### Application Requirements:

- ✓ Must be a small business:
- ✓ Must be in business a minimum of two (2) years;
- ✓ Must already have a Department of Energy (DOE) Mentor and DOE contract number to be used on agreement before submitting for review/approval;
- ✓ Application must be completed in its entirety;
- Must meet all other DOE Mentor-Protégé Program requirements found at www.smallbusiness.energy.gov

# DOE Protégé Application

Office of Small and Disadvantaged Business Utilization

## Mentor-Protégé Program Application (Continuation)



MENTOR COMPANY (REQUIRED):

# U.S. DEPARTMENT OF ENERGY MENTOR-PROTÉGÉ PROGRAM APPLICATION FOR PROTÉGÉS

DATE OF APPLICATION

DEPARTMENT OF ENERG	SY (DOE) CONTRA	CT NUMBER UNDER MPP AG	REEMENT (REQUIRED):			
	ARE IDENTIFIED (A	ABOVE). INCOMPLETE APPL			UMBER UNDER THE MENTOR- ER AND WILL NOT BE	
1. COMPANY INFORMATION	ON					
COMPANY NAME				DATE BI	DATE BUSINESS WAS ESTABLISHED	
COMPANY ADDRESS (ADDRE	ESS, CITY, STATE, ZI	P CODE)		<b>-</b>		
OTHER COMPANY OFFICES/	ADDRESSES					
TELEPHONE/EXTENSION NUMBER			FAX NUMBER			
DUNS NUMBER			EMAIL ADDRESS			
PARENT DUNS NUMBER			HOMEPAGE URL			
PRIMARY POINT OF	CONTACT	NAME	TELEPHONE NUMBER	E-MAIL	ADDRESS	
		PRESIDENT		VICE PRESID	ENT	
NAMES OF OFFICERS AND/OR PART		SECRETARY		TREASURER	TREASURER	
		PARTNERS		OWNERS		
2. BUSINESS PROFILE						
BUSINESS STATUS						
Sole Proprietorship	Corporation	Partnership Joint Ve	enture Other			
SOCIOECONOMIC STATUS (CH	IECK ALL THAT APPL	.Y)				
Small Business			Woman-Owned Small Bu	siness		
Certified Small Disa	dvantaged Busine	ess (SDB)	Veteran-Owned Small Business			
Certified HUBZone	Business		Service-Disabled Veteran-Owned Small Business			
8(a) Small Business	3	L	HBCU/MEI			
3. NORTH AMERICAN IND	USTRIAL CLASSII	FICATION CODES SYSTEM (N	IAICS)			
TYPE	CODE	TITLE	TYPE	CODE	TITLE	
PRIMARY NAICS						
ADDITIONAL NAICS			ADDITIONAL NAICS			
	l		1			

#### Mentor-Protégé Program Application (Continuation)

#### 4. CORE COMPETENCY

PROVIDE A SUFFICIENT NARRATIVE CONCERNING YOUR COMPANY'S CORE COMPENTENCIES. THIS INFORMATION MAY BE PROVIDED AS A SEPARATE ATTACHMENT LIMITED TO TWO PAGES.

#### 5. BENEFITS TO THE PROTÉGÉ

PROVIDE A TWO PAGE NARRATIVE OF YOUR BUSINESS EXPERIENCE INCLUDING SHORT AND LONG TERM GOALS, AND YOUR EXPECTED BENEFIT FROM THE MENTOR-PROTÉGE RELATIONSHIP.

#### 6. DEVELOPMENTAL ASSISTANCE

DESCRIBE THE DEVELOPMENTAL REQUIREMENTS WHICH YOU FEEL WILL BENEFIT YOUR COMPANY AS A PROTÉGÉ OF THE PROGRAM. SPECIFY THE TYPES OF ASSISTANCE NEEDED. SUGGESTED TYPES OF DEVELOPMENTAL ASSISTANCE A PROTÉGÉ MAY REQUIRE ARE LISTED BELOW:

Management Guidance (including but not limited to):

- Financial Management
- Organizational Management
- Overall Business Management Planning
- Business Development
- Marketing Assistance
- Engineering and Other Technical Assistance

Please note the Mentor and/or the OSDBU reserves the right to conduct a need assessment as a result of the information provided in this section.

#### 7. BENEFITS TO THE MENTOR

Describe benefits that your company may provide to the Mentor as a result of entering into a Mentor Protégé relationship.

#### 8. GOVERNMENT CONTRACT(S)

Provide information on previous federal government prime and/or subcontracts with any agency within the last 1-3 years. (Include agency, type of service or products provided, type of contract and contract award value)

9. FOREIGN OWNERSHIP CONTROL OR INFLUENCE (FOCI)							
ARE YOU A FOREIGN OWNED COMPANY?	DO YOU HAVE AN APPROVED FOCI DETERMINATION?	IF SO, DATE IT WAS COMPLETED					
YES NO	YES NO						
10. OTHER MENTOR PROTÉGÉ PROGRAMS							
HAVE YOU EVER OR ARE YOU CURRENTLY PARTICIPA MENTOR PROTÉGÉ PROGRAMS (e.g. DOD, DOE, SBA).	TING IN ANY OTHER  YES						
PLEASE NOTE: IF YOU ARE CURRENTLY PARTICIPATII FEDERAL GOVERNMENT MENTOR PROTÉGÉ PROGRA ARE NOT ELIBIGLE TO PARTICIPATE IN THE DOE PRO PROTÉGÉS ARE ONLY ALLOWED ONE MENTOR AT A	NG IN ANOTHER M AT THIS TIME, YOU GRAM BECAUSE NO						

#### 11. FINANCIAL DATA

ANNUAL GROSS REVENUE OF COMPANY

- 2012:
- 2013:
- 2014:

#### 11. ADDITIONAL INFORMATION

Provide any additional information that you feel would support your selection.

#### Mentor-Protégé Program Application (Continuation)

#### 12. ACKNOWLEDGEMENT STATEMENT

By submitting this application, I understand that participation in the DOE Mentor-Protégé Program is voluntary and that participation in the DOE Mentor-Protégé Program is neither a guarantee for a contract opportunity nor a promise of business. I further understand that the Program's intent is to foster positive long-term business relationships, learning and growth experiences. I agree to report on the progress made relative to the Mentor-Protégé Agreement in accordance with the reporting requirements in the agreement. Failure to comply with the reporting requirements under the Agreement will result in termination of the Agreement and subcontracts awarded under the Agreement by the Office of Small and Disadvantaged Business Utilization.

The Mentor-Protégé Program is a two-year commitment with three one year options. Protégés are required to attend all regularly scheduled meetings and make every reasonable effort to implement the business decisions that the meetings produce. Protégés are required to work with the Mentor and, if applicable, available resource partners. The Protégé must complete up-to-date business information, including business and action plans, cash flow, and work in progress.

Sianature	٠.

Printed Name:

Title:

Date:

In an effort to ensure, the accuracy of the information provided all applications must be typed. Handwritten applications will not be considered for admission into the Program. Your application will be retained by the OSDBU and made available to potential Mentors. Applications will expire one year after submission.

Please submit application and direct questions to LaTonya Poole, DOE Mentor-Protégé Program Manager electronically to:

latonya.poole@hq.doe.gov