



PROTÉGÉ APPLICATION

DATE OF APPLICATION

1. PROTÉGÉ COMPANY INFORMATION

COMPANY NAME		COMPANY ADDRESS / CITY / STATE / ZIP CODE			
TELEPHONE/EXTENSION NUMBER		FAX NUMBER			
NAMES OF OFFICERS, OWNERS, AND/OR PARTNERS	PRESIDENT		VICE PRESIDENT		
	SECRETARY		TREASURER		
	PARTNERS		OWNERS		
PRIMARY POINT OF CONTACT	NAME	TELEPHONE NUMBER	EMAIL ADDRESS		
	HOMEPAGE WEBSITE				

INDUSTRY/BUSINESS TYPE <i>(Indicate percentages)</i>	CONSTRUCTION %	MANUFACTURING %	R&D %	SERVICE %	OTHER %	
YEAR ESTABLISHED	NO. OF FULL-TIME EMPLOYEES	NO. OF PART-TIME EMPLOYEES	ANNUAL GROSS REVENUE (from previous corporate fiscal year)			
SMALL DISADVANTAGED BUSINESS	ENTRANCE DATE	EXPIRATION DATE	8(a)	ENTRANCE DATE	EXIT DATE	CASE NUMBER
	HUBZone	CERTIFICATION DATE	TAX ID NUMBER	D-U-N-S NUMBER	PARENT COMPANY TAX ID AND DUNS	
FLOOR SPACE	MANUFACTURING SQ. FT.	ENGINEERING SQ. FT.	WAREHOUSE SQ. FT.	LABORATORY SQ. FT.	OTHER SQ. FT.	TOTAL FLOOR SPACE SQ. FT.

2. NORTH AMERICAN INDUSTRIAL CLASSIFICATION CODES SYSTEM (NAICS)

The NAICS code represents the contemplated supplies or services to be provided by the protégé to the mentor. Please verify that at the time the agreement is submitted for approval, the protégé, if an SDB or woman-owned small business concern, did not exceed the small business size standard for the appropriate NAICS code.

TYPE	CODE	TITLE
PRIMARY NAICS		
ADDITIONAL NAICS		

3. PROTÉGÉ HISTORICAL BACKGROUND

PROVIDE A BRIEF SUMMARY OF COMPANY'S HISTORY. APPLICANT MUST ALSO SUBMIT A "**CAPABILITY STATEMENT**" DETAILING EXPERTISE.

CHECK ONLY THOSE THAT APPLY:

- | | |
|---|--|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Woman-Owned Small Business |
| <input type="checkbox"/> Small Disadvantaged Business (SDB) | <input type="checkbox"/> Veteran Owned Business |
| <input type="checkbox"/> 8(a) Certified by SBA Business | <input type="checkbox"/> Service-Disabled Veteran Owned Business |
| <input type="checkbox"/> HUBZone Business | <input type="checkbox"/> HBCU/MEI |

Note: Small businesses that qualify for consideration in the Mentor-Protégé must be, at a minimum, a Small Disadvantaged Business (SDB) that meet the requirements of Title 13 Code of Federal Regulations (CFR) 124, Subpart B. SDBs include those certified as 8(a), Hub Zone, Woman-Owned, Service Disabled Veteran, and HBCUs (Historically Black Colleges & Universities).

4. DEVELOPMENTAL ASSISTANCE

Assistance is generally provided in the two areas listed below. Please note that some examples cited may be interchangeable within the two categories.

GENERAL BUSINESS MANAGEMENT/CORPORATE INFRASTRUCTURE

Examples:

- Organizational Planning Management
 - Strategic planning, business planning, legal/risk management, proposal development
- Business Development/Marketing/Sales
 - Market research, product forecasting, web-based marketing, e-commerce
- Human Resource Management
- Financial Management
- Contract Management
- Facilities and Plant Management – security, health and safety, OSHA standards

ENGINEERING AND TECHNICAL

Examples:

- Quality Management Programs
 - ISO 9000 certification, SEI/CMM certification
- Logistic Systems
 - Supply chain management, transportation management
- Environmental Management
- Hazardous Material Management
- Network Systems
 - Design and engineering, implementation
- Information System Design
- Tooling Design and Fabrication
- Product Assembly Technique
- Supply Chain Management

Using the examples as a guide, describe the type of assistance desired. Discuss how this assistance will address your needs and enhance your performance. *This assistance is not expected to conform to the descriptions provided or to address all of them.*

Add any other assistance desired to develop your company's capabilities under this program.

5. BENEFITS TO THE MENTOR

Describe benefits that would accrue to the mentor as a result of entering into a Mentor-Protégé relationship with your company.

6. PREVIOUS GOVERNMENT CONTRACT(S)

Provide information on previous federal contracts with any agency within the last 1-2 years. (*agency, type of service/products provided and type of contract*)

7. FOREIGN OWNERSHIP CONTROL OR INFLUENCE (FOCI)

ARE YOU A FOREIGN OWNED COMPANY?

YES NO

DO YOU HAVE AN APPROVED FOCI DETERMINATION?

YES NO

IF SO, DATE IT WAS COMPLETED

8. OTHER MENTOR PROTÉGÉ PROGRAMS

HAVE YOU EVER PARTICIPATED IN ANY OTHER MENTOR PROTÉGÉ PROGRAMS (e.g. DOD, DOE, SBA)

YES NO

IF SO, PLEASE PROVIDE THE AGENCY, MENTOR, DATE AND DURATION OF THE AGREEMENT

9. ADDITIONAL INFORMATION

Provide any other information that you feel would support your selection

10. ACKNOWLEDGEMENT STATEMENT

By submitting this application, I understand that participation in the Mentor-Protégé Program is voluntary and that participation in the B&W Pantex Mentor-Protégé Program is neither a guarantee for a contract opportunity nor a promise of business. I further understand that the Program's intent is to foster positive long-term business relationships, learning and growth experiences. I agree to report on the progress made relative to the Mentor-Protégé Agreement as indicated in the Agreement.

Signature of Applicant:

Date:

Please direct questions to:

Monica Graham, Small Business Program Manager

Email: mgraham@pantex.com

Phone: (806) 477-3850 Fax (806) 477-6960

Please submit applications to:

newvendor@pantex.com or

B&W Pantex Technical Services, LLC

P O Box 30020 Maildrop 16-12F

Amarillo, TX 79120

Attn: Monica Graham