

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
- Blueprint reading

**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

* Indicate whether you were
(P) Prime Contractor; (JV) Joint Venture; (SUB) Subcontractor