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| --- | --- | --- | --- | --- |
| Name of Firm: | | | | |
| Firm Contact Person  *(person responsible for partnership oversight)* | | | Title: | |
| Firm Physical Address: | | | | |
| Firm Mailing Address: | | | | |
| City: | | State: | | Zip: |
| Phone Number: | | Fax: | | |
| E-Mail/Website | | 9-digit Federal I.D. #: | | |
| Firm Owner/Officer Name | | Firm Owner/Officer Name | | |
| Firm Owner/Officer Name | | Firm Owner/Officer Name | | |
| Identify your firm’s primary line of business by checking the appropriate category below:   Heavy Construction Building Construction  Professional Services Special Trade Other Services   Commodities | | | | |
| Years Firm has been in Business: | HUB Certified:   Yes  No  Cert # | Does your firm have a principal place of business in the State of Texas?   Yes  No What City: | | |
| List other firm locations in Texas | | Is your firm in “Good Standing” with the State of Texas?   Yes  No | | |
| Has your firm ever participated in a Mentor-Protégé relationship?   Yes Agency Name/When?   No | | Is your firm currently participating in a Mentor/ Protégé relationship through another state agency?  Yes Agency Name:   No | | |
| Has your firm ever been denied sponsoring a Mentor-Protégé relationship?   Yes Agency Name/When?   No | | Bonding Capacity? | | |
| Briefly discuss why you want to become a Mentor? | | | | |
| **Acknowledgement Statement:**    I understand that the Protégé must maintain its HUB Certification status for the duration of this agreement, in order for the Mentor Protégé agreement to be valid. If the Protégé's HUB certification expires, or becomes inactive or is revoked through the certification processes administered by the Statewide HUB Program, the Mentor-Protégé agreement shall be terminated.  ***I understand that participation in the Mentor-Protégé Program is voluntary and that participation in the Texas Tech University Mentor-Protégé Program is neither a guarantee of work nor a promise of business; but the Program’s intent is to foster positive long-term business relationships. I understand that this agreement extends to purchases made for both Texas Tech University (Agency 733) and the Texas Tech University System (Agency 768). I agree to report on the progress made relative to the Mentor-Protégé Agreement as indicated in the agreement.***  I understand that in order to potentially be selected by a Protégé as their Mentor, information I have provided will be made available to eligible Protégés who have indicated a willingness to participate in the program. I also understand that the Texas Tech University Procurement Services Office cannot and will not be held responsible for any actions of either the Mentor or the Protégé in relation to the Mentor/Protégé Application.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Mentor Representative Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | |