



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

MENTOR STATEMENT OF INTENT¹

Preamble:

As participants in the Community Mentor-Protégé Initiative program, we pledge to make our best efforts, in an atmosphere of enthusiasm, cooperation and mutual professionalism, to serve our community in a manner that is beneficial and effective for all parties and which meets the stated mission, goals, and objectives of the Community Mentor-Protégé Initiative program.

Relationships:

We understand that the relationships among mentors, protégés and the program sponsors are all voluntary, and that all parties are pledged to foster open, candid and timely communications. All parties have agreed to maintain the confidentiality of any matters discussed or documents reviewed or otherwise utilized in the program, as they may relate to internal matters within the participating companies or organizations.

Commitments:

We are committed to providing an adequate amount of time. As a Mentor firm, we agree to accept the recommendations of the Program Administrator as they relate to the application and process of the Program. We agree to act with punctuality and with respect for the Protégé firm's time.

Mentor Duties:

As a Mentor participant in the Community Mentor-Protégé Initiative program, we agree to abide by the following:

- Attend meetings on a regular basis at established, mutually-agreed time and place;
- Review protégé materials and objectives (business plan, action plan, Etc.);
- Review protégé's key indicators (cash flow, bonding, bids, projects, Etc.);
- Recommend areas for improvement, and possible resources for these items;
- Attend periodic meetings with the Program Administrator, or CMPI Representative; In-order for reporting on issues, recommendations and progress of the relationship.
- Follow-up with protégé on mutually agreed upon action items between meetings.

Mentor Firm:

By _____

Name _____

Title _____

Date of Execution: _____

Thank you for your interest and your participation in this program. CMPI Board of Directors.

¹ Updated / Last Printed on 2 February 2007



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Mentor Profile²

Mentor Company Name: _____

Company Address: _____

Telephone Number(s): Voice: _____ Fax: _____

Contact Person(s) 1.) _____

2.) _____

3.) _____

Number of Years in Business: _____

Average Annual Gross Income: \$ _____

Type of work Performed: _____

Reason(s) for Serving as a Mentor:

What trade and /or level of experience Protégé Company do you wish to work with?

You may fax or mail Application to: Community Mentor/Protégé Initiative (CMPI).

Thank you for your interest and your participation in this program. CMPI Board of Directors.

² Updated / Last Printed on 2 February 2007