



Mentor Application

Name of Firm:		
Firm Contact Person <small>(person responsible for partnership oversight)</small>		Title:
Firm Physical Address:		
Firm Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	
E-Mail/Website	9-digit Federal I.D. #:	
Firm Owner/Officer Name	Firm Owner/Officer Name	
Firm Owner/Officer Name	Firm Owner/Officer Name	
Identify your firm's primary line of business by checking the appropriate category below: <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Building Construction <input type="checkbox"/> Professional Services <input type="checkbox"/> Special Trade <input type="checkbox"/> Other Services <input type="checkbox"/> Commodities		
Years Firm has been in Business:	HUB Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Cert #:	Does your firm have a principal place of business in the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No What City: _____
List other firm locations in Texas.	Is your firm in "Good Standing" with the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your firm ever participated in a Mentor-Protégé relationship? <input type="checkbox"/> Yes Agency Name/When? _____ <input type="checkbox"/> No	Is your firm currently participating in a Mentor/Protégé relationship through another state agency? <input type="checkbox"/> Yes Agency Name: _____ <input type="checkbox"/> No	
Has your firm ever been denied sponsoring a Mentor-Protégé relationship? <input type="checkbox"/> Yes Agency Name/When? _____ <input type="checkbox"/> No	Bonding Capacity?	
Briefly discuss why you want to become a Mentor?		
<p>Acknowledgement Statement:</p> <p>I understand that the Protégé must maintain its HUB Certification status for the duration of this agreement, in order for the Mentor Protégé agreement to be valid. If the Protégé's HUB certification expires, or becomes inactive or is revoked through the certification processes administered by the Statewide HUB Program, the Mentor-Protégé agreement shall be terminated.</p> <p><i>I understand that participation in the Mentor-Protégé Program is voluntary and that participation in the UT System Mentor-Protégé Program is <u>neither a guarantee of work nor a promise of business</u>; but the Program's intent is to foster positive long-term business relationships. I agree to report on the progress made relative to the Mentor-Protégé Agreement as indicated in the agreement.</i></p> <p>I understand that in order to potentially be selected by a Protégé as their Mentor, information I have provided will be made available to eligible Protégés who have indicated a willingness to participate in the program. I also understand that the UT System Administration Office of HUB Development cannot and will not be held responsible for any actions of either the Mentor or the Protégé in relation to the Mentor/Protégé Application.</p>		
_____ Signature of Mentor Representative	_____ Title	_____ Date