Fourth Appendix Sample Application For Enrollment In Mentor Protégé-Program

Sample Application

If your business concern has been in operation for three years or longer, please provide the annual gross receipts for the last three fiscal years for this business concern and its subsidiaries and affiliates:

| Fiscal Year Annual Gross Revenue |
|----------------------------------|
|----------------------------------|

| 19 | \$ |
|----|----|
| 19 | \$ |
| 19 | \$ |

Check the Categories Where you Need Assistance:

- Business Plan
- **Implementation and action plans**
- Organization structure
- Market Analysis
- Operations assessment
- **D** Blueprint reading
- **Reading & interpreting plans & specifications**
- □ Scheduling & purchasing
- Construction equipment & materials
- Obtaining permits & subcontracts
- □ Preparing & negotiating change orders, job budgets, trade payment breakdowns
- Prompt payment procedures
- □ Records & contract management
- **D** Troubleshooting and avoidance delay
- Dersonnel Management
- □ Project planning & scheduling
- Accounting records preparation & maintenance
- Cost Accounting
- □ Bonding & insurance
- Banking services
- □ Job cost & work in progress
- □ Payrolls (federal, state fringe benefits)
- Competitive marketplace overhead
- □ Analysis of major fixed & variable cost components
- Dest award bid assessment of successful & unsuccessful bidders
- □ Take-offs

State Why You Want to Participate in the Mentor Program (Attach additional sheet(s) if necessary).

| Business starting date: | |
|--|--|
| Number of full-time employees: | |
| Number of current part-time employees: | |
| Specialty: | |
| | |
| | |
| | |
| | |
| | |
| Legal Structure of Business: | |
| Corporation | |
| Partnership | |
| Sole Proprietorship | |
| Other (Specify) | |
| | |
| Name of Insurance Company | |
| Agent Phone Number | |
| \$ Amount Type of Coverage | |
| Bonding Company | |
| Agent Phone Number | |
| \$ Single\$ Aggregate | |
| | |

Please list major customers or projects of the business for the last two years (list most recent first). If new business, list previous business references:

| Customer | Telephone | Contact | Type of Contract /Year | * Person | Project | Amount |
|----------|-----------|---------|------------------------|----------|-----------|--------|
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* Indicate whether you were (P) Prime Contractor; (JV) Joint Venture; (SUB) Subcontractor