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| --- | --- | --- | --- | --- | --- |
| Name of Firm: | | | | | |
| Firm Contact Person:  *(person responsible for partnership oversight)* | | | Title: | | |
| Firm Physical Address:  *Is this your home address?* *Yes* *No* | | | | | |
| Firm Mailing Address:  *Is this your home address?* *Yes* *No* | | | | | |
| City: | | | State: | | Zip: |
| Phone Number: | | | Fax: | | |
| E-Mail: | | Web Site Address: | | Date Business Started: | |
| 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 | | | | | |
| 9-digit Federal ID #: | Bonding Capacity? | | Is the firm currently registered with Centralized Master Bidders List?  Yes  No | | |
| HUB Certification #: | | | Other Certifications: | | |
| Is your firm in “Good Standing” with the State of Texas?   Yes No | | | Annual Revenue?  $ | | |
| Has your firm ever participated in a Mentor-Protégé relationship?   Yes Agency Name/When?  Is it current?  Yes  No   No, we have not participated before | | | Has your firm ever been denied participation in a Mentor-Protégé partnership?  Yes Agency Name/When?  No | | |
| Is your firm willing to enter into a written agreement with a Mentor firm outlining the goals and objectives of your potential Mentor/Protégé relationship through Texas Tech University?  Yes  No | | | | | |
| Does your firm have a principal place of Business in the State of Texas?   Yes What City:   No | | | Do you have a Basic Business Plan implemented?   Yes (Attach a copy to this application)   No | | |
| Do you have a basic Marketing Plan?   Yes (Attach a copy to this application)   No | | | How many employees, other than yourself, does you company employ? (Attach the most current organizational chart.) | | |
| Does the principle of the company or any employees of the company participate on the Board of Directors for any Minority or Civic organizations? If so, which organizations? | | | | | |
| Please indicate the areas in which you need assistance (check all that apply):   Banking Services  Business Market Analysis  Personnel Management/Payroll   Bidding  Business Permits  Plan Reading/Interpreting   Bonding and Insurance  Construction Management  Project Planning/Marketing   Bookkeeping/Accounting  Cost Estimating  Preparing Job Budgets   Business Financial Planning  Operations Budgeting  Scheduling/Purchasing   Other | | | | | |
| **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 Mentor as their Protégé, information I have provided will be made available to eligible Mentors who have indicated a willingness to assist Protégés in areas that have been identified. 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 Protégé Representative Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | |