



Mentor Questionnaire

DCMA Annual Review DoD Mentor Protégé Agreement

(Mentor Questionnaire must be returned by the deadline or it will affect the rating. Incomplete forms will be returned, therefore please answer all questions thoroughly)

Date:

Mentor Firm Name:

Protégé Firm Name:

Period of Performance Covered By Review:

Mentor Protégé Agreement Start Date: _____ **End Date:** _____

1. Developmental Assistance Provided:

Assistance to be Provided Based on Agreement	Assistance Provided Based on Discussions with Mentor/Protégé	
Business Infrastructure Development	Business Infrastructure Development	
Marketing Support	Marketing Support	
Manufacturing Training	Manufacturing Training	
Quality Training	Quality Training	
Engineering/Technical Training	Engineering/Technical Training	
Equipment Provided	Equipment Provided	
Financial Assistance	Financial Assistance	
Other: (Specify)	Other: (Specify)	

2. Contract Obligation/ Payment History:

a. Total Obligated Amount: \$ _____ (Reimbursable Agreements)

b. Total Approved Amount: \$ _____ (Credit Agreement)

Mentor Questionnaire

c. Contract/Modification Information:

Contract/Modification Number	Year	Date of Document	Obligated Dollars	Remarks; (List if Admin Only, Increase Funds, Decrease Funds)
	Yr 1			
	Yr 2			
Total				

Please provide copies of contract and modifications as supporting documentation if they have not been provided previously.

d. Invoice Information:

Voucher Number	Year	Date on Voucher	Dollar Amount
	Base		
	Option 1		
Total			

e. Cumulative Amount INVOICED \$ _____

Please provide copies of vouchers as supporting documentation if they have not been provided previously.

3. Expenditures during Annual Review:

Expenditures	Expenditures during Review Period	Cumulative from Start
HBCU/MI	\$	\$
PTAC/SBDC/MEP/WBC	\$	\$
Employee Labor	\$	\$
Other Direct Costs	\$	\$
Property	\$	\$

Mentor Questionnaire

Expenditures Worksheet:

Expenditures	Employee Labor	PTAC/SBDC/MEP/WBC	HBCU/MI	Other Direct Cost	Property
SAR 10/1 – 3/31 (BY)	\$0	\$0	\$0	\$0	\$0
SAR 4/1 – 9/30 (BY)	\$0	\$0	\$0	\$0	\$0
SAR 10/1 – 3/31 (OY I)	\$0	\$0	\$0	\$0	\$0
SAR 4/1 – 9/30 (OY I)	\$0	\$0	\$0	\$0	\$0
Cumulative from Start	\$0	\$0	\$0	\$0	\$0

Expenditures during Review Period: This data should MATCH the data provided on the Semi-Annual Reports applicable to this review period. If your numbers do not match, please explain in (a) below. This may mean the SARs will need to be updated.

- a. Does the expenditures reported during the Annual Review match the expenditures reported on the Semi Annual Reports submitted for the review period? Yes _____ No _____
If not, please explain the difference in detail.

4. Summary of Work Completed during this review period:

NOTE: Please provide updated Gantt chart as supporting documentation if they have not been provided previously?

- a. Did you follow the Gantt chart or Work Breakdown Structure (WBS) provided with the Technical Proposal? Yes _____ or No _____
- b. Have they changed? Yes _____ or No _____ (If so, please provide the approved Updates to the DCMA SBP)
- c. Were the changes approved by the Servicing Agency or DCMA?
Yes _____ NO _____ N/A _____
- d. Where there any changes to the Cost Proposal and if so, were the changes approved by the Servicing Agency or DCMA? Yes _____ NO _____ (if so, please provide the approved updates to the DCMA SBP)

Mentor Questionnaire

e. List all the milestones/task **completed** during this review period, as listed on the Gantt chart or WBS and Semi-Annual Review (SAR).

f. Explain in detail what the task did and how did it enhance or improve the Protégé's capabilities. (Spell out all Acronyms)

g. List all Remaining Tasks and Schedule Status: (ie. On Schedule)

Revised Task Justification – list any revision/change request that have been approved and submit revised Gantt chart or WBS reflecting the changes to DCMA SBP.

Revision Request # (i.e. 01, 02, 03, etc)	Approval Date	Addition/ Modified/Deleted	Remarks

Mentor Questionnaire

5. Summary of Milestones:

a. Agreement Total Milestones: ____ Milestones due This Review Period: ____

Milestones Met This Review Period: ____ Milestones Missed This Review Period: ____

b. Provide a detailed explanation of missed milestone(s).

c. Do you have a corrective action plan? Yes _____ No _____ If yes, explain the plan in detail.

6. Mentor Comments on Agreement:

6. Expenditures: Name of Institution, if applicable and amount expended to date

- Historically Black College or University (HBCU):
- Minority Institution of Higher Education(MI):
- Procurement Technical Assistance Center (PTAC):
- Small Business Development Center (SBDC):
- Manufacturing Extension Partner (MEP)
- Women's Business Center (WBC)

a. What is/are the cumulative dollars for each of the above institution(s) from the start of the agreement?

Mentor Questionnaire

- b. List the developmental assistance provided by the above institution(s) and provide a detailed description of each service or training:

7. How did it benefit the protégé to compete on a stand-alone basis?

8. Property:

- a. Was property provided to the protégé during this MPA?
- b. If so, please provide a list to include cost of the government furnished equipment (GFE); Contractor acquired property (CAP), property purchased and reimbursed by the government; and provided to protégé.
- c. What happens to the property at the end of this MPA?

8. What was the Value to Department of Defense and the War Fighter?

9. Other comments you would like to provide.

Name & Title _____ **Date:** _____