



DON Mentor-Protégé New Agreement Checklist

* HCA USE ONLY

HCA Information

HCA: _____

HCA AD: _____

HCA's MPP PM: _____

HCA's MPP PM Email: _____

HCA's MPP PM PH#: _____

HCA's CO: _____

HCA's CO Email: _____

HCA CO PH#: _____

MPA Holders Eligibility

Mentor: _____

YES NO

Previously Approved Mentor?

Is the Mentor currently debarred ,suspended or have any open Investigations?

Past Performance Issues?

If so please specify:

Protégé: _____

YES NO

WOSB

Service-Disabled Veteran-Owned

HubZone



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MPA Holders Eligibility Cont.

	YES	NO
Employ severely disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Protégé currently debarred ,suspended or have any open Investigations?	<input type="checkbox"/>	<input type="checkbox"/>
SDB Certified?	<input type="checkbox"/>	<input type="checkbox"/>
SDB Expiration Date? _____		
8(a) Expiration Date? _____	YES	NO
Previously Mentored?	<input type="checkbox"/>	<input type="checkbox"/>
Term of Previous Agreement? _____		
Past Performance Issues?	<input type="checkbox"/>	<input type="checkbox"/>
If so please specify? _____ _____ _____		

Mentor-Protégé Agreement Costs

Contract Number: _____

Total Cost of the Agreement	
*Total Cost automatically calculated	
Base Yr:	
Option Yr 1:	
Option Yr 2:	
Total Cost:	



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Mentor-Protégé Agreement Included Data

Period of Performance: _____

	YES	NO
Description of Developmental Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>
Milestones for Developmental Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>
Past and Estimated Subcontract Dollars to Protégé	<input type="checkbox"/>	<input type="checkbox"/>
NAICS/SIC Codes of Protégé	<input type="checkbox"/>	<input type="checkbox"/>
Total Incidental Cost (Not including HBCU/Mis, PTACS and SBDCs)	<input type="checkbox"/>	<input type="checkbox"/>
Total HBCU/MI, PTAC or SBDCs Cost	<input type="checkbox"/>	<input type="checkbox"/>
Termination Procedures for Both Parties	<input type="checkbox"/>	<input type="checkbox"/>
Mentor agrees to comply with Reporting and Review Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Protégé agrees to comply with Reporting and Review Requirements	<input type="checkbox"/>	<input type="checkbox"/>
Agreement Signed by Both Parties	<input type="checkbox"/>	<input type="checkbox"/>

HCA Mentor-Protégé Agreement Approval Documents

	YES	NO
HCA OSBP Endorsement Letter	<input type="checkbox"/>	<input type="checkbox"/>
HCA MPP PM Endorsement Letter	<input type="checkbox"/>	<input type="checkbox"/>
HCA PCO Endorsement Letter	<input type="checkbox"/>	<input type="checkbox"/>
Is the Mentor-Protégé Agreement Approved	<input type="checkbox"/>	<input type="checkbox"/>

HCA AD Signature: _____

Date: _____