Circle

Description automatically generated

DEPARTMENT OF THE AIR FORCE

OFFICE OF SMALL BUSINESS PROGRAMS

MENTOR-PROTÉGÉ PROGRAM

**TEMPLATE FOR**

**TENTATIVE AGREEMENT PACKAGE SUBMISSIONS**

Mentor Firm: *Name*

Protégé Firm: *Name*

**Section A: Solicitation Information**

|  |  |
| --- | --- |
| **Open Call Number:** |  |
| **Title:** |  |

**Section B: Proposed Agreement Information**

**Type:** *Check the agreement type that is requested.*

|  |  |
| --- | --- |
| **Reimbursable:** |  |
| **Credit:** |  |
| **Hybrid:** |  |

**Period of Performance:** *State the period of work (in months) over which the developmental assistance will be performed -* ***not to exceed 36 months****.*

|  |  |
| --- | --- |
| **Number of Months:** |  |
| **Anticipated Start Date:** |  |
| **Anticipated Completion Date:** |  |

**Section C: Cost Estimate**

**Cost Estimate by Year:**  *Provide an estimate of the cost of the total developmental assistance provided by the Mentor Firm. Include* *a cost breakdown of each year of effort by category of cost.*

**The required minimum amount of Engineering and Technical Assistance is 50% of the total effort.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *(Expressed in whole dollar amounts)* | | | |
| **Cost Category** | | | **Base Year** | **Option Year 1** | **Option Year 2** | **Total** |
|  |  |  |  |  |  |  |
| Mentor Labor | | | $ | $ | $ | $ |
| Travel / ODCs | | | $ | $ | $ | $ |
| Authorized Subcontractor(s) | | | $ | $ | $ | $ |
| Year Subtotals: | | | $ | $ | $ |  |
|  |  |  |  |  |  |  |
| Total Estimated Development Cost: | | | | | | $ |

**Cost Estimate by Development Assistance Type and By Task Performer:** *Provide an estimate of the cost of the Engineering and Technical Assistance (Technology Transfer) and General Business Development Assistance. Include* *a cost breakdown of the separate developmental assistance types by cost categories. Indicate the percentage of each cost category for the total effort.\*\*\**

**The required minimum amount of Engineering and Technical Assistance is 50% of the total effort.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *(Expressed in whole dollar amounts)* | | | |
| **Cost Category** | | | **Base Year** | **Option Year 1** | **Option Year 2** | **Total** |
|  |  |  |  |  |  |  |
| **Engineering and Technical Assistance (Technology Transfer)** | | | | | | |
|  |  |  |  |  |  |  |
| Mentor Labor | | |  |  |  |  |
| Travel / ODCs | | |  |  |  |  |
| Authorized Subcontractor(s) | | |  |  |  |  |
|  |  |  |  |  |  |  |
| Subtotal Engineering and  Technical Assistance | | |  |  |  |  |
| Percentage of Total Effort | | |  |  |  |  |
|  |  |  |  |  |  |  |
| **General Business Development Assistance** | | | | | | |
|  |  |  |  |  |  |  |
| Mentor Labor | | |  |  |  |  |
| Travel / ODCs | | |  |  |  |  |
| Authorized Subcontractor(s) | | |  |  |  |  |
|  |  |  |  |  |  |  |
| Subtotal General Business Development Assistance | | |  |  |  |  |
| Percentage of Total Effort | | |  |  |  |  |
|  |  |  |  |  |  |  |
| **Subtotals by Year** | | | | | | |
|  |  |  |  |  |  |  |
| Mentor Labor | | |  |  |  |  |
| Travel / ODCs | | |  |  |  |  |
| Authorized Subcontractor(s) | | |  |  |  |  |
| Authorized Subcontractor Percentage  of Total Effort | | |  |  |  |  |
|  |  |  |  |  |  |  |
| Contract Year Subtotal | | |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Agreement Estimated Development Cost: | | | | | |  |

**Section D: Mentor Firm Eligibility**

*Provide a statement (be sure to include the date of approval) that the Mentor Firm has been previously approved under the DoD Mentor-Protégé Program (provide a copy of approval letter, if available) and is still eligible to participate as a Mentor Firm per the requirements set by DFARS Appendix I-102 or identify anticipated schedule to submit a Mentor Application.*

**Section E: Mentor Firm Information**

|  |  |
| --- | --- |
| **Firm Name:** |  |
| **Mailing Address:** |  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Homepage:** |  |
| **Industry:** |  |

|  |  |
| --- | --- |
| **Unique Entity Identifier Number (UEI#):** |  |
| **CAGE Code:** |  |

|  |  |  |
| --- | --- | --- |
|  | *Code (6-digit)* | *Title* |
| **Primary North American Industry Classification System (NAICS) Codes:** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Product or Service (PSC) Codes:** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section F: Mentor Firm Background**

*Provide a brief summary about the Mentor Firm including a company profile, volume of DoD/DAF contracts, and accomplishments under their Small Business programs. Indicate whether the Mentor Firm has one or more DoD contracts with an active small business subcontracting plan.*

|  |  |  |
| --- | --- | --- |
| **Indicate whether the Mentor Firm company has ever been a small business** | *Yes* | *No* |
|  |  |

|  |  |
| --- | --- |
|  | *If yes, please indicate all that apply* |
| **Small Disadvantaged Business (SDB):** |  |
| **Woman-Owned Small Business (WOSB):** |  |
| **Economically Disadvantaged Woman-Owned Small Business (EDWOSB):** |  |
| **Historically Underutilized Business Zone (HUBZone) Business:** |  |
| **Veteran Owned Small Business (VOSB):** |  |
| **Service Disabled Veteran Owned Small Business (SDVOSB):** |  |
| **An employer of severely disabled as defined in DFARS App. I-101.4:** |  |
| **A small business that was provider of critical capabilities to DoD:** |  |
| **Non-traditional defense contractor as defined in 10 U.S.C 2302(9):** |  |
| **Business entity owned and controlled by an Indian Tribe:** |  |
| **Business entity owned and controlled by an Alaskan Native Corporation:** |  |
| **Business entity owned and controlled by a Native Hawaiian Organization:** |  |

|  |  |  |
| --- | --- | --- |
| **Indicate if the Mentor Firm is a graduate of the DoD Mentor Protégé program:** | ***Yes*** | ***No*** |
|  |  |
| **If yes, indicate agreement Mentor Firm:** |  | |
| **If yes, indicate previous agreement DoD sponsoring Agency:** |  | |
| **If yes, indicate previous agreement completion date:** |  | |

|  |  |  |
| --- | --- | --- |
| **Indicate if the Mentor Firm is a participant in the Small Business Innovation Research (SBIR) or Small Business Technology Transfer (STTR) programs:** | *Yes* | *No* |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Indicate is the Mentor Firm is a small business assistance provider:** | *Yes* | *No* |
|  |  |
|  |  | *If yes, please Indicate all that apply* |
| **Under another Federal Agency's Mentor Protégé Program:** | |  |
| **Partnership Intermediary:** | |  |
| **Other assistance arrangement:** | |  |

|  |  |  |
| --- | --- | --- |
| **Indicate if the Mentor Firm has been a participant in the 8(a) business development program:** | *Yes* | *No* |
|  |  |
| **If yes, indicate graduation date:** |  | |

**Section G: Mentor Firm Capacity and Capability**

*Identify and describe the Mentor Firm's qualifications, capabilities, experience with small business assistance, expertise in related technical areas, proposed facilities and equipment, and capacity for achieving the proposed agreement objectives.*

**Section H: Mentor Firm Past Performance**

*Identify and describe the Mentor Firm’s past performance, if any, in the DoD and DAF Mentor-Protégé program. Include all past and active Mentor Protégé Agreements and proposed agreements currently being considered (indicate agency). Identify any past Nunn-Perry awards and/or any significant mentoring accomplishments.*

**Section I: Protégé Firm Eligibility**

*Provide a statement that the Protégé Firm is currently eligible to participate in the DoD Mentor Protégé Program as a “disadvantaged small business concern” as defined in 10 U.S.C. 4902 and DFARS Appendix I.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | ***Indicate all that apply*** | |
| **A small business concern as defined in the Small Business Act, 15 U.S.C. 631 et seq., and implementing SBA regulations in Title 13 of the Code of Federal Regulations:** | |  | |
| **Eligible for the award of Federal contracts:** | |  | |
| **Not more than the SBA size standard for its primary NAICS code:** | |  | |
| **Not owned or managed by individuals or entities that directly or indirectly have stock options or convertible securities in the Mentor Firm:** | |  | |
| **Is not currently a party to another Mentor Protégé agreement under the DoD Mentor-Protégé Program authority, 10 U.S.C. 2302 note or 10 U.S.C. 4902:** | |  | |
| **Has not had another Mentor Protégé agreement under the DoD Mentor-Protégé Program authority, 10 U.S.C. 2302 note or 10 U.S.C. 4902, more than 5 years previously:** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | ***Indicate all that apply*** | |
| **Small Business Concern owned and controlled by socially and economically disadvantaged individuals** | | |  | |
| **Business entity owned and controlled by an Indian tribe** | | |  | |
| **Business entity owned and controlled by a Native Hawaiian organization** | | |  | |
| **Qualified organization employing severely disabled individuals** | | |  | |
| **Small Business Concern owned and controlled by women** | | |  | |
| **Small Business Concern owned and controlled by service-disabled veterans** | | |  | |
| **Qualified HUBZone small business concern** | | |  | |
| **Non-traditional defense contractor** | | |  | |
| **Currently provide goods or services in the private sector that are critical to enhancing the capabilities of the defense supplier base and fulfilling key DoD needs** | | |  | |

**Section J: Protégé Firm Information**

|  |  |
| --- | --- |
| **Firm Name:** |  |
| **Mailing Address:** |  |
|  |
|  |
| **Phone Number:** |  |
| **Fax Number:** |  |
| **Homepage:** |  |

|  |  |  |
| --- | --- | --- |
| **Industry / Business Type:  *(e.g. Service - 80% Manufacturing - 20%)*** | **Construction:** |  |
| **Manufacturing:** |  |
| **R&D:** |  |
| **Service:** |  |

|  |  |  |
| --- | --- | --- |
| **Year Established:** |  | |
| **Number of years in business:** |  | |
| **Number of Full Time Employees (FTE):** |  | |
| **Annual Revenue for the Past 3 Years:** | ***Year*** | ***Revenue*** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **CAGE Code:** |  |
| **Unique Entity Identifier Number (UEI#):** |  |

|  |  |  |
| --- | --- | --- |
| **Indicate if the Protégé Firm has been admitted in the 8(a)-business development program:** | ***Yes*** | ***No*** |
|  |  |
| **If yes, indicate date graduated or the currently expected graduation date:** |  | |

*Provide the North American Industry Classification System (NAICS) code(s) which represents the supplies or services of the Protégé Firm and a statement that at the time the Tentative Agreement Package is submitted for approval, the Protégé Firm, does not exceed the size standard for the appropriate NAICS code.*

|  |  |  |
| --- | --- | --- |
| **North American Industry Classification System (NAICS) Codes:** | | |
|  | *Code (6-digit)* | *Title* |
| **Primary NAICS:** |  |  |
| **Additional NAICS:** |  |  |
|  |  |
|  |  |
|  |  |

**Section K: Protégé Firm Historical Background**

*Provide a brief summary about the company, including the company profile, and historical and recent activities and accomplishments. Include a description of the company’s ability to participate in the DoD Mentor-Protégé Program without impairing the company’s day-to-day operations (i.e., business management, revenue stream). Please be specific to this proposed project and avoid generalities.*

**Section L: Protégé Firm Business Information**

**a) Protégé Firm-Obtained DoD Prime contract Awards.** *Provide the number and total dollar amount of DoD Prime contract awards obtained by the Protégé Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Protégé Obtained DoD Prime Contract Awards** | | | |
| **Fiscal Year** | **Contract Number** | **Funded Contract**  **Value** | **Dollar Amount Received** |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |

**b) Protégé Firm-Obtained Other Federal Prime contract Awards.** *Provide the number and total dollar amount of Other Federal (non-DoD) Prime contract awards obtained by the Protégé Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Protégé Obtained Other Federal Prime Contract Awards** | | | |
| **Fiscal Year** | **Contract Number** | **Funded Contract**  **Value** | **Dollar Amount Received** |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |

**c) Protégé Firm-Obtained DoD Subcontract Awards.** *Provide the number and total dollar amount of DoD Subcontract awards obtained by the Protégé Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Protégé Firm-Obtained DoD Subcontract Awards** | | | |
| **Fiscal Year** | **Contract Number** | **Funded Contract**  **Value** | **Dollar Amount Received** |
| **FY-\_\_\_** |  | $ | $ |
| **FY-\_\_\_** |  | $ | $ |
| **FY-\_\_\_** |  | $ | $ |

**d) Protégé Firm-obtained DoD subcontract awards from sources other than the proposed Mentor Firm.** *Provide the number and total dollar amount of DoD subcontract awards obtained by the Protégé Firm from sources other than the proposed Mentor during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Protégé Obtained DoD Subcontract Awards from Other than Mentor** | | | |
| **Fiscal Year** | **Contract Number** | **Funded Contract**  **Value** | **Dollar Amount Received** |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |

**e) Protégé Firm-Obtained Other Federal Subcontract Awards from Sources Other than Mentor.** *Provide the number and total dollar amount of Other Federal (non-DoD) subcontract awards obtained by the Protégé Firm from sources other than the proposed Mentor during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Protégé Obtained Other Federal Subcontract Awards from Other than Mentor** | | | |
| **Fiscal Year** | **Contract Number** | **Funded Contract**  **Value** | **Dollar Amount Received** |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |
| **FY-**\_\_\_ |  | $ | $ |

**f) Protégé Firm DoD Subcontract Awards to Other than the Mentor Firm.** *Provide the number and total dollar amount of DoD subcontract awards made to other firms than the proposed Mentor by the Protégé Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |
| --- | --- | --- |
| **Protégé Firm Total DoD Subcontract Awards to Other than the Mentor** | | |
| **Fiscal Year** | **Number** | **Dollar Amount** |
| **FY-**\_\_\_ | $ | $ |
| **FY-**\_\_\_ | $ | $ |

**g) Protégé Firm Other Federal Agency Subcontract Awards to Other than the Mentor Firm.** *Provide the number and total dollar amount of Other Federal Agency (other than DoD) subcontract awards made to other firms than the proposed Mentor Firm by the Protégé Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |
| --- | --- | --- |
| **Protégé Firm Total Other Federal Subcontract Awards to the Other than the Mentor** | | |
| **Fiscal Year** | **Number** | **Dollar Amount** |
| **FY-**\_\_\_ |  | $ |
| **FY-**\_\_\_ |  | $ |

**Section M: Mentor Firm – Protégé Firm Relationship**

*Provide a statement on the current and/or past relationship of the Mentor Firm's with the Protégé Firm.*

|  |  |  |
| --- | --- | --- |
| Indicate if the Mentor Firm and Protégé Firm have or had a previous relationship | *Yes* | *No* |
|  |  |
| Provide the percent of the Protégé Firm currently owned by the Mentor Firm |  | |

**a) Mentor Firm DoD Subcontract Awards to Protégé Firm.** *Provide the number and total dollar amount of DoD subcontract awards made to the Protégé Firm by the Mentor Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |
| --- | --- | --- |
| **Mentor Firm’s Total DoD Subcontract Awards to the Protégé** | | |
| **Fiscal Year** | **Number** | **Dollar Amount** |
| **FY-**\_\_\_ |  | $ |
| **FY-**\_\_\_ |  | $ |

**b) Mentor Firm Other Federal Subcontract Awards to Protégé Firm.** *Provide the number and total dollar amount of Federal Agency (other than DoD) subcontract awards made to the Protégé Firm by the Mentor Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |
| --- | --- | --- |
| **Mentor Firm’s Total Other Federal Agency Subcontract Awards to the Protégé** | | |
| **Fiscal Year** | **Number** | **Dollar Amount** |
| **FY-**\_\_\_ |  | $ |
| **FY-**\_\_\_ |  | $ |

**c) Protégé Firm’s DoD Subcontract Awards to Mentor Firm.** *Provide the number and total dollar amount of DoD subcontract awards made to the Mentor Firm by the Protégé Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |
| --- | --- | --- |
| **Protégé Firm’s Total DoD Subcontract Awards to the Mentor** | | |
| **Fiscal Year** | **Number** | **Dollar Amount** |
| **FY-**\_\_\_ |  | $ |
| **FY-**\_\_\_ |  | $ |

**d) Protégé Firm’s Other Federal Subcontract Awards to Mentor Firm.** *Provide the number and total dollar amount of Federal Agency (other than DoD) subcontract awards made to the Mentor Firm by the Protégé Firm during the two preceding fiscal years (****if any****). Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |
| --- | --- | --- |
| **Protégé Firm’s Total Other Federal Agency Subcontract Awards to the Mentor** | | |
| **Fiscal Year** | **Number** | **Dollar Amount** |
| **FY-**\_\_\_ |  | $ |
| **FY-**\_\_\_ |  | $ |

**Section N: Protégé Firm Past Participation in the DoD Mentor-Protégé Program**

*Provide the following information if the Protégé Firm has previously participated in the DoD Mentor-Protégé Program during the last five (5) years. Provide a statement (separate enclosure to this template) that there will be no duplication of effort (i.e., developmental assistance provided by the Mentor Firm) previously provided to the Protégé Firm under prior agreements. This must be agreed upon and presented on letterhead from both the Mentor Firm and Protégé Firm.*

|  |  |  |
| --- | --- | --- |
| **Indicate if the Protégé Firm has previously participated in the DoD Mentor Protégé program:** | *Yes* | *No* |
|  |  |
| **If yes, indicate previous agreement Mentor Firm:** |  | |
| **If yes, indicate previous agreement DoD sponsoring Military Department or Agency:** |  | |
| **If yes, indicate previous agreement contract or grant number:** |  | |
| **If yes, indicate type of previous agreement:** | *Please Indicate Selection* | |
| **Reimbursable:** |  | |
| **Credit:** |  | |
| **Hybrid:** |  | |
| **If yes, indicate previous agreement completion date:** |  | |
| **Indicate termination date (if applicable):** |  | |
| **Indicate termination reason (if applicable):** |  | |

**Section O: Potential Mentor Firm Subcontracting Opportunities**

*Provide the Fiscal Year, description, subcontract type and estimated dollar value of subcontracts anticipated to be awarded to the Protégé Firm for both competitive and non-competitive awards. Please note fiscal year here represents the government’s fiscal year, which runs October 1 through September 30.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Fiscal Year** | **Description of Competitive subcontracts to include: the name of program of which Protégé Firm will be a supplier and anticipated work** | ***Type*** | ***Estimated Value*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fiscal Year** | **Description of Non-Competitive subcontracts to include: the name of program of which Protégé Firm will be a supplier and anticipated work** | ***Type*** | ***Estimated Value*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section P: Developmental Assistance Approach**

*Describe in detail the developmental assistance approach for the Protégé Firm specifying the type of assistance planned. Provide how this approach will address the Protégé Firm’s needs to enhance their ability to perform successfully under contracts or subcontracts within DoD and other Federal agencies.*

**Engineering and Technical (Technology Transfer) Assistance Approach**

*Identify and describe the overall engineering and technical assistance (technology transfer) approach, the specific development tasks, and the associated completion timeline to be provided to the Protégé Firm. Information shall include identification and detailed description of the major tasks planned (to the third level), personnel that will be involved, place of performance, and how the mentoring will be performed. Information shall be in alignment with Attachment 3 – Developmental Assistance Approach w/WBS Example. Technology transfer to the Protégé Firm must equate to* ***at least 50% of the total proposed dollar value*** *of the proposed effort.*

**General Business Development Assistance Approach**

*Identify and describe the overall general business development assistance approach, the specific developmental tasks, and the associated completion timeline to be provided to the Protégé Firm. Information shall include identification and detailed description of the major tasks planned (to the third level), personnel that will be involved, place of performance, and how the mentoring will be performed. Information shall be in alignment with Attachment 3 – Developmental Assistance Approach w/WBS Example. There is* ***no minimum amount of General Business Development required****.*

|  |  |  |
| --- | --- | --- |
| Indicate if the Protégé Firm needs training for understanding of federal contract language, including understanding the Federal Acquisition Regulations (FAR), Defense Federal Acquisition Regulations Supplement (DFARS), and Department of the Air Force Federal Acquisition Regulations Supplement (DAFFARS). | *Yes* | *No* |
|  |  |

**Section Q: Authorized Subcontractor(s)**

*Identify and describe the anticipated work effort(s) by all authorized subcontractor(s) such as a Historically Black College & University (HBCU), Minority Serving Institution (MSI), Apex Accelerator (formerly Procurement Technical Assistance Center (PTAC)), Small Business Development Center (SBDC), Women’s Business Center (WBC), Manufacturing Extension Partnership (MEP), or a Manufacturing Innovation Institute (MII) in the anticipated Protege Firm development efforts. The description should clearly identify whether the tasks are engineering and technical (technology transfer) assistance or general business development assistance. MPP agreements may include more than one HBCU, MSI, PTAC, SBDC, WBC, MEP and/or MII in their developmental assistance plan. If there will be multiple authorized subcontractors, identify the individual estimated percentage of the Protégé’s developmental assistance to be performed by individual authorized subcontractors.*

|  |  |
| --- | --- |
| **Authorized Subcontractor #1 Organization** |  |
| **Indicate the estimated percentage of the Protégé Firm's developmental assistance to be performed by Authorized Subcontractor #1** |  |
| **Mailing Address** |  |

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor #1 Lead Name** |  | |
| **Phone Number(s)** | ***Office*** | ***Mobile*** |
|  |  |
| **Email Address** |  | |
| **Authorized Subcontractor #1 Type** | | ***Check appropriate box*** |
| **Historically Black College (HBCU)** | |  |
| **Minority Serving Institution (MSI)** | |  |
| **Apex Accelerator (formerly PTAC)** | |  |
| **Small Business Development Center (SBDC)** | |  |
| **Women's Business Center (WBC)** | |  |
| **Manufacturing Extension Partnership (MEP)** | |  |
| **Manufacturing Innovation Institute (MII)** | |  |

|  |  |
| --- | --- |
| **Authorized Subcontractor #2 Organization** |  |
| **Indicate the estimated percentage of the Protégé Firm's developmental assistance to be performed by Authorized Subcontractor #2** |  |
| **Mailing Address** |  |

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor #2 Lead Name** |  | |
| **Phone Number(s)** | ***Office*** | ***Mobile*** |
|  |  |
| **Email Address** |  | |
| **Authorized Subcontractor #2 Type** | | ***Check appropriate box*** |
| **Historically Black College (HBCU)** | |  |
| **Minority Serving Institution (MSI)** | |  |
| **Apex Accelerator (formerly PTAC)** | |  |
| **Small Business Development Center (SBDC)** | |  |
| **Women's Business Center (WBC)** | |  |
| **Manufacturing Extension Partnership (MEP)** | |  |
| **Manufacturing Innovation Institute (MII)** | |  |

**Section R: Anticipated Benefits**

*Identify and describe how the overall anticipated developmental assistance (engineering and technical assistance (technology transfer) and general business development assistance) to the Protégé Firm will:*

*1) enhance the capabilities of the Protégé Firm to perform as a subcontractor and supplier under DoD, Federal, and/or commercial contracts and subcontracts; and 2) increase small business subcontracting opportunities in industry categories where eligible Protégés or other small business firms are not dominant in the Mentor’s vendor base. Additionally, identify and describe the anticipated benefits to the DoD/Air Force, the Mentor Firm, and the Protégé Firm. Provide how and to what degree the mentoring of the Protégé Firm contributes to and is relevant to Air Force mission requirements. If applicable, provide the current Technical Readiness Level (TRL) and/or Manufacturing Readiness Level (MRL) of the Protégé in the mentoring areas (including engineering and technical assistance and general business developmental assistance) and indicate the anticipated TRL and/or MRL at completion of the agreement.*

**Section S: Agreement Alignment**

*Identify and describe how the anticipated developmental assistance approach (identified above in Section P) is in alignment with current DoD and/or DAF requirements as identified in paragraph 6 Goals and Objectives in Section I Mentor-Protégé Program Open Call for Tentative Agreement Packages package. If citing a document identified in paragraph 7 Reference Documents in Section I Mentor-Protégé Program Open Call for Tentative Agreement Packages, identify specific source document used and the corresponding section and page number.*

**Section T: Protégé Develop Progress:**

*Identify and describe factors that will be used to assess the Protégé firm’s developmental progress under the agreement.*

**Section U: Mentor Protégé Workshop:**

*Identify and describe anticipated plans for execution of at least one small business workshop over the life of the contract. The Workshop should be a minimum of (4) hours focusing on topics relevant to small businesses working in, or wanting to be part of, the Defense Industrial Base (DIB). At a minimum, an overview of the Mentor Protégé program and how to engage with the Mentor must be presented.*

**Section V: Other Agreement Information**

*Identify if this anticipated effort has been previously proposed to DoD or another Federal Agency.*

|  |  |  |
| --- | --- | --- |
| **Indicate if this Mentor Protégé agreement has been previously proposed to by DoD or another Federal Agency** | ***Yes*** | ***No*** |
|  |  |
| **If yes, indicate to which DoD Military Department or Agency or other Federal Agency it was submitted** |  | |

*Identify if the proposed Mentor-Protégé relationship is to assist in the transition of technology and innovations, e.g., those developed under the Small Business Innovation Research (SBIR), Small Business Technology Transfer (STTR), Rapid Innovation Fund (RIF), Accelerate the Procurement and Fielding of Innovative Technologies (APFIT) Programs, technology licensed under a Patent License Agreement (PLA), or operating under a Cooperative Research and Development Agreement (CRADA).*

|  |  |  |
| --- | --- | --- |
| **Indicate if the Mentor Protégé relationship derives from, extends, or logically concludes efforts from a Small Business Innovation Research (SBIR) or Small Business Technology Transfer (STTR) award:** | ***Yes*** | ***No*** |
|  |  |
| **If yes, indicate the SBIR/STTR topic number:** |  | |
| **If yes, indicate the SBIR/STTR contract number:** |  | |
| **If yes, indicate the Government point of contact:** |  | |

|  |  |  |
| --- | --- | --- |
| **Indicate if the Mentor Protégé relationship derives from, extends, or logically concludes efforts from a Rapid Innovation Fund (RIF) award:** | ***Yes*** | ***No*** |
|  |  |
| **If yes, indicate the RIF contract number:** |  | |
| **If yes, indicate the Government point of contact:** |  | |

|  |  |  |
| --- | --- | --- |
| **Indicate if the Mentor Protégé relationship derives from, extends, or logically concludes efforts from an** **Accelerate the Procurement and Fielding of Innovative Technologies (APFIT) award:** | ***Yes*** | ***No*** |
|  |  |
| **If yes, indicate the APFIT contract number:** |  | |
| **If yes, indicate the Government point of contact:** |  | |

|  |  |  |
| --- | --- | --- |
| **Indicate if the Mentor Protégé relationship derives from, extends, or logically concludes efforts from a Cooperative Research and Development Agreement (CRADA) or Patent License Agreement (PLA):** | ***Yes*** | ***No*** |
|  |  |
| **If yes, indicate the CRADA or PLA contract number:** |  | |
| **If yes, indicate the Government point of contact:** |  | |

**Section W: Contact Information**

**Mentor Firm**

|  |  |  |
| --- | --- | --- |
| **Mentor Protégé Program Manager Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Mentor Technical Effort Lead Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Mentor Contracting Lead Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Mentor Small Business Representative Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Mentor Endorsement and Commitment Letter Signatory:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Mentor Other Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

**Protégé Firm**

|  |  |  |
| --- | --- | --- |
| **Protégé Chief Executive Officer's / President's Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Protégé Technical Effort Lead Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Protégé Endorsement and Commitment Letter Signatory:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Protégé Other Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

**Authorized Subcontractor #1 (If applicable)**

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor 1 Organization Name** |  | |
| **Authorized Subcontractor Program Manager Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor 1 Technical Effort Lead Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

**Authorized Subcontractor #2 (If applicable)**

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor 2 Organization Name** |  | |
| **Authorized Subcontractor 2 Program Manager Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor 2 Technical Effort Lead Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

**Authorized Subcontractor #3 (If applicable)**

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor 3 Organization Name** |  | |
| **Authorized Subcontractor 3 Program Manager Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

|  |  |  |
| --- | --- | --- |
| **Authorized Subcontractor 3 Technical Effort Lead Name:** |  | |
| **Title:** |  | |
| **Address:** |  | |
| **Phone Number(s):** | ***Office*** | ***Mobile*** |
|  |  |
| **Fax Number:** |  | |
| **Email Address** |  | |

**Section X: Comprehensive Needs Assessment**

*As an addendum to the Tentative Agreement Package (see Comprehensive Needs Assessment template, Attachment 2), demonstrate that a comprehensive needs assessment and plan was performed for the selected Protégé. Provide a narrative summary of the results of the needs assessment and include the completed Comprehensive Needs Assessment template. The needs assessment should focus on the engineering and technical capabilities (technology transfer) and general business management capabilities needed to support the identified DoD and/or AF requirements as described in Section S. Color coding, numeric ranking or similar means of prioritization of the needs assessment results by the Offeror is highly recommended.*

**Section Y: Key Personnel Addendum**

*As an addendum to the Tentative Agreement Package (see DAF MPP Key Personnel Addendum template, Attachment 4), include overviews of the key personnel who will perform the work, highlighting their pertinent qualifications and experience. If specific personnel are unidentified, at a minimum must identify anticipated specific labor category.*