

MINNESOTA DEPARTMENT OF TRANSPORTATION METROPOLITAN AIRPORTS COMMISION METROPOLITAN COUNCIL CITY OF MINNEAPOLIS

MENTOR/PROTÉGÉ PROGRAM

MENTOR APPLICATION

Business Name:	Business Address:	Mailing Address (if different)
Owner Name:	Owner Title:	
	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		Indicate your role: (P) Prime Contractor; (JV) Joint			
most recent first).		Venture; (SUB) Subcontractor			
If new business, list previous business references.					
Project Name	Type of Project	Role		Contract Amount	
		Р	JV	SUB	
					\$
					\$
					\$
					\$

Check the categorie	s you would be interested in mentoring	(check all that apply)	
☐ Business Plans	☐ Obtaining Permits & Sub- Contractors	☐ Bonding & Insurance	
☐ Banking Services	☐ Organization Structure	☐ Prompt Payment Procedures	
☐ Records & Contract Management	☐ Payrolls (federal, state, fringe benefits)	☐ Operations Assessment	
□Reading & Interpreting Contract Plans & Specifications	☐ Personnel Management	$\hfill \square$ Analysis of major, fixed and variable cost	
☐ Post Award Bid Assessment	☐ Construction Equipment & Materials	☐ Accounting Records Preparation & Maintenance	
☐ Preparing & Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns	☐ Market Analysis	☐ Competitive marketplace Overhead	
☐ Cost Accounting	☐ Implementation & Action Plans	☐ Job Cost & Work In Progress	
□ Troubleshooting & Delay Avoidance□ Project Planning & Scheduling	□ Scheduling & Purchasing□ Other: (Please explain)	☐ Quality take-off and Estimating	
1. State why you want to particip	ate in the Mentor/Protégé Program (atta	ach additional sheet(s) if necessary)	
2. What business skills or work ty program?	pe do you want to share with your invol	vement in the Mentor/Protégé	
	acting is in government:%; private		

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.

Minnesota Dept. of Transportation Metropolitan Airports Commission Metropolitan Council City of Minneapolis Office of Civil Rights Office of Diversity Office of Diversity **Department of Civil Rights** 395 John Ireland Blvd, MS 170 6040 28th Ave. South 560 6th Ave. North 350 S 5th Street #239 St. Paul, MN 55155-1899 Minneapolis, MN 55450 Minneapolis, MN 55411 Minneapolis, MN 55415 612.349.7695 651.366.3352 612.726.8193 612.673.3012 Debra.johnson@mspmac.org Tracey.Jackson@metrotransit.org George.Costilla@state.mn.us contractcompliance@minneapolismn.gov

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	d on all corresponding pages and attachments are accurate.
Signature	 Date
Printed Name	