



**U.S. Department of Transportation  
Mentor Protégé Program Evaluation  
Participant Annual Report**

OMB Control Number: 2105-xxxx  
Expiration Date: mm/dd/yyyy

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**PART A – MENTOR INFORMATION**

<b>1. Business Name</b>	<b>2. Business Mailing Address (Do not include P.O Box)</b>
<b>3. Business Physical Address</b>	<b>4. Phone Number:</b>
<b>5. Point of Contact:</b>	<b>6. Email address:</b>

**PART B – PROTEGE INFORMATION**

<b>7. Protégé Name</b>	<b>8. Business Mailing Address (Do not include P.O. Box)</b>
<b>9. Business Physical Address</b>	<b>10. Phone Number:</b>
<b>11. Point of Contact</b>	<b>12. Email Address:</b>

**PART C: PERIOD OF PERFORMANCE**

**13. Agreement Period of Performance**

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**PART D – INSTRUCTIONS**

**Please complete this form at the end of the Mentor-Protégé agreement and submit to the Director of the U.S. Department of Transportation, Office of the Secretary, Office of Small and Disadvantaged Business Utilization by fax at (202) 366-7228 or email at [mentorprotege@dot.gov](mailto:mentorprotege@dot.gov) . Please base your ratings on the criteria listed below:**

- |  |   |  |  |  |
|--|---|--|--|--|
| <b>5 - Exceptional</b><br>Consistently exceeds in achieving goals and objectives far above the established standards | <b>4 – Very Good</b><br>Generally exceeds the established performance standards | <b>3 – Satisfactory</b><br>Meets the established performance standards | <b>2 - Fair</b><br>Meets some, but not all, of the established performance standards | <b>1 - Unsatisfactory</b><br>Generally fails to meet the established performance standards |
|--|---|--|--|--|

**Proceed to PART E on page 2 to complete the evaluation.**



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**PART E – EVALUATION**

**14. Evaluation**

a. Performance Elements:	1	2	3	4	5	N/A	Comments
<u>Procurement Program Knowledge</u> : Mentor staff knowledge of the federal procurement process met protégé's expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Developmental Work</u> : Development assistance provided to the Protégé was adequate, as agreed upon in the Mentor-Protégé agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Competences</u> : The protégé's staff knowledge of DOT and federal procurement process increased from the time the firm entered the Mentor-Protégé agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Business Acumen</u> : Protégé staff acquired techniques to improve contract performance increasing protégé's ability to compete and perform on DOT and/or federal contracts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Subcontracting programs</u> : Protégé staff demonstrates understanding and knowledge of DOT subcontracting programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Mentor/Protégé selection</u> : The process to select the mentor or the protégé is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Agency Role</u> : DOT participation in the program is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Overall Performance</u> : Mentor Protégé program provides the ability to enhance small business participation in DOT Procurement programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

b. Was the developmental assistance provided to the protégé useful to enhance its core capabilities?

\_\_\_\_\_

\_\_\_\_\_

c. How would you improve DOT's Mentor-Protégé program?

\_\_\_\_\_

\_\_\_\_\_

d. What other factors, relevant to the developmental assistance, would you like to comment upon?

\_\_\_\_\_

\_\_\_\_\_

e. Has the protégé been able to compete in federal procurement opportunities since the Mentor-Protégé agreement was signed?

\_\_\_\_\_

\_\_\_\_\_

f. Other Comments:

\_\_\_\_\_

\_\_\_\_\_

g. Would the mentor or the protégé be willing to participate in the program again in the future?  Yes  No

**PART F – REVIEWER'S SIGNATURE**

**15. Reviewer's Signature:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



## General Instructions

### Purpose of Form

Use form Mentor Protégé Program Evaluation form, OMB Control Number 21xx-xxxx, to evaluate the performance of businesses that have entered and finished into a Mentor Protégé agreement in DOT's Mentor-Protégé program.

### How do I Obtain More Information?

You can contact the U.S. Department of Transportation, Office of the Secretary, Office of Small and Disadvantaged Business Utilization for further information:

**Email.** [mentorprotege@dot.gov](mailto:mentorprotege@dot.gov) .

**Voice.** 1-800-532-1169 or 202-366-1930. A long-distance charge to callers located outside of the local calling area will apply when calling the 202-366-1930 number.

For direct assistance, please contact the Field Office that serves your state. A complete list of field offices, the states that each region serves, and their contact information is located at <http://www.osdbu.dot.gov/regional/index.cfm>.

### How to submit the evaluation

You can submit the Mentor Protégé program evaluation to the Director of the U.S. Department of Transportation, Office of the Secretary, Office of Small and Disadvantaged Utilization by email or by fax. Use only one method per evaluation. Evaluations must be **received** within thirty (30) days from the Mentor-Protégé agreement end date.

**Email.** Scan your signed evaluation to a pdf document and email to [mentorprotege@dot.gov](mailto:mentorprotege@dot.gov).

**Fax.** Fax your signed evaluation to (202) 366-7228.

## Specific Instructions

Print or type all entries on the Mentor Protégé Program evaluation, OMB Control Number 2105-xxxx. The evaluation form is an electronically fillable form. We strongly suggest evaluators utilize the electronically fillable form to complete the evaluation entries. Follow the instructions for each line to expedite processing and to avoid unnecessary requests for additional information.

**Line 1. Mentor Name.** Enter the business name of the mentor.

**Line 2. Business Mailing Address.** Enter the mailing address of the mentor's primary physical location. Do not enter a P.O. Box here.

**Line 3. Business Physical Address** Enter the physical address of the mentor's primary physical location.

**Line 4. Phone Number:** Enter the mentor's primary phone number.

**Line 5. Mentor Point of Contact.** Enter the name of the mentor's primary point of contact for the Mentor-Protégé program.

**Line 6. Email Address.** Enter the email address of the mentor's primary point of contact.

**Line 7. Protégé Name.** Enter the business name of the protégé.

**Line 8. Business Mailing Address.** Enter the mailing address of the protégé's primary physical location. Do not enter a P.O. Box here.

**Line 9 Business Physical Address** Enter the physical address of the protégé's primary physical location.

**Line 10. Phone Number:** Enter the mentor's primary phone number.

**Line 11. Protégé Point of Contact.** Enter the name of the mentor's primary point of contact for the Mentor-Protégé program.

**Line 12. Email Address.** Enter the email address of the mentor's primary point of contact.

**Line 13. Period of Performance.** Enter the period of Performance for the report.

**Line 14a. Performance Elements.** Rate the program performance and enter comments for each performance element. Rate each element on the following scale:

#### 5 - Exceptional

Consistently exceeds in achieving goals and objectives far above the established standards

#### 3 - Satisfactory

Meets the established performance standards

#### 1 - Unsatisfactory

Generally fails to meet the established performance standards

#### N/A

Not applicable. Performance element does not apply to the type of developmental assistance

#### 4 - Very Good

Generally exceeds the established performance standards

#### 2 - Fair

Meets some, but not all, of the established performance standards

**Line 14b. Was the developmental assistance provided to the protégé useful to enhance its core capabilities?** Given the specific developmental assistance provided to Protégé, describe the intern's strengths as a potential professional.

**Line 14c. How would you improve DOT's Mentor-Protégé program?** Describe how you would enhance DOT's Mentor Protégé program.



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**Line 14d. What other factors, relevant to the developmental assistance, would you like to comment upon?** Describe additional performance factors, if any, that the evaluator would like to comment upon.

**Line 14e. Has the protégé been able to compete in federal procurement opportunities since the Mentor-Protégé agreement was signed?** Describe whether the protégé has been able to compete on federal procurement opportunities.

**Line 14f. Other Comments.** Enter other general comments related to the Mentor Protégé program, if any.

**Line 14g. Would the mentor or the protégé be willing to participate in the program again in the future?**

Check "Yes" or "No" to indicate the companies' willingness to participate on the Mentor Protégé program in the future.

**Line 15. Reviewer's Signature.** Sign and date the application. This section is for official use only.