

☐ Bookkeeping/Accounting

Business Permits

## MENTOR-PROTÉGÉ PILOT PROGRAM APPLICATION

This application is used to request approval from Broward County to participate as a **MENTOR** or **PROTÉGÉ** in the TEAM UP Broward Mentor-Protégé Pilot Program. **A completed Mentor-Protégé application is required** to be signed by the company's majority owner(s) or an authorized representative.

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 TEAM UP Broward Mentor-Protégé Pilot Program. 1. Check one box to indicate which designation you are applying for in the TEAM UP Broward Mentor-Protégé Pilot Program: Mentor Broward County Certification Status (check all that apply): SBE CBE DBE Other: Applicant Name (Main Contact Person):\_\_\_\_ \_\_\_\_\_Title: \_\_\_\_\_ \_\_\_\_\_Mobile:\_\_\_\_\_\_E-mail Address:\_\_\_\_\_ Legal Name of Business/Resident Expert:\_\_\_\_ Other Names Used by Business (d/b/a): \_\_\_\_ Phone: Email: Local Representative for company: Name: Owner(s) (if different than Applicant) as applicable: Mailing Address: \_\_ \_\_\_\_\_City:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_ Bldg./Floor/Room/Suite:\_\_\_\_ Physical Business Address, if different than Mailing (for site visits): Bldg./Floor/Room/Suite:\_\_\_\_ Business E-mail Address: Business Telephone: Business Fax: \_\_\_\_\_ Web site: \_\_\_\_ Business Hours: M-F: From \_\_\_\_\_ AM / PM to \_\_\_\_ AM / PM Sat: From \_\_\_\_ AM / PM to \_\_\_ AM / PM Business Structure (Check one): Sole Proprietorship Partnership Limited Liability Corporation ☐ Joint Venture Corporation Other: Business Category (Check one): Construction Professional Services List Principal Line of Business: Please provide a list of the primary products/services your business offers and the corresponding applicable NAICS codes (visit naics.com and select NAICS Identification Tools). **NAICS Codes** Product / Service **NAICS Codes Product / Service** e.g. 338260, 432402 e.g. police uniforms Areas of Expertise: Check all applicable boxes that (1) indicate areas of expertise your business possesses and is willing to make available to approved Protégés as a Mentor OR (2) indicate areas in which your business is seeking assistance as a Protégé. 12. Business Presentation Skills 1. ☐ Business Planning 23. Business Material Logistics ☐ Bonding and Insurance 13. Business Technology 24. Special Trade Construction 2. ■ Banking Services Personnel Management ☐ Blueprint Reading 15. Business Financial Planning Competitive Market Place 26. Cost Estimating Business Marketing Plans 16. Construction Management 27. Preparing Job Budgets Project Planning / Mgt. 17. Business Legal Issues 6. Business Management ☐ Quality Assurance 18. Bidding Scheduling/Purchasing 8. ☐ Inventory Control 19. Plan Reading / Interpreting 30. Business Processes 9. Business Writing Skills 20. Business Market Analysis Operations Budgeting

21. Government Bidding

22. Government Procurement

32. 

Organizational / Structure



9.	<b>9.</b> Do you or your company possess any specialized education or training? \( \subseteq Yes \)	No If Yes, please specify:		
10.	10. Is your company currently participating in any other programs as a Mentor or a Protégé? information (do not include past participation).	Yes No If Yes, ple	ase provide the following	
	Number of current agreements as a Mentor: Nur	nber of current agreements as a Protég	é:	
Provide a brief explanation regarding your company's ability to participate in multiple Mentor-Protégé Agreements:				
11.		are you willing to enter into a written agreement with a Mentor or Protégé as applicable specifying the goals and objectives of your potential Mentor- rotégé relationship through the TEAM UP Broward Mentor-Protégé Pilot Program? Yes No		
12.	<b>12.</b> Describe your company's goal(s) in becoming a Mentor or Protégé through Broward Cou	2. Describe your company's goal(s) in becoming a Mentor or Protégé through Broward County (add an attachment if needed):		
13.	Are you willing to attend mandatory TEAM UP Broward Mentor-Protégé Pilot Program activities? Yes No			
14.	<b>14.</b> Have you responded to any Broward County solicitations in the past six months? Yes	No If Yes, please specify:		
<b>15.</b> Does your company currently have any Broward County contracts? Yes No If Yes, please specify:				
16.	<b>16.</b> Do you have difficulties in responding to available procurement opportunities?  Yes	No If yes, please explain:		
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17.	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 TEAM UP Broward Mentor-Protégé Pilot 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 TEAM UP Broward Mentor-Protégé Pilot Program, agree that the business and all 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 is open to public disclosure, and may be posted for public viewing to aid Mentors, Protégés and other interested parties in fostering business relationships and/or to authenticate the TEAM UP Broward Mentor-Protégé Pilot Program.			
	Printed Name of Applicant (above) Sign	nature of Applicant	Date	