***Department of Defense Mentor-Protégé Program***

**Protégé Pilot Initiative Application Template**

**Program Purpose.** *This pilot program provides Protégés performing in DoD reimbursable agreements as of July 1, 2023, an opportunity to request funds for projects supporting advancement of engineering, software development, or manufacturing customization in support of the War Fighter. Request are limited to a maximum of up to 25% of the annual budget of the respective reimbursable agreement. Successful applications will result in a Not To Exceed, Zero Fee line item added to the Mentor’s Agreement. The proposed amount will be used exclusively by the Protege for the project. Mentors may propose not more than an additional 3% of the 25% pilot costs for the administration of the Protégé’s project.*

***Refer to Attachment 10 for full program guidance.***

**Essential Details:**

1. The mentor assumes ***no*** liability regarding how the protégé uses the funding. However, the mentor is expected to review the protégé submission for accuracy, relevancy and reasonableness. The mentor will be required to sign the application along with the protégé firm affirming their endorsement of the submission.
2. If the protégé fails to meet milestones after receiving funding, the mentor assumes ***no*** responsibility. The protégé ***will not*** receive any additional funds until the milestones have been met.
3. DCMA will evaluate the protégé firm’s performance in accordance with what the protégé firm has outlined in their application submission.
4. The protégé’s use of funding must correlate directly to the milestones in the protégé pilot initiative submission and has no overall bearing/impact to the mentor-protégé agreement’s risk rating that is given by DCMA.
5. DCMA will review the progress and performance of the protégé’s activities related to funding received under this pilot. The protégé will be subjected to reporting and is required to provide monthly status reports on expenditures, milestones, and any additional information (i.e., comments, issues, concerns, successes). This information shall be provided to the mentor.
6. The funding received by the protégé under this pilot has no impact on the data rights of the protégé regarding the technology they are developing.
7. In accordance with the NDAA 2023, this pilot was established to incentivize participation of protégé firms in the DoD Mentor-Protégé Program. Further to encourage mentor-protégé agreements focused on technology in the areas of engineering, manufacturing and software customization is prepared for integration with a DoD program or system. There is no requirement that such technology is provided to the US Government by the end of the mentor protégé agreement.

*Provide the following narratives. Do not include proprietary information in this submission.*

**Section 1. Mentor-Protégé Agreement Information.** *Indicate whether you are currently in the proposal stage of a Reimbursable Agreement or are currently part of an Active Reimbursable Agreement that is under contract*

|  |  |
| --- | --- |
| **Proposed Reimbursable Agreement:** | (Y / N) |
| **Current Active Agreement Number:** |  |

|  |  |
| --- | --- |
| **Sponsoring Military Dept./Agency:**  *(e.g., Army, Navy, Air Force, DIA, DLA, DHA, MDA, NGA, SOCOM)* |  |
| **Proposed Duration in Months:** |  |
| **Anticipated Award Date:** |  |
| **Proposed Main Agreement Funding (Base Year):** |  |
| **Proposed Main Agreement Funding (Option Yr 1):** |  |
| **Proposed Main Agreement Funding (Option Yr 2):** |  |

**Section 2. Executive Summary - Protégé Pilot Research/Development Project.** *Provide a brief one to two paragraph Executive Summary of your proposed pilot Project.*

**Section 3. Pilot Project Description.** *Provide a detailed description of the proposed pilot project. Include: A description of the problem or shortfall this pilot program would address; the current state; and the end goal for the project. (Remember the project must address support advancement of engineering, software development, or manufacturing customization in support of the War Fighter.)*

**Section 4. Milestone Schedule.** *Provide a Major Milestone Chart for the project in Gantt Chart or similar format. Include all lead times for items such as sub-contractor lead time, equipment delivery if applicable, and equipment installation if applicable.*

**Section 5. Key Personnel.** *Provide a list of the key personnel (Attachment 4) who will be responsible for this project (i.e., Program Manager, Principal Investigator, Engineers, Contractors, etc.).*

**Section 6. Proposed Cost.***Provide detailed description of the estimated investment/project and the major elements of the project including: Facility upgrade; equipment to be procured; acquired labor or bonus by type; materials; other direct costs (ODC) including travel, outside testing, certifications, etc.; and incidental costs. Complete the attached DoD Protégé pilot estimated cost spread sheet. Include the Summary tab from the cost spreadsheet below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Protégé Project Cost** | | | | |
|  | Base Yr | Option Yr 1 | Option Yr 2 | Total |
| **Labor:** | $0.00 | $0.00 | $0.00 | $0.00 |
| **Subcontractor:** | $0.00 | $0.00 | $0.00 | $0.00 |
| **Material:** | $0.00 | $0.00 | $0.00 | $0.00 |
| **ODC:** | $0.00 | $0.00 | $0.00 | $0.00 |
| **Facility / Equipment:** | $0.00 | $0.00 | $0.00 | $0.00 |
| Total | $0.00 | $0.00 | $0.00 | $0.00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mentor Project Cost (NTE 3%)** | | | | |
|  | Base Yr | Option Yr 1 | Option Yr 2 | Total |
| **Labor:** | $0.00 | $0.00 | $0.00 | $0.00 |
| **Total** | $0.00 | $0.00 | $0.00 | $0.00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Project Cost** | | | | |
|  | Base Yr | Option Yr 1 | Option Yr 2 | Total |
| Total | $0.00 | $0.00 | $0.00 | $0.00 |

**Section 7. 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 entrance date:** |  | |
| **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:** |  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  |  | ***Indicate all that apply*** |
| **Small Business Concern owned and controlled by socially and economically disadvantaged individuals** | | Certified: (Y / N) |
| **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** | | Certified: (Y / N) |
| **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 8. Protégé Firm Point of Contact (POC).**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Telephone/ext.:** |  |
| **E-mail:** |  |

**Section 9. Mentor Firm Information.**

|  |  |
| --- | --- |
| **Name of Firm:** |  |
| **Address:** |  |
| **Telephone/ext.:** |  |
| **Homepage:** |  |
| **Cage Code:** |  |
| **UEI Number:** |  |

**Section 10. Mentor Firm Point of Contact (POC).**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Telephone/ext.:** |  |
| **E-mail:** |  |

**Section 11. Mentor Firm’s Cognizant Administrative Contracting Officer (ACO).**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Telephone/ext.:** |  |
| **Fax:** |  |
| **E-mail:** |  |

**Section 12. Protégé Cost Share***.* *As applicable, add the estimated value of any expenses that will be self funded that directly relate to your proposal and indicate the % of the overall project funded by this proposal and % share of the overall project funded by the Protégé. Note that Protégé share is not required. The % share will be used to assure that all aspects required for successful completion of the Research/Developmnet project are accounted for.*

**Section 13. Return on Investment (ROI***).* *Provide both a qualitative and quantitative description of the potential ROI for this project. Qualitative to linclude impacts to the Protége, the Industrial Base and the War Fighter. Quantitative to include projected benefits gained (i.e.% increase in capacity, schedule improvement, efficiency gained, quality improvement, system effectivity improvements, and any projected quantifiable War Fighter benefits).*

**Section 14. Signatures**

**Protégé Signature**

*Date: \_\_\_\_\_\_\_\_\_\_ Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Mentor Signature – Review of Accuracy, Relevancy, and Reasonableness**

*Date: \_\_\_\_\_\_\_\_\_\_ Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Sponsoring Agency, Mentor Protégé Program Manager - Endorsement**

*Date: \_\_\_\_\_\_\_\_\_\_ Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*