

Department of Defense Mentor-Protégé Agreement
MENTOR-PROTÉGÉ NEW AGREEMENT CHECKLIST

MENTOR: _____

PROTÉGÉ: _____

MENTOR'S COGNIZANT DCMA ACO: _____

MilDep/Agency PCO/CO: _____

MENTOR CAGE CODE: _____

Type of Agreement: _____ *Credit* _____ *Reimbursable*

MilDep/Agency: _____

Contract Number: _____

Type of Action: *New Agreement* _____

PACKAGE COMPLETE:

	YES	NO	
Signed Mentor-Protégé Agreement	[]	[]	

PM Endorsement Letter (Reimbursable only)	[]	[]	_____
OSBP Funding Request (Reimbursable only)	[]	[]	

Funding POC Identified (Reimbursable only)	[]	[]	

10% incidental cost justification (if required)	[]	[]	

Folder attached (existing agreements only)	[]	[]	

MENTOR ELIGIBILITY:

	YES	NO	
A. <i>NEW MENTOR – Date of Approval</i> _____	[]	[]	

B. <i>PREVIOUSLY APPROVED MENTOR:</i>			
Semi-annual / 3-Month reports submitted?	[]	[]	_____
DCMA Reviews Conducted?	[]	[]	

Past Performance Issues?	[]	[]	

If so, please specify:			

PROTÉGÉ ELIGIBILITY:

	YES	NO	
<i>SDB PRO-NET CERTIFICATION:</i>			
SDB Expire Date	[]	[]	_____
8(a) Expire Date	[]	[]	_____
Minority Code	[]	[]	_____
WOSB	[]	[]	_____
VOSB	[]	[]	_____
Service Disabled Vet	[]	[]	_____

Emerging SDB	[]	[]	
Self-Certified Organization Employing the Severely Disabled	[]	[]	_____
Self-Certified Woman Owned Small Business	[]	[]	

FUNDING AVAILABILITY:

Funding Exists within Department/Agency Budget	[]	[]
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Other: _____

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AGREEMENT APPROVAL

	YES	NO
One Agreement for Each M/P Proposal	[]	[]
Firm Name/Address/Phone #/POC Mentor & Protege	[]	[]
Description of Developmental Assistance	[]	[]
Milestones for Developmental Assistance Plan	[]	[]
Metrics for Developmental Assistance Plan	[]	[]
Past and Estimated \$ Subcontracts to Protégé(s)	[]	[]
Estimated Cost of Developmental Assistance	[]	[]
SIC Codes for protégé: _____	[]	[]
NAICS Codes for protégé _____	[]	[]
Estimate of Cost \$ _____	[]	[]
Incidental Cost (\$\$) & (%): (not to exceed 10%) _____	[]	[]
Period of Performance _____	[]	[]
Termination Procedures for Both Parties	[]	[]
Signed by Both Parties	[]	[]
 Protégé agrees to comply with reporting/review requirements	 []	 []
 Mentor agrees to comply with reporting/review requirements	 []	 []

- PREVIOUSLY PARTICIPATED AS A PROTÉGÉ:

Previous Mentor

Term of Previous Agreement

Semi-annual / 3-Month Reports Received/Rebutted [] []

DCMA Reviews Conducted [] []

Past Performance Issues:

Approval [] Disapproval [] Initials _____ Date _____