



COMMUNITY MENTOR-PROTÉGÉ INITIATIVE (CMPI)

4201 Ed Bluestein Blvd, Suite 2106; Austin TX 78721

Phone: (512) 928-8180, Fax: (512) 928-8181

E-mail: admin@CMPI-Austin.org

CELEBRATING OUR TENTH ANNIVERSARY

PROTÉGÉ APPLICATION

I. PERSONAL INFORMATION

Application Date: _____

A) Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ Other Contact #? _____

B) Have you or any officer of your company ever been involved in bankruptcy or insolvency proceedings? Yes _____ No _____

Are you or your business involved in any pending lawsuits? Yes _____ No _____

C) Education/Training/Licenses: _____

II. BUSINESS INFORMATION

A) Business Name: _____ Tax ID No. _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: () _____ Fax Number: () _____
Contact Person: _____ Title: _____
Preferred E-Mail Address: _____

B) Nature of Business Activity: _____

C) Legal Structure Business:

() Sole Proprietorship () Corporation Type: _____
() Partnership () Other (Specify): _____

D) Status of Business Certification:

() WBE – Women Business Enterprise
() MBE – Minority Business Enterprise
() HUB - Historically Underutilized Business
() Other: (Specify) _____

COMMUNITY MENTOR-PROTÉGÉ INITIATIVE (CMPI) PROTÉGÉ APPLICATION (Cont'd)

E) Business Start Date: _____

F) Business Revenues:

If your business has been in operation for three years or longer, please provide the annual gross receipts for the last three fiscal years for this business concern and its subsidiaries and affiliates:

Fiscal Year:	Annual Gross Revenue:
_____	_____
_____	_____
_____	_____

G) Total number of employees at time of application: _____
Number of full-time employees: _____ Number of part-time employees: _____

H) Business Owners:

Name: _____ Title: _____
Address: _____

% of Ownership: _____

Name: _____ Title: _____
Address: _____

% of Ownership: _____

Name: _____ Title: _____
Address: _____

% of Ownership: _____

I) List names, address, and telephone numbers of three business references:

Bank Name: _____
Street Address: _____
City: _____, State: _____ Zip Code: _____
Business Phone: () _____ Home Phone: () _____

Insurance Company Name: _____
Street Address: _____
City: _____, State: _____ Zip Code: _____
Business Phone: () _____ Home Phone: () _____

Other: _____
Street Address: _____
City: _____, State: _____ Zip Code: _____
Business Phone: () _____ Home Phone: () _____

COMMUNITY MENTOR-PROTÉGÉ INITIATIVE (CMPI) PROTÉGÉ APPLICATION (Cont'd)

III. CONTRACT INFORMATION:

Please list the five largest customers or projects over the last two years (list most recent first).
If new business, list previous business references. (See Business Information, Para Letter I.)

Customer	Telephone	Contact Person	Type of Project	Contract Amount	Year	***
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*** Indicate whether you were (P) Prime Contractor; (JV) Joint Venture, or (SUB) Subcontractor:

IV. NEEDS ASSESSMENT:

Check the categories where you need assistance. (Please indicate your top 3 priorities.)

- | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Implementation and Action Plans | <input type="checkbox"/> Preparing & Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns |
| <input type="checkbox"/> Organization Structure | <input type="checkbox"/> Prompt Payment Procedures |
| <input type="checkbox"/> Market Analysis/Marketing Strategies | <input type="checkbox"/> Records & Contract Management |
| <input type="checkbox"/> Operations Assessment | <input type="checkbox"/> Troubleshooting and Avoidance Delay |
| <input type="checkbox"/> Blueprint Reading | <input type="checkbox"/> (Timely completion of work) |
| <input type="checkbox"/> Employee Selection & Personnel Management | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Reading and Interpreting Plans & Specifications | <input type="checkbox"/> Writing Skills |
| <input type="checkbox"/> Scheduling & Purchasing | <input type="checkbox"/> Project Planning & Scheduling |
| <input type="checkbox"/> Construction Equipment & Materials | <input type="checkbox"/> Accounting Records Preparation & Maintenance |
| <input type="checkbox"/> Obtaining Permits | <input type="checkbox"/> Cost Accounting |
| <input type="checkbox"/> Obtaining Subcontractors | <input type="checkbox"/> Bonding & Insurance |
| <input type="checkbox"/> Analysis of Fixed & Variable Cost Components | <input type="checkbox"/> Banking Services |
| <input type="checkbox"/> Payrolls (Federal & Variable Cost Components) | <input type="checkbox"/> Job Cost & Work In Process |
| <input type="checkbox"/> Competitive Marketplace Overhead | <input type="checkbox"/> General Bidding Process & Procurement |
| <input type="checkbox"/> Take-Off (Estimating) | <input type="checkbox"/> Post-Award bid Assessment of Successful & Unsuccessful Bidders |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Presentation Skills |

State why you want to participate in the Mentor-Protégé Program. (Attach additional sheet(s) if necessary).
(Please include any information that might be relevant for our consideration of your application)...

COMMUNITY MENTOR-PROTÉGÉ INITIATIVE (CMPI) PROTÉGÉ APPLICATION (Cont'd)

Liability Statement:

I understand and agree that participation in the Community Mentor-Protégé Initiative program is voluntary.

I understand and agree that parties associated with this effort shall not be held liable by me or my agents when acting within the capacity and guidelines established by the Community Mentor-Protégé Initiative.

Confidentiality Statement:

The Community Mentor-Protégé Initiative Administrative Organization shall not disclose or use for any purpose other than performance of its responsibilities, any and all privileged records or other confidential or proprietary information disclosed, developed or subject to the pursuant to this agreement.

Signature of Protégé Applicant

Title: _____

Company: _____

Last Updated / Printed on 5 February 2007