



MENTOR PROTÉGÉ PROGRAM APPLICATION

Texas A&M University/Texas A&M University at Galveston

Please respond to each item on the application. If an item is not applicable, enter "N/A" as your response. Incomplete applications may be returned to sender, which will delay your request for approval to participate in the State of Texas Mentor Protégé Program.

1. Check **ONE** box to indicate which designation you are applying for in the Texas A&M University/Texas A&M University at Galveston Mentor Protégé Program: **Mentor** **Protégé**

2. **Payee Identification Number:** Provide the taxpayer identification number assigned to you for the purpose of filing your business' federal income tax returns. Also, check **ONE** box, which identifies the type of number you are providing.

_____ Federal Employer's Identification Number Texas Taxpayer Number Social Security Number*
(Taxpayer Identification Number)

***Note:** The State of Texas encourages all business owners to obtain a Federal Employer's Identification Number from the Internal Revenue Service or a Texas Taxpayer Number from the State of Texas Comptroller of Public Accounts, for use as their business taxpayer identification number (Payee Identification Number).

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

4. **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: _____

5. **Business Phone #:** (_____) _____ **Business Fax #:** (_____) _____

Contact Person(s): _____ **Business Hours:** _____ A.M. A.M.
 P.M. **to** _____ P.M.

6. **Internet Web Page/URL Address:** _____

7. **E-Mail Address:** _____

8. **Business Structure** - Check **ONE** box that identifies your business structure.

- (S) - Sole Proprietorship (P) - Partnership (C) - Corporation
 (J) - Joint Venture (L) - Limited Liability Company (L) - Limited Liability Partnership

9. **Business Category Description, Principal Line of Business Description**

a. **Business Category Description** - Check **ONE** box that best identifies the services provided by your business and is the primary source of gross receipts for your business.

- | | |
|---|---|
| <input type="checkbox"/> (01) - Heavy Construction other than Building Construction | <input type="checkbox"/> (06) - Other Services including Legal Services |
| <input type="checkbox"/> (02) - Building Construction, including General Contractors and Operative Builders | <input type="checkbox"/> (07) - Commodities Wholesaler/Reseller |
| <input type="checkbox"/> (03) - Special Trade Construction | <input type="checkbox"/> (08) - Commodities Manufacturer |
| <input type="checkbox"/> (04) - Financial and Accounting Services | <input type="checkbox"/> (09) - Medical Services |
| <input type="checkbox"/> (05) - Architectural/Engineering and Surveying | |

b. **Principal Line of Business** - Please provide a brief description of the products and/or services provided by your business.

10. **Areas of Expertise** - Check all boxes that indicate areas of expertise your business possesses as a Mentor (if applicable) and is willing to make available to approved Protégés **or** check all boxes that indicate areas in which your business is seeking assistance in as a Protégé (if applicable).

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> (01) - Business Planning | <input type="checkbox"/> (09) - Business Writing Skills | <input type="checkbox"/> (17) - Business Legal Issues | <input type="checkbox"/> (25) - Blueprint Reading |
| <input type="checkbox"/> (02) - Bonding and Insurance | <input type="checkbox"/> (10) - Bookkeeping/Accounting | <input type="checkbox"/> (18) - Bidding | <input type="checkbox"/> (26) - Cost Estimating |
| <input type="checkbox"/> (03) - Banking Services | <input type="checkbox"/> (11) - Business Permits | <input type="checkbox"/> (19) - Plan Reading/Interpreting | <input type="checkbox"/> (27) - Preparing Job Budgets |
| <input type="checkbox"/> (04) - Competitive Market Place | <input type="checkbox"/> (12) - Business Presentation Skills | <input type="checkbox"/> (20) - Business Market Analysis | <input type="checkbox"/> (28) - Business Management |
| <input type="checkbox"/> (05) - Business Marketing Plans | <input type="checkbox"/> (13) - Business Technology | <input type="checkbox"/> (21) - Government Bidding | <input type="checkbox"/> (29) - Scheduling/Purchasing |
| <input type="checkbox"/> (06) - Project Planning/Meeting | <input type="checkbox"/> (14) - Personnel Management | <input type="checkbox"/> (22) - Government Procurement | <input type="checkbox"/> (30) - Business Processes |
| <input type="checkbox"/> (07) - Quality Assurance | <input type="checkbox"/> (15) - Business Financial Planning | <input type="checkbox"/> (23) - Business Material Logistics | <input type="checkbox"/> (31) - Operations Budgeting |
| <input type="checkbox"/> (08) - Inventory Control | <input type="checkbox"/> (16) - Construction Management | <input type="checkbox"/> (24) - Special Trade Construction | <input type="checkbox"/> (32) - Organization/Structure |

Other (please describe): _____

11. Does your company currently have any State of Texas Contracts? - Yes - No
12. Is your company currently participating in any other programs as a Mentor or Protégé? - Yes - No If Yes, identify the number of agreements your company currently participates in as a Mentor, and the number agreements your company currently participates in as a Protégé.

- Number of current agreements as a Mentor: _____
- Number of current agreements as a Protégé: _____

13. If you responded Yes to Item 12, provide a brief explanation regarding your company's ability to participate in multiple Mentor Protégé Agreements:

14. Does your company possess as a Mentor (if applicable), or require as a Protégé (if applicable), any specialized education or training programs?
 - Yes - No If yes, please describe:

15. Please describe your company's goal(s) in becoming a Mentor or Protégé through the State of Texas Mentor Protégé Program:

16. Are you willing to attend a mandatory "Mentor Orientation" session conducted by representative(s) of your sponsoring agency's Mentor Protégé Program? - Yes - No

17. Are you willing to enter into a written agreement with a Mentor (if applicable) or Protégé (if applicable) outlining the goals and objectives of your potential Mentor Protégé relationship through the sponsoring agency's Mentor Protégé Program? - Yes - No

18. As evidence of my signature below, and being an owner or authorized representative of the business identified within this document, I understand that participation in the Texas A&M University/Texas A&M University at Galveston Mentor Protégé Program is voluntary and my participation is neither a guarantee of a contract opportunity nor a promise of business. I also understand that the Program's intent is to foster positive long-term business relationships. I, the undersigned, on behalf of the business participating in the Mentor Protégé Program, agree that the business and all of its employees, officials, and agents shall conduct themselves at all times in accordance with the highest business ethics and appropriate business conduct. I also understand that all information provided on this application, except the Social Security Number, if applicable, is open to public disclosure, and may be published in the Texas A&M University/Texas A&M University at Galveston Mentor Protégé Program's Directory for public viewing to aide the Mentors, Protégés, and other interested parties in foster in business relationships.

Printed Name of Business Owner or Authorized Representative

Signature of Business Owner or Authorized Representative

Date