agents hereby agree to indemnify and hold harmless the State of Texas and the Texas Tech University Health Sciences Center, its employees, officials and agents.

Participation in the TTUHSC Mentor Protégé Program by any participant organization or any participating employee, official or agent may be terminated by the Texas Tech University Health Sciences Center at any time.

Parties to this agreement acknowledge that the participation by the Mentor/Protégé is voluntary. It is also understood that this agreement is neither a guarantee for a contract opportunity nor a promise of business; but the Program's intent is to foster positive long-term business relationships.

This agreement is the entire agreement between the parties. All oral or written agreements between the parties hereto relating to the subject matter of this agreement that were made prior to the execution of this agreement have been reduced to writing and are contained herein.

Three original copies of the agreement will be drawn: one to be retained by the Mentor, one to be retained by the Protégé and one to be retained by the HUB Coordinator of the TTUHSC.

Parties agree to comply with the obligations of the Mentor Protégé Program as outlined by TTUHSC.

Company name (Mentor)        Company name (Protégé)

Signed: ________________________ Signed: _________________________
(Name) ________________________ (Name) _________________________
Title:  ________________________   Title:  _________________________
Date:  _________________________

Agency HUB Coordinator or Rep.
Name and Title:_________________
Signature:_______________________
Date:_________________________