



Protégé 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. #:	Date Business Started
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:	Bonding Capacity?	Is the firm currently registered with Centralized Master Bidders List?
HUB Certification #:	Other Certifications	
Is your firm in "Good Standing" with regard to doing business 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	
Is your firm willing to enter into a written agreement with a Mentor firm outlining the goals and objectives of your potential Mentor/Protégé relationship through the University of Texas System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your firm have a principal place of Business in the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No What City: _____	Does your firm and the Mentor firm operate their business from the same office space? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will your firm and the Mentor firm share resources (e.g., employees, equipment, phone line, web-site, e-mail address)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did your firm and the Mentor firm have a working relationship prior to applying for sponsorship into the Mentor-Protégé Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your firm's interest and goal in becoming a part of the UT System Mentor-Protégé Program.		
Please indicate the areas in which you need assistance (check all that apply):		
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Organization structure	<input type="checkbox"/> Operations Assessment
<input type="checkbox"/> Implementation and Actions Plans	<input type="checkbox"/> Market Analysis	<input type="checkbox"/> Blueprint Reading
<input type="checkbox"/> Scheduling & Purchasing	<input type="checkbox"/> Cost Accounting	<input type="checkbox"/> Obtaining Permits & Subcontracts
<input type="checkbox"/> Construction Equipment & Materials	<input type="checkbox"/> Reading & Interpreting Plans and Specifications	<input type="checkbox"/> Bonding & Insurance
<input type="checkbox"/> Banking Services	<input type="checkbox"/> Job Cost & Work in Progress	<input type="checkbox"/> Payroll
<input type="checkbox"/> Competitive Marketplace Overhead	<input type="checkbox"/> Prompt Payment Procedures	<input type="checkbox"/> Records & Contract Management
<input type="checkbox"/> Troubleshooting and Avoidance Delay	<input type="checkbox"/> Personnel Management	<input type="checkbox"/> Project Planning & Scheduling
<input type="checkbox"/> Analysis of major fixed & variable cost components	<input type="checkbox"/> Post award bid assessment of successful & unsuccessful bidders	<input type="checkbox"/> Take-offs
<input type="checkbox"/> Accounting records preparation & maintenance		
Acknowledgement Statement:		
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.		
I understand that participation in the Mentor-Protégé Program is voluntary and that participation in the UT System Mentor-Protégé Program is neither a guarantee of work nor a promise of business; 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 understand that in order to potentially be selected by a Mentor as their Protégé, information I have provided will be made available to eligible Mentor's who have indicated a willingness to assist Protégés in areas that have been identified. 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.		
_____ Signature of Protégé Representative	_____ Title	_____ Date