MENTOR PROTÉGÉ AGREEMENT

PROTÉGÉ QUESTIONNAIRE

DATE _____________________

Period Covered By Review: _____________________

Mentor Firm Name: ________________________________

Protégé Firm Name: ________________________________

Small Business Category: __________________________________________

Type of Certifications: (SB, SDB, WOSB, SDVOSB, Hub Zone, etc) and Expiration dates required:

Contract Number (if Reimbursable agreement):________________________

Protégé Cage Code: ___________

Mentor Protégé Agreement Start Date ____________ End Date ______________

Protégé Contact Information (Name) __________________________________________
Title________________________________________

Phone Number: ______________________Fax Number:____________________
Email: ________________________________

Type of Assistance Provided by Mentor:
(If answers are YES, please explain in detail for all assistance below)

Business Infrastructure Development: Yes _____ No____

Marketing Support: Yes _____ No____
Explain:

Manufacturing Training: Yes _____ No____

Quality Training: Yes ___ No____

Engineering/Technical Training: Yes ___ No____
**Please List:**

Technology Transfer: Yes ___ No____
**Please List**

Unreimbursed cost incurred by Protégé: Yes _____ No____
Explain:

Certification/Awards Received: Yes ___ No____ (please provide copy(ies) to DCMA PM)

Equipment Provided by Mentor: Yes ___ No____
Has there been government equipment or property provided to you (Protégé) by the mentor under this DoD MP Program? If so, please provide details.

New Markets Realized: Yes ___ No___
Please List:

Other Assistance provided not mentioned above: Yes ___ No___
Please Explain

Overall Status (health) of your MP Agreement: Yes ___ No___
Please Explain:

Benefits of the MP Agreement to your firm: Yes ___ No___
Please Explain:

DoD Subcontractor to Mentor: Yes ___ No___
How did the MP Agreement impact your company?
Please Explain:

DoD Subcontractor to Prime Contractor Other Than Mentor: Yes ___ No___
Please List:
Accomplishments/Milestones under the MP Agreement:

Milestones Met: Yes ___ No___

If answer to above question is no, do you and Mentor have a corrective action plan? Yes ___ No___

**GROWTH**

Business growth during the Mentor Protégé Agreement: Yes ___ No___

Explain:

If your answer to above statement is yes, do you attribute the growth to the Mentor Protégé Agreement? Yes ___ No___

Explain:

**Please explain in detail:**

If your answer to above statement is no, why did the Mentor Protégé Agreement not grow your business? Explain:

**Return on Investment:** Please submit back-up documents with this questionnaire (i.e. list of employees, spreadsheet with subcontract awards with date of award, amount & Contractor)

- (Annual Gross Revenue is the most recent full year revenue prior to start of agreement)
## Protégé Data

<table>
<thead>
<tr>
<th>Protégé Data</th>
<th>At Start of Agreement</th>
<th>As of Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Gross Revenues</td>
<td></td>
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</tbody>
</table>

### Protégé Actual Contracts Executed (not IDIQs) from:

<table>
<thead>
<tr>
<th>Description</th>
<th>At Start of Agreement</th>
<th>Cumulative from Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoD Prime Contract Awards to Protégé</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>DoD Subcontracts from Mentor to Protégé</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>DoD Subcontracts to Protégé from Other than Mentor</td>
<td>$</td>
<td>$</td>
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<tr>
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<td>DoD Subcontracts from Protégé to Other Than Mentor</td>
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<tr>
<td>Other Prime Federal Contracts (Excluding DoD) Awards to Protégé</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Federal Subcontracts (Excluding DoD) To Protégé from Mentor</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other Prime Federal Contracts (Excluding DoD) Awards to Protégé Other than Mentor</td>
<td>$</td>
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</tr>
<tr>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Federal Subcontracts (Excluding DoD) To Protégé from All Sources Other than Mentor</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Impact to the Protégé:

**Comments/Concerns/Suggestions/Improvements to your MP Agreement and or DoD MP Program:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5
What is the Value to DoD and the War Fighter?

NAME & Title: ____________________________________________________________