

DON Post-Program Review Report

*Completed by Proteges only



Report Date:

INSTRUCTIONS:

1. Reporting requirement - reports are due for all completed, and/or terminated agreement terms, even if no activity has occurred.
2. Reporting cutoff activity captured - each year after agreement completion for 2 consecutive years
3. The report must address a complete year.
4. The first report is due 1 year & 1 month after agreement completion (e.g. agreement completion date 4/30/03, report is due 5/31/04).
The second report is due 1 year after the first report due date (e.g. 1st report due date is 5/31/04, the 2nd report is due 5/31/05).
5. Baseline information comes from the Mentor-Protégé Agreement.
6. Baseline revenue is the most recent full year revenue prior to the agreement completion.
7. This form has been created in MS Excel; 8 pt Arial font.
8. All dollar values are expressed in whole dollars, cents omitted.

PROTÉGÉ Information:

Organization Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
URL:	<input type="text"/>
Industry:	<input type="text"/>
Congressional District:	<input type="text"/>

Contact Name:	<input type="text"/>
Title:	<input type="text"/>
Telephone:	<input type="text"/>
FAX:	<input type="text"/>
Email Address:	<input type="text"/>

MENTOR Information:

Organization Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
URL:	<input type="text"/>

Contact Name:	<input type="text"/>
Title:	<input type="text"/>
Telephone:	<input type="text"/>
FAX:	<input type="text"/>
Email Address:	<input type="text"/>

AGREEMENT Information:

Contract Number:	<input type="text"/>
Agreement Type:	<input type="text"/>
Agency Sponsor:	<input type="text"/>
Period of Performance:	
Start Date:	<input type="text"/>
End Date:	<input type="text"/>
Actual Months:	<input type="text"/>

Provide a brief summary of the developmental assistance plan that was provided and how this plan addressed your identified needs to enhance your ability to perform successfully under contracts and/or subcontracts within DoD and other federal agencies. Include technology transferred, enhanced capabilities(e.g. web development, and certifications obtained (e.g. ISO901:2000, MCSE). Address whether participation in the DoD MP Program attributed to your success.

Developmental Assistance Provided/ Milestones Achieved 2nd YEAR REPORT ONLY (DFARS I.112.2 (c)(5))

Provide any additional successes that your firm has achieved since the first report, that can be attributed to your participation in the DoD MP Program.

Protégé Progress Made Since exiting the MP Program (agreement completion or termination) (DFARS I.112.2 (e))

	Protégé Annual Gross Revenue	# of Protégé Employees	Protégé Actual Contracts Executed (not IDIQs) from:				# of DoD Proposals Submitted Prev. Yr.
			DoD Prime Contract Awards	Federal Prime Contract Awards	Federal Sub Contract Awards	DoD Sub Contract Awards	
Baseline (at start of agreement)	\$		\$	\$	\$	\$	
Beginning Balance (at end of agreement)	\$		\$	\$	\$	\$	
End of 1st Year Since Program Completion	\$		\$	\$	\$	\$	
End of 2nd Year Since Program Completion	\$		\$	\$	\$	\$	
<i>Sub Total</i>	\$		\$	\$	\$	\$	
Ending Balance	\$		\$	\$	\$	\$	

(DFARS I.112.2(c)(4))

	Actual Contracts Executed (not IDIQs) Received from Mentor:					
	Total Sub Awarded FROM Mentor \$	Total Sub Awarded FROM Mentor #	Mentor Sub Awards TO Protégé %	Total Sub Awarded TO Mentor \$	Total Sub Award TO Mentor #	Mentor Sub Awards TO Mentor %
Baseline (at start of agreement)	\$		%	\$		%
Beginning Balance (at end of agreement)	\$		%	\$		%
End of 1st Year Since Program Completion	\$		%	\$		%
End of 2nd Year Since Program Completion	\$		%	\$		%
<i>Sub Total</i>	\$		%	\$		%
Ending Balance	\$		%	\$		%

With the signature below we certify that the representations above are true and correct to the best of our knowledge:

Date	Protégé Signature	Title
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