

Appendix C – Mentor Application, Mentee Application, Extended Term Mentor-Mentee Agreement



EXTENDED TERM PROGRAM MENTOR APPLICATION



Company Name: _____

Company Address: _____

Company Telephone: _____ Email: _____

Main Contact Person: _____

Question 1:	What is your work specialty?
Answer:	

Question 2:	How long has your company been working in the fifteen (15) county area?
Answer:	

Question 3:	Does your company belong to any Trade Associations, Chambers, or Organizations? If so, please name them.
Answer:	

Question 6:	Please describe your understanding of the Mentor-Mentee program goals and what you would like to get out of participation in the program:
Answer:	

Question 7:	Please list the key personnel in your company who will actively participate in the program and identify both their title and company role(s). Please also identify the main point of contact:
Answer:	

Question 8:	How many hours will your company commit to the mentor-mentee program?
Answer:	

Question 9:	Please describe in detail the areas in which you feel prepared to mentor and what characteristics you would look for in a mentee.
Answer:	

Question 10:	Who do you propose as mentee partner for this program?
Answer:	



EXTENDED TERM PROGRAM MENTEE APPLICATION



Company Name: _____

Company Address: _____

Company Telephone: _____ Email: _____

Main Contact Person: _____

Question 1:	Is your company currently CERT certified?
Answer:	

Question 2:	How long have you been doing business in the construction industry?
Answer:	

Question 3:	What is your work specialty?
Answer:	

Question 4:	Does your company belong to any Trade Associations, Chambers, or Organizations? If so, please name them.
Answer:	

Question 5:	Please describe at least 5 projects that your company has completed in the last three (3) years. Please include the type of services, duration of project, etc.
Answer:	

Question 6:	Please give any examples of other formal or informal mentorship programs/relationships in which your company has participated:
Answer:	

Question 7:	Please explain why you want your company to participate in the mentor-mentee program? In answering this question, please describe your understanding of the program goals and what you would like to get out of participation in the program:
Answer:	

Question 8:	Please list the key personnel in your company who will actively participate in the program, and identify both their title and company role(s). Please also identify the main point of contact:
Answer:	

Question 9:	How many hours will your company commit to the mentor-mentee program?
Answer:	

Question 10:	Please describe in detail the characteristics you would like to see in a mentor and the specific areas in which you would like to receive mentorship.
Answer:	

APPENDIX D-OTHER SAMPLE FORMS

SAMPLE EXTENDED TERM MENTOR-MENTEE AGREEMENT

This Extended Term Mentor-Mentee Agreement (“Agreement”) is between **Mentee Company Name** (“Mentee”) and **Mentor Company Name** (“Mentor”).

WHEREAS, the parties wish to formalize the proposed Mentor-Mentee relationship between Mentor and Mentee under the Extended Term Program established pursuant to the CERT Program.

WHEREAS, the Parties agree that establishing a Mentor-Mentee relationship can enhance the capabilities of the Mentee and improve its ability to grow as a small business entity and successfully compete for contracts; and

WHEREAS, the Mentee can greatly benefit from the technical assistance that the Mentor proposes to offer, and the Mentor is well-qualified to provide such assistance within the context of the Extended Term Mentor-Mentee Program; and

WHEREAS, the Parties desire to carry out the goals of this Agreement for the agreed to duration of participation within the Extended Term Mentor-Mentee Program; and

THEREFORE, consistent with these goals and the requirement of the Extended Term Program, the Parties agree to the following:

1. Assessment of the Mentee’s Needs: As a Mentee company seeking to develop a business base and an infrastructure to successfully participate in contracting opportunities as a viable company, the Mentee requires assistance in the following areas: **Mentee Needs Assessment Performed (Include Company Assessment Form as attachment)**
2. Assistance to Mentee. Mentor agrees to provide Mentee with the management and technical assistance identified by assessment
3. Preparation of Mentor-Mentee Reports. The Mentor and Mentee will report on a monthly basis to the CERT Program.
 - a. The Parties agree to each prepare a monthly report to the CERT Program and to certify that the Mentor-Mentee Agreement has not been modified without prior approval. The report must address at least the following:
 - i. All technical and/or management assistance provided by the Mentor;
 - ii. A narrative describing the benefits and successes realized by the Mentee due to the Mentor’s assistance in addressing the developmental needs of the Mentee together with a description of any problems encountered.
 - b. The Parties are responsible to inform the CERT Program of any problems, delays, or adverse conditions which will significantly affect their ability to attain agreement objectives, prevent the meeting of time schedules and goals, or preclude the attainment of agreement milestones/objectives by established time schedules and goals. A statement of the action taken or contemplated by the Mentor and Mentee and any assistance which may be needed to resolve the situation shall accompany such disclosure.

4. Effective Date. This Arrangement is effective upon approval by the CERT Executive Board for a period of two (2) years, with the possibility of a third year, at the CERT Executive Board's discretion.
5. Termination of the Arrangement. If the CERT Program finds that a participating business Mentor, or a Mentee, has failed to meet its obligations set forth in its mentor/mentee agreement, the participating business, or Mentee, shall be notified of the failure and given thirty (30) days to cure the failure. If the CERT Program finds that the efforts made to cure the failure were insufficient then,
 - a) If the failing party is the Mentor: the business' participation in Extended Term will go under investigative review by the Executive Board as to whether the Mentor business' participation in the Mentor-Mentee program should be terminated. During the time of the investigation, the Mentor business' Extended Term status will be suspended.
 - b) If the failing party is a Mentee: the business' Mentee privileges shall be revoked for a period of two (2) years following the date of revocation, and the Mentor party to the agreement will be given thirty (30) days to select a replacement Mentee.
6. Modifications. No modifications to this Arrangement may be made without the consent, in writing, of both Parties and notification to the CERT Program.
7. Status of the Parties. This Agreement, in and of itself, does not constitute, create or give effect to or otherwise establish a joint venture, partnership or any other business or organization. Unless provided by the terms of another agreement consistent with the governing regulations, the Parties are and shall remain independent.

MENTOR

MENTEE

Name

Title

Signature

Date

Name

Title

Signature

Date

SAMPLE Mentor-Mentee Team Contact Form

This form has been developed as guidance for the Extended Term Program's interaction with the Extended Term Mentor-Mentee team and used by CERT Program staff. Feel free to elaborate on observations.

Date: _____

Mentor Contact: _____

Mentee Contact: _____

1. HAS THERE BEEN COMMUNICATION BETWEEN MENTOR AND MENTEE? Provide dates or number of hours spent since last report. ___ YES ___ NO

2. IF YES, HOW OFTEN? AT LEAST:

___ Twice per week ___ Once a week ___ Twice a month ___ Once a month

3. WERE SPECIFIC GOALS ESTABLISHED TO MEET THE DEVELOPMENT PLAN? ___ YES ___ NO

Notes: (List goals established, resources/needs discussed or planned, etc)

4. WERE ESTABLISHED GOAL ACHIEVED? ___ YES ___ NO

NOTES: (List goals achieved, discussions, etc)

5. WHAT HAS BEEN DISCUSSED AND PROVIDED?

- a. BUSINESS DEVELOPMENT ASSISTANCE? ___ YES ___ NO

Notes: _____

- b. MANAGEMENT AND/OR TECHNICAL ASSISTANCE: ___ YES ___ NO

Notes: _____

- c. FINANCIAL ASSISTANCE: ___ YES ___ NO

Notes: _____

d. CONTRACTING ASSISTANCE: ___ YES ___ NO

Notes: _____

e. GENERAL AND/OR ADMINISTRATIVE ASSISTANCE: ___ YES ___ NO

Notes: _____

6. ARE THERE ANY CHANGES TO NOTE AT THIS TIME?

NOTES: _____

7. OVERALL MENTOR-MENTEE TEAM PERFORMANCE/OUTLOOK? (1=POOR, 5=EXCELLENT)

1 2 3 4 5

NOTES: _____

SAMPLE FORMS FOR REPORTING SPENDS TO SMALL BUSINESSES AND WORKFORCE INCLUSION

Please see attached forms in Excel for samples on reporting spends to other small businesses and workforce inclusion.