

## **DHS Mentor-Protégé Application**

A signed mentor-protégé application for each mentor-protégé relationship should be submitted to the DHS OSDBU for approval. Completed applications can be submitted to the DHS Mentor-Protégé Program Manager, Angela Williams, by:

**Email:** [angela.williams1@dhs.gov](mailto:angela.williams1@dhs.gov)

**Fax:** 202-447-5552

### **Mail at the address below:**

Angela Williams Department of Homeland Security 245 Murray Drive, SW (Bldg. 410) Attn:  
OSDBU/Williams/Room 3514 Washington, DC 20528

[Questions may be directed to Angela Williams at [angela.williams1@dhs.gov](mailto:angela.williams1@dhs.gov) or (202) 447-5280]

**Please note that electronic submission of applications is encouraged. Applications sent to DHS by mail is sent to a Remote Delivery Site (RDS) for screening before mail is delivered to DHS mail recipients. The screening process may cause some deterioration to the paper.**

The application should be in narrative form and include, at a minimum, the following information in the format shown below:

**Mentor Firm Information.** Please provide the following:

Name of Firm  
Contact Name  
Position Title  
Address  
Telephone  
Fax  
E-Mail  
Homepage

**Protégé Firm Information.** Please provide the following:

Name of Firm  
Contact Name  
Position Title  
Address  
Telephone  
Fax  
E-mail  
Homepage

**Eligibility.** Please provide a statement certifying that the company is currently eligible pursuant to the following criteria below:

A small business concern that meets the definition at FAR 19.001, based on its primary NAICS code,

is eligible to be a protégé firm. SBA Regulations/FAR Provision: FAR 19.001; 13 CFR Part 121; 13 CFR 124.1002

The protégé firm's primary NAICS code is \_\_\_\_\_.

The Protégé represents that it is a small business concern as defined above.

The Protégé represents that it \_\_\_ is, \_\_\_ is not a small disadvantaged business concern.

If the Protégé represents that it is small disadvantaged business, the Protégé should also identify the category in which its ownership falls: \_\_\_ Black American, \_\_\_ Hispanic American, \_\_\_ Native American, \_\_\_ Asian Pacific, \_\_\_ Subcontinent Asian, or \_\_\_ Individual concern, other than one of the preceding.

The Protégé represents that it \_\_\_ is, \_\_\_ is not an 8(a) firm.

The Protégé represents that it \_\_\_ is, \_\_\_ is not a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone small business concerns maintained by the Small Business Administration.

The Protégé represents that it \_\_\_ is, \_\_\_ is not a women-owned small business concern.

The Protégé represents that it \_\_\_ is, \_\_\_ is not a Veteran-owned small business concern

The Protégé represents that it \_\_\_ is, \_\_\_ is not a Service Disabled Veteran-Owned Small Business concern.

**Developmental Assistance Program.** Please describe the developmental program for the protégé firm specifying the types of assistance planned. Types of developmental assistance a mentor firm can provide to a protégé firm may include:

Management guidance relating to-

Financial management

Organizational management

Overall business management/planning and

Business development

Technical assistance

Rent-free use of facilities and/or equipment

Property

Temporary assignment of personnel to the protégé firm for the purpose of training

Loans; and

Any other types of mutually beneficial assistance

**Milestones.** Please define milestones for providing the identified developmental assistance.

**Measurement.** In addition to the developmental assistance plan, please provide factors to assess the protégé firm's developmental progress under the program. Please include such things as the criteria for evaluation of the protégé's developmental success to measure the effectiveness of the relationship including a plan to increase the quality of the protégé firm's technical capabilities and how the mentor's assistance will potentially increase contracting and subcontracting opportunities for the protégé firm.

**Estimate of Cost.** Please provide an estimate of the total cost of the developmental assistance.

**Program Participation Term.** Please state and acknowledge that a 36 month period of time will be used for the mentor to provide the developmental assistance.

**Potential Subcontracts.** Please provide the anticipated dollar value and type of subcontracts that may be awarded to the protégé firm consistent with the extent and nature of mentor firm's business for the next 36 months.

**Mentor Termination Procedures.** Please describe the procedures for the mentor firm to notify the protégé firm in writing at least 30 days in advance of the mentor firm's intent to voluntarily withdraw its participation in the Program.

**Protégé Termination from the Program.** Please describe the procedures for a protégé firm to notify the

mentor firm in writing at least 30 days in advance of the protégé firm's intent to voluntarily terminate the mentor-protégé agreement.

**Other Termination Procedures.** Describe the procedures for the mentor firm to terminate the mentor-protégé agreement for cause which provide:

The protégé firm shall be furnished a written notice of the proposed termination, stating the specific reasons for such action, at least 30 days in advance of the effective date of such proposed termination.

The protégé firm shall have 30 days to respond to such notice of proposed termination, and may rebut any finding believed to be erroneous and offer a remedial program.

Upon prompt consideration of the protégé firm's response, the mentor firm shall either withdraw the notice of proposed termination and continue the protégé firm's participation, or issue the notice of termination.

The mentor firm shall submit a plan for accomplishing work should the agreement be terminated.

**Other Term and Conditions.** Please describe any additional terms and conditions that apply to the agreement.

**Statement of Intent and Agreement.** Please include a statement of intent and agreement to comply with the obligations set forth in section 3052.219-71 of the Department of Homeland Security Acquisition Regulation (HSAR) and all other clauses and provisions governing the program. Also, include a statement of agreement that DHS will be permitted to make available to the public the contact information included in the "**Mentor Firm Information**" and "**Protégé Firm Information**" sections of the application.

**Signed Agreement.** Mentors and Protégés are requested to sign and date the agreement. Titles of the individuals should also be included as shown in the following example:

<b>Mentor</b>	<b>Protégé</b>
_____ Printed Name	_____ Printed Name
_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date
_____	_____