



**MINNESOTA DEPARTMENT OF TRANSPORTATION
METROPOLITAN AIRPORTS COMMISSION
METROPOLITAN COUNCIL**

MENTOR/PROTÉGÉ PROGRAM

MENTOR APPLICATION

Business Name:	Business Address:	Mailing Address (if different)
Owner Name:	Owner Title:	
	Business telephone:	
	Business Fax Number:	
	E-mail address:	
Work Type:		
Name of Insurance Company:	Name of Bonding Company:	
Agent:	Agent:	
Phone Number:	Phone Number:	
\$ Amount:	Single	\$
Type of Coverage:	Aggregate	\$
Gross Receipts (3 years):		

Please list major projects for the last two years (list the most recent first). If new business, list previous business references.		Indicate your role: (P) Prime Contractor; (JV) Joint Venture; (SUB) Subcontractor			
Project Name	Type of Project	Role			Contract Amount
		P	JV	SUB	
					\$
					\$
					\$
					\$

Check the categories you would be interested in mentoring (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Business Plans | <input type="checkbox"/> Obtaining Permits & Sub-Contractors | <input type="checkbox"/> Bonding & Insurance |
| <input type="checkbox"/> Banking Services | <input type="checkbox"/> Organization Structure | <input type="checkbox"/> Prompt Payment Procedures |
| <input type="checkbox"/> Records & Contract Management | <input type="checkbox"/> Payrolls (federal, state, fringe benefits) | <input type="checkbox"/> Operations Assessment |
| <input type="checkbox"/> Reading & Interpreting Contract Plans & Specifications | <input type="checkbox"/> Personnel Management | <input type="checkbox"/> Analysis of major, fixed and variable cost |
| <input type="checkbox"/> Post Award Bid Assessment | <input type="checkbox"/> Construction Equipment & Materials | <input type="checkbox"/> Accounting Records Preparation & Maintenance |
| <input type="checkbox"/> Preparing & Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns | <input type="checkbox"/> Market Analysis | <input type="checkbox"/> Competitive marketplace Overhead |
| <input type="checkbox"/> Cost Accounting | <input type="checkbox"/> Implementation & Action Plans | <input type="checkbox"/> Job Cost & Work In Progress |
| <input type="checkbox"/> Troubleshooting & Delay Avoidance | <input type="checkbox"/> Scheduling & Purchasing | <input type="checkbox"/> Quality take-off and Estimating |
| <input type="checkbox"/> Project Planning & Scheduling | <input type="checkbox"/> Other: <i>(Please explain)</i> | |

1. State why you want to participate in the Mentor/Protégé Program (attach additional sheet(s) if necessary)

2. What business skills or work type do you want to share with your involvement in the Mentor/Protégé program?

3. What percentage of your contracting is in government: _____%; private _____%.
Identify government entity: City, County, State, Federal, Airports, Metropolitan Council...

Contact any agency with questions regarding this application or the Mentor/Protégé program but send the completed application to the agency that processed your DBE application.

MN/DOT –Office of Civil Rights 395 John Ireland Blvd, MS 170 St. Paul, MN 55155-1899 Contact Person: George Costilla 651.366.3352 George.Costilla@state.mn.us	Metropolitan Airports Commission Office of Diversity 6040 28 th Ave. South Minneapolis, MN 55450 Contact Person: Deb Johnson 612.726.8193 Debra.johnson@mspmac.org	Metropolitan Council Office of Diversity & EEO FT Heywood Office 560 6 th Ave. North Minneapolis, MN 55411 Contact Person: Pat Calder 612.349.7463 Pat.calder@metc.state.mn.us
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Personal Information Notice

Pursuant to Federal Privacy Act (P.L. 93-579) and the Minnesota Data Practices Act (Minn. Stat. §§ 13.01 et seq) notice is hereby given for the request of personal information by this form. The requested information is voluntary. The purpose of the information is to facilitate the processing of this form. Failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6 Section 1798.24 of the IP of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained by the identified agency. Direct inquiries regarding record maintenance to the Office of Civil Rights at the Minnesota Department of Transportation.

Signature certifies that information supplied on all corresponding pages and attachments are accurate.

Signature

Date

Printed Name