GSA MENTOR-PROTÉGÉ PROGRAM APPLICATION

OMB Control Number: 3090-0286 Expiration Date: XX/XX/20XX

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0286. We estimate that it will take 3 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

A signed Mentor-Protégé Application, to include the Mentor-Protege Agreement, for each Mentor-Protégé relationship must be submitted as part of this application to the Office of Small Business Utilization (OSBU) for approval. Additional information may be included in narrative form on a separate document. This will also be submitted as an attachment to the application. Application must be electronically submitted via e-mail to mentorprotege@gsa.gov

1.	1. Mentor Firm Information (See 519.7010(a)) Provide the following:								
a.	NAME OF FIRM								
b.	CONTACT NAME	c. POSITION	ON TITLE		d. TELEPHONE NUMBER				
e.	ADDRESS								
f. E-MAIL ADDRESS				g. HOMI	E PAGE				
2.	Mentor Eligibility Information								
	 a.								
	d. Do you have any other GSA Proposed Protégé arrangements? Yes No If yes, explain:								
	 e.								
	GSA (All participating mentors are required to have an act		ELIGIBILITY	ate in the G	SA Mentor-Protege Program.)				
	Contract Number Contract		Schedule		Point of Contact				
When applicable, indicate the technical program effort(s) (Program Title), name of GSA Project Manager and/or Contracting Officer's Representative (including contact information)(See 519.7009(b)(3)).									
3.	3. Protégé Firm Information (See 519.7010(a)) Provide the following:								
a.	a. NAME OF FIRM								
b.	CONTACT NAME	c. POSITIO	ON TITLE		d. TELEPHONE NUMBER				
e.	ADDRESS								
f.	E-MAIL ADDRESS			g. HOME	EPAGE				

L. Eligibility of Protégé (519.7010(b)). Procurrently eligible pursuant to the following crite	vide a statement certifying that the company is eria:						
(a) Protege must be at least one (1) of the following: Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUB Zone Small Business, Small Socially and Economically Disadvantaged Business, and Women-Owned Small Business (See SBA Regulations: 13 CFR 124, 125 and 126 and GSAM 519.7007(a)(1)). The Protégé represents that it is (check all that apply):							
Small Business	Small Disadvantaged Business (SBD) / 8(a)						
☐ Veteran-Owned Small Business (VOSB)	Service Disabled Veteran-Owned Small Business (SDVOSB)						
HUB Zone	Women-Owned Small Business (WOSB)						
(b) Must be small as determined by the requirements of the specific NAICS code. (See 519.7007(a)(2)). Protégé's primary NAICS code							
(c) The Protégé represents that it is eligible, as of the date of this application, for award for federal contracts (See 519.7007(d)(3)).							
(d) Eligibility Statement: The Protege affirms that they have have not verified their eligibility status with the Mentor as per Federal Acquisition Regulation (FAR) 19.7 and/or any additional SBA regulations.							
(e) Does the Protege currently have any active GS If yes, please list:	A Contracting Vehicles? Yes No						
(f) Is the Protege currently involved in any other actification of the second of the s	etive Mentor-Protege relationships? Yes No						
on the proposed types of developmental assist elationship include information on the compa o the identified protégé firm and how that ass	e plan for the execution of this agreement the developmental assistance your firm will mental assistance may include: training, at, organizational management, sustainability and and/or business development.) Information stance. For each proposed Mentor-Protégé ny's ability to provide developmental assistance sistance will potentially increase subcontracting abcontracting opportunities in industry categories						

		•	er which the developmental articipation term is 4 years.
One (1) Year	Two (2) Years	Three (3) Years	Four (4) Years
the protégé firm in wri	ting at 30 days in a	dvance of the mentor	res for the mentor firm to notify firm's intent to voluntarily greement (See 519.7010(h)).
	in writing at 30 day	s in advance of the p	procedures for a protégé firm to rotégé firm's intent to voluntarily
9. Other Termination mentor firm to termination	The state of the s		ibe below the procedures for the use.

10. Signed Agreement. Mentor Firm a parties shall state they agree to comply wit program.		
Mentor Firm	Protégé	
Printed Name	Printed Name	
Signature	 Signaturo	
Signature	Signature	
Title	Title	
Date	Date	_