



**The Texas A&M University System Health Science Center
Historically Underutilized Business**

Mentor/Protégé Program – Protégé Application

BUSINESS OWNERS PROFILE (Applicant)

Business Owners Name: _____

Address: _____

City: State: _____

Zip Code: Telephone Number: _____

Professional Licenses: _____

Specialized Training: _____

Educational Background: _____

BUSINESS PROFILE:

Name of Business: _____

Business Address: _____

City: State: _____

Zip Code: Business Phone: _____

Fax Number: _____ E-mail Address: _____

Contact Person: _____ Title: _____

Principle Line of Business: _____

Total Numbers of Employees at Time of Application:

Full-Time: _____ Part-Time: _____

Is your firm (representative) willing to attend a mandatory “Protégé Orientation” session conducted by the HSC Mentor/Protégé Program Administrator?

YES NO

Is your firm willing to enter into a written agreement with a Mentor outlining the goals and objectives of your potential Mentor/Protégé relationship through the HSC Program?

YES NO

Is your firm currently a “Protégé” of any business under any other program?

YES NO

Are you currently registered on the TBPC Central Master Bidders List?

YES NO

Do you have any State Contract(s) at the present time?

YES NO

BUSINESS STRUCTURE (Please check appropriate description)

Sole Proprietorship Corporation Partnership Joint Venture LLC LLP

Date business started: _____ Date HUB Certification: _____

Please explain why you want to become a part of the Mentor/Protégé Program:

Please indicate the areas you need assistance in (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Business Presentation Skills |
| <input type="checkbox"/> Business Writing Skills | <input type="checkbox"/> Business Organization/Structure |
| <input type="checkbox"/> Business Legal Issues | <input type="checkbox"/> Business Market Analysis |
| <input type="checkbox"/> Blueprint Reading | <input type="checkbox"/> Business Management |
| <input type="checkbox"/> Bonding & Insurance | <input type="checkbox"/> Business Marketing Plans |
| <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Business Technologies |
| <input type="checkbox"/> Bidding | <input type="checkbox"/> Government Procurement |
| <input type="checkbox"/> Cost Estimating | <input type="checkbox"/> Scheduling & Purchasing |
| <input type="checkbox"/> Banking Services | <input type="checkbox"/> Project Planning & Scheduling |
| <input type="checkbox"/> Business Permits | <input type="checkbox"/> Business Personnel Issues |
| <input type="checkbox"/> Reading/Interpreting Plans | <input type="checkbox"/> Change Orders |
| <input type="checkbox"/> Preparing Job Budgets | <input type="checkbox"/> Business Processes |
| <input type="checkbox"/> Competitive Market Place | |

Other (please describe): _____

Acknowledgement Statement:

I understand that participation in the Texas A&M University System Health Science Center Mentor/Protégé Program is voluntary and that participation in the HSC’s Mentor/Protégé Program is neither a guarantee for a contract opportunity nor a promise of business; but the Program’s intent is to foster positive long-term business relationships. I, undersigned on behalf of the organization participating in the Mentor/Protégé Program agree that the organization and all of its employees, officials, and agents shall conduct themselves at all times in accordance with the highest business ethics and appropriate business conduct.

I understand that in order to potentially be selected by a Mentor as their Protégé, information I have provided will be made available to eligible Mentors who have indicated a willingness to assist selected Protégés in areas that have been identified (needs) in this material.

Signature of Protégé Applicant _____ Date _____