

# Mentor Protégé Program

## Application for Prospective Protégé

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

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**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:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Business Fax Number:** \_\_\_\_\_

**President Name:** \_\_\_\_\_

**Contact Person(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Unique Entity Identification (UEI) Number:** \_\_\_\_\_

### Business Category Description, Principal Line of Business Description

- |   |                   |
|---|-------------------|
| <input type="checkbox"/> Construction                       | Percentage: _____ |
| <input type="checkbox"/> Environmental Remediation Services | Percentage: _____ |
| <input type="checkbox"/> Engineering                        | Percentage: _____ |
| <input type="checkbox"/> General Products                   | Percentage: _____ |
| <input type="checkbox"/> Professional/Technical Services    | Percentage: _____ |
| <input type="checkbox"/> IT                                 | Percentage: _____ |

**Business Structure** – Check **ONE** box that identifies your business structure

- ☐ Sole Proprietorship   ☐ Partnership   ☐ Corporation   ☐ Joint Venture   ☐ Limited Liability Company

Year Founded: \_\_\_\_\_

No. Full Time Employees: \_\_\_\_\_ No. Part Time Employees: \_\_\_\_\_

Gross Annual Revenue: \_\_\_\_\_ 3 Year Average: \_\_\_\_\_

NAICS Codes:

Primary: \_\_\_\_\_

Additional: \_\_\_\_\_

**Socioeconomic Status, select all that apply:**

- ☐ Small Disadvantaged Business
- ☐ Woman Owned Small Business
- ☐ Service-Disabled Veteran Small Business
- ☐ HUBZone Small Business
- ☐ 8(a) Small Business
- ☐ Historically Black College and University (HBCU)
- ☐ Other Minority Educational Institution (MEI)

**Provide a brief description of the product(s)/service(s) your company provides:**

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**Are you eligible to receive government/federal contracts?** Yes ☐ No ☐

**Has your company been awarded any government prime contracts valued over >SBA 8(a) program**

threshold of \$6.5M? Yes ☐ No ☐

Has your company been awarded any government construction contracts, including options, valued over >SBA 8(a) program threshold of \$6.5M? Yes ☐ No ☐

Has your company been awarded any government non-construction contracts valued over >SBA 8(a) program threshold of \$4M? Yes ☐ No ☐

Have you been a protégé under a **\*\*government Mentor Protégé Agreement** before? Yes ☐ No ☐

If yes, with who and when? \_\_\_\_\_

**\*\*If your Company has ever previously participated in a government Mentor Protégé program before, they will not be eligible for the FNAL Mentor Protégé Program (e.g. DOE, DOD, SBA, etc.).**  
(Exception): However, if your company was involved in a mentor protégé program and the agreement was terminated due to lack of mentor involvement and at no fault by the protégé, the company must provide documentation and a letter from the mentor concerning the agreement and reason for termination. Please ensure all pertinent information is attached to the application. The information will be reviewed for possible exception to the above rule.)

Do you have at least one recent or existing subcontract with FNAL? Yes ☐ No ☐

If yes, please list subcontract/PO number(s): \_\_\_\_\_

Have you had a federal government contract before? Yes ☐ No ☐

If yes, please select which Government Agency/Prime Contractor you have contracted with:

☐ Department of Energy

☐ Department of Defense

☐ General Services Administration (GSA)

☐ Small Business Administration (SBA)

☐ Other: \_\_\_\_\_

For construction companies **ONLY**. What is your bonding capability?

Individual: \_\_\_\_\_ Aggregate: \_\_\_\_\_

What is your company Safety Record? \_\_\_\_\_

Are you familiar with the Federal Acquisition Regulations (FAR)? Yes ☐ No ☐

What type of accounting system does your company use? \_\_\_\_\_

Does your company have written plans for the following areas:

Business Plan: Yes ☐ No ☐

Marketing Plan: Yes ☐ No ☐

Human Resources: Yes ☐ No ☐

Health and Safety: Yes ☐ No ☐

Quality Assurance: Yes ☐ No ☐

If yes for Quality Assurance what types of programs (i.e., ISO 9000 or NQA-1)

\_\_\_\_\_

**Foreign Ownership Control or Influence (FOCI)**

Are you a foreign owned company? Yes ☐ No ☐

Do you have an approved FOCI determination? Yes ☐ No ☐

If you have approved FOCI, what was completion date? \_\_\_\_\_

**Developmental Assistance:**

Check all boxes that indicate areas in which your business is seeking assistance in as a Protégé

☐ Organizational management

☐ Financial, accounting, and project controls

☐ Business development and marketing assistance

☐ Proposal assistance

☐ Engineering and technical assistance

☐ Human resources

☐ Quality management

☐ Contracting

☐ Temporary assignment of mentor personnel to the protégé for purposes of training

What type of business assistance does your company desire?

\_\_\_\_\_

\_\_\_\_\_

**How will this assistance address your company needs and enhance its performance?**

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**What type of subcontracting opportunities does your company is interested in?**

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**Describe benefits that would accrue to the Mentor (FNAL) as a result of entering a Mentor Protégé relationship with your company.**

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

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**By submitting this application, I understand that participation in the DOE Mentor Protégé Program is voluntary and that participation is neither a guarantee for a subcontract 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 as indicated in the Agreement.**

**Complete Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit completed applications to the email address below.**

**Please contact the FNAL Small Business Liaison Officer if you have questions or need assistance**  
**Email: [SBLO@FNAL.gov](mailto:SBLO@FNAL.gov)**