



**MINNESOTA DEPARTMENT OF TRANSPORTATION
METROPOLITAN AIRPORTS COMMISSION
METROPOLITAN COUNCIL
CITY OF MINNEAPOLIS**

MENTOR/PROTÉGÉ PROGRAM

PROTÉGÉ APPLICATION

Business Name:	Business Address:	Mailing Address (if different)
Owner Title:	Owner Name:	
Do you have a Business Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business telephone: Business Fax Number: E-mail address:	Work Type:
Name of Insurance Company:	Name of Bonding Company:	
Agent:	Agent:	
Phone Number:	Phone Number:	
\$ Amount:	Single:	\$
Type of Coverage:	Aggregate:	\$
Gross Receipts (3 years):		

Please list major projects for the last two years (list the most recent first). If new business, list previous business references.		Indicate your role: (P) Prime Contractor; (JV) Joint Venture; (SUB) Subcontractor			
Project Name	Type of Project	Role			Contract Amount
		P	JV	SUB	
					\$
					\$
					\$
					\$

Check the categories where you need assistance

- | | | |
|---|---|---|
| <input type="checkbox"/> Business Plans | <input type="checkbox"/> Obtaining Permits & Sub-Contractors | <input type="checkbox"/> Bonding & Insurance |
| <input type="checkbox"/> Banking Services | <input type="checkbox"/> Organization Structure | <input type="checkbox"/> Prompt Payment Procedures |
| <input type="checkbox"/> Records & Contract Management | <input type="checkbox"/> Payrolls (federal, state, fringe benefits) | <input type="checkbox"/> Operations Assessment |
| <input type="checkbox"/> Reading & Interpreting Contract Plans & Specifications | <input type="checkbox"/> Personnel Management | <input type="checkbox"/> Analysis of major, fixed and variable cost |
| <input type="checkbox"/> Post Award Bid Assessment | <input type="checkbox"/> Construction Equipment & Materials | <input type="checkbox"/> Accounting Records Preparation & Maintenance |
| <input type="checkbox"/> Preparing & Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns | <input type="checkbox"/> Market Analysis | <input type="checkbox"/> Competitive marketplace Overhead |
| <input type="checkbox"/> Cost Accounting | <input type="checkbox"/> Implementation & Action Plans | <input type="checkbox"/> Job Cost & Work In Progress |
| <input type="checkbox"/> Troubleshooting & Delay Avoidance | <input type="checkbox"/> Scheduling & Purchasing | <input type="checkbox"/> Quality take-off and Estimating |
| <input type="checkbox"/> Project Planning & Scheduling | <input type="checkbox"/> Other: <i>(Please explain)</i> | |

- 1. State why you want to participate in the Mentor/Protégé Program** (attach additional sheet(s) if necessary)

- 2. What business skills or work type do you want to learn or enhance with involvement in the Mentor/Protégé program?**

- 3. What percentage of your contracting is in government: ____%; private ____%.**
 Identify government entity: City, County State, Federal, Airports, Metropolitan Council

Contact any agency with questions regarding this application or the Mentor/Protégé program but send the completed application to the agency that processed your DBE application.

MN/DOT –Office of Civil Rights 395 John Ireland Blvd, MS 170 St. Paul, MN 55155-1899	Metropolitan Airports Commission Office of Diversity 6040 28 th Ave. South Minneapolis, MN 55450	Metropolitan Council Office of Diversity 560 6 th Ave. North Minneapolis, MN 55411	City of Minneapolis Department of Civil Rights 350 S 5th Street #239 Minneapolis, MN 55415
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Personal Information Notice

Pursuant to Federal Privacy Act (P.L. 93-579) and the Minnesota Data Practices Act (Minn. Stat. §§ 13.01 et seq) notice is hereby given for the request of personal information by this form. The requested information is voluntary. The purpose of the information is to facilitate the processing of this form. Failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6 Section 1798.24 of the IP of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained by the identified agency. Direct inquiries regarding record maintenance to the Office of Civil Rights at the Minnesota Department of Transportation.

Signature certifies that information supplied on all corresponding pages and attachments are accurate.

Signature

Date

Printed Name