

OMB Control Number 3245-0393 SBA Form 2460 (08/2019)

#### The All Small Mentor-Protege Annual Evaluation Benefits and Impact Report

It is important to answer all questions on the Annual Evaluation Report. All fields require an entry. Gather documents in advance to ease the flow of data entry. To advance forward, click NEXT at the end of each question. To go backwards, click the PREVIOUS button at the bottom of the page. Do not use the internet browser buttons to advance forward or backwards. The internet browser buttons will exit the report and all responses will be deleted.

You may review and edit responses by using the PREVIOUS button. Entries are saved by clicking the NEXT button. Clicking DONE ends the report. If clarification is needed email asmppannualreport@sba.gov. Include in the subject line "SurveyMonkey ASMPP Annual Report." Seek clarification in advance of completing the online report. This will allow time to receive a timely reply to your email.

Please read the following certification statements. The Federal government relies on the information in this report and any documents or supplemental information submitted to determine whether the business is eligible to continue to participate in the All Small Business Mentor-Protégé Program. The definition of the terms used in this certification are set forth in the Small Business Act, U.S. Small Business Administration (SBA) regulations (13 CFR Part 125.9), and also any statutory and regulatory provision referenced in those authorities. In addition, please note that the SBA may request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Any action taken with respect to this certification does not affect the Government's right to pursue criminal, civil or administrative remedies for incorrect or incomplete information given, even if correct information has been included in other materials submitted to SBA.

Paperwork Reduction Act Burden Statement: No person is required to respond to a collection of information unless it displays a valid OMB Control Number. The time burden for this collection of information is estimated to average 2 hours per response, including time for gathering the data needed, and completing and reviewing the responses. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to, Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C.



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# **General Information**

Date / Time  ** 2. Select the MPA Program Year for this annual evaluation. How many years have you participated in the ASMPP?  ** Year 1  ** Year 2  ** Year 3  ** Year 4  ** Year 5  ** Year 6  ** 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  ** Date / Time  ** MM/DD/YYYY  ** 4. Enter Protégé Name	* 1. Enter initial approval date of the Mentor/Protégé Agreement (MPA). This is the date on the signed approval letter. The date cannot be before 10/01/2016.
ASMPP?  Year 1  Year 2  Year 3  Year 4  Year 5  Year 6  * 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	
Year 2 Year 3 Year 4 Year 5 Year 6  * 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	
Year 3 Year 4 Year 5 Year 6  * 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	Year 1
Year 5 Year 6  * 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	Year 2
Year 5 Year 6  * 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	Year 3
* 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	Year 4
* 3. Enter the START date of the current Program Year. Program year begins one year from the initial approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	Year 5
approval date or one year from the last annual evaluation end date.  Date / Time  MM/DD/YYYY	Year 6
MM/DD/YYYY	
	Date / Time
* 4. Enter Protégé Name	MM/DD/YYYY
	* 4. Enter Protégé Name

* 5. Enter Protégé's DUNS Number (9 digits, no spaces or commas)
* 6. Enter Mentor Name
* 7. Enter Mentor's DUNS Number (9 digits, no spaces or commas)
* 8. How did you learn about SBA's All Small Mentor-Protégé Program?
* 9. How did you find your Mentor?
SBA U.S. Small Business Administration
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Areas of Assistance Requested
* 10. Please select <b>all</b> areas of assistance REQUESTED as outlined in the original MPA.
Management and Technical Assistance
Financial Assistance  Contracting Assistance
International Trade Assistance
Business Development Assistance

* 11. Were there any changes in the terms of the Mentor Protégé Agreement during this program year?  No Yes
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Changes in Areas of Assistance Requested
* 12. Please describe ALL changes made to the MPA this program year.
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**Areas of Assistance Received** 

* 13. Please select all areas of assistance <b>RECEIVED</b> by the Mentor during this program year. Please ensure the assistance received matches the requested assistance as outlined in the MPA.
For questions 14 - 31 (on the following page), please enter the timeline for meeting each area of assistance. Provide an estimate of hours as outlined in the MPA timeline. Provide an estimate of hours received during the program year and the description of assistance. If no assistance was received, enter zero (0) hours and N/A for description.
Management and Technical Assistance
Financial Assistance
Contracting Assistance
International Trade Assistance
Business Development Assistance
General/Administrative Assistance
No Assistance Received
SBA U.S. Small Business Administration
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Categories of Assistance Received
* 14. Enter the timeline/number of hoursOUTLINED in the MPA to be received by the Mentor for Management and Technical assistance.
* 15. Enter an estimate of the timeline/number of hoursRECEIVED by the Mentor for Management and Technical assistance.
* 16. Please describe the Management and Technical assistance received during the program year.

	Enter the timeline/number of hours OUTLINED in the MPA to be received by the Mentor for Financial sistance.
* 18.	Enter an estimate of the timeline/number of hoursRECEIVED by the Mentor for Financial assistance.
* 19.	Please describe the Financial assistance received during the program year.
	Enter the timeline/number of hours OUTLINED in the MPA to be received by the Mentor for Contracting sistance.
* 21.	Enter an estimate of the timeline/number of hoursRECEIVED by the Mentor for Contracting assistance.
* 22.	Please describe the Contracting assistance received during the program year.
	Enter the timeline/number of hours OUTLINED in the MPA to be received by the Mentor for ernational Trade assistance.
	Enter an estimate of the timeline/number of hoursRECEIVED by the Mentor for International Trade sistance.
* 25.	Please describe the International Trade assistance received during the program year.

* 26. Enter the timeline/number of hours OUTLINED in the MPA to be received by the Mentor for Business
Development assistance.
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* 27. Enter an estimate of the timeline/number of hoursRECEIVED by the Mentor for Business Development assistance.
* 28. Please describe the Business Development assistance received during the program year.
+00 F + d + i   i   /
* 29. Enter the timeline/number of hours OUTLINED in the MPA to be received by the Mentor
for General/Administrative assistance.
* 30. Enter an estimate of the timeline/number of hoursRECEIVED by the Mentor for General/Administrative assistance.
* 31. Please describe the General/Administrative assistance received during the program year.



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**Mentor Provided Assistance** 

*	32. Did the Mentor pro	vide the assistance se	et forth in the Mentor-	Protege Agreement?	?
*	33. Did the Mentor pro	vided assistance resu	lt in material benefits	or developmental ga	ains for the Protege?
	34. On a scale of 1 to this program year?	5, with 5 being Outsta	nding, how would you	ı rate your experiend	ce with your Mentor
	1	2	3	4	5
		$\bigcirc$			
		ŞВ	U.S. Small Busines Administration	ss	
		Benefits  OMB Cont	tor-Protege Annua s and Impact Repo rol Number 3245-0 orm 2460 (08/2019	rt 0393	
Be	enefits Received Fr	om Mentor-Proteg	e Relationship		
*	35. Describe <b>new</b> bus Protege relationship th	_	, ,		
*	36. Did the Mentor pro	ovide the Protege a loa	n, equity investment,	or bonding during th	ne program year?
		ŚB	U.S. Small Busines	ss	

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# Loans, Equity, or Bonding

Type (loans, equity investment, bonding)	
Dollar Value (ex. \$10,000)	
Date of investment (MM/DD/YYYY)	
Terms of loan (interest rate, duration) (if applicable)	
Mentor's equity stake (if applicable)	
Bonding capacity (if applicable)	



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Additional Loan, Equity, or Bonding Page 2

* 39. List additional loa	n, equity investment, or bonding provided to Protege by Mentor during	ng the program
year.		
Type (loans, equity investment, bonding)		
Dollar Value (ex. \$10,000)		
Date of investment (MM/DD/YYYY)		
Terms of loan (interest rate, duration) (if applicable)		
Mentor's equity stake (if applicable)		
Bonding capacity (if applicable)		
* 40. Did you receive a	dditional loans, equity investments or bonding from the Mentor this p	orogram year?



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**Additional Loan, Equity, or Bonding Page 3** 

* 41. List additional loa	n, equity investment, or bonding provided to Protege by Mentor duri	ng the program
year.		
Type (loans, equity investment, bonding)		
Dollar Value (ex. \$10,000)		
Date of investment (MM/DD/YYYY)		
Terms of loan (interest rate, duration) (if applicable)		
Mentor's equity stake (if applicable)		
Bonding capacity (if applicable)		



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#### **Joint Venture Formed**

\* 42. Did Mentor-Protege team form a joint venture?





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#### **Joint Venture Information**

* 43. <b>If yes</b> , list Mentor-	Protege Joint Venture Agreements (JVA) formed or existing during the program year.
Joint Venture Name	
JVA signed date (MM/DD/YYYY)	
All parties to the JVA	
JV DUNS number (9 digits, no spaces or commas)	
* 44. Does Mentor-Prot	ege team have another joint venture?
•	
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Joint Venture Inform	ation Page 2
* 45. <b>If yes</b> , list Mentor-	Protege Joint Venture Agreements (JVA) formed or existing during the program year.
Joint Venture Name	
JVA signed date (MM/DD/YYYY)	
All parties to the JVA	
JV DUNS number (9 digits, no spaces or commas)	

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# **Joint Venture Facility Security Clearance**

\* 46. Did the JV seek a Facility Security Clearance (FSC) during the program year?





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### **Results of Joint Venture Information Facility Security Clearance**

* 47.	If yes, what were the results?
$\bigcirc$	Received the FSC
$\bigcirc$	Did not receive the FSC
$\bigcirc$	FSC pending
$\bigcirc$	Other (please specify)



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### **Mentor Provided Subcontract**

\* 48. Did the Mentor award subcontracts to the Protege?





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### **Mentor Provided Subcontract Information**

49. List SUBCONTRA	ACTS awarded to the Protege by the Mentor during the program year.
Subcontract Number	
NAICS code (6 digits)	
Description of Work	
Dollar value of Contract	
Date of Award (MM/DD/YYYY)	
Percentage of contract revenue accruing to Protege	
Number of Full-Time Employees hired as a result of subcontract	

* 50	D. Did you receive additional federal subcontracts from the Mentor this program year?
	Yes
	) No



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# **Mentor Provided Subcontract Information Page 2**

* 51. List SUBCONTRA	ACTS awarded to the Protege by the Mentor during the program year
Subcontract Number	
NAICS code (6 digits)	
Description of Work	
Dollar value of Contract	
Date of Award	
(MM/DD/YYYY)	
Percentage of contract revenue accruing to	
Protege	
Number of Full-Time	
Employees hired as a result of subcontract	
* 52. Did you receive a	dditional federal subcontracts from the Mentor this program year?
Yes	
No	



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### **Mentor Provided Subcontract Information Page 3**

* 53. List SUBCONTRA	ACTS awarded to the Protege by the Mentor during the program yea
Subcontract Number	
NAICS code (6 digits)	
Description of Work	
Dollar value of Contract	
Date of Award (MM/DD/YYYY)	
Percentage of contract revenue accruing to Protege	
Number of full-time employees hired as a	



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### **Mentor-Protege Team Offers**

result of subcontract

\* 54. Did the Mentor-Protege Team submit OFFERS on federal contracts this program year?





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# **Federal Offers Submitted by Mentor-Protege Team**

55. Enter the status o	f the Mentor-Protege Team Federal Offers Below.
How many offers were won?	
How many offers are pending?	
How many offers were lost?	
How many total offers were submitted?	



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# **Mentor-Protege Team Offers Resulting in Federal Contract**

\* 56. Did the Mentor-Protege Team submit OFFERS this program year that resulted in a federal contract?





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#### **Federal Contracts Awarded to Mentor-Protege Team**

\* 57. List the federal contracts AWARDED to the Mentor-Protege team during the program year. Federal Contract Number (13 digit number ex. W912J612P0030) Dollar Value of Contract (ex. \$2,5000,000) Date of Award (MM/DD/YYYY) **Contracting Agency** Contracting Agency's Location Location of Work Type of Competition (8a, WOSB, SDVO, HUBZone, Small, Full and Open) Which entity won the award? (JV, Protege or Mentor) NAICS Code (6 digits) Percent of Work performed by the Protege (Enter whole number, no percent sign) Percent of Work performed by the Mentor (Enter whole number, no percent sign) Percent of Work performed by the JV (Enter whole number, no percent sign)

Percent of contract	
revenue accruing to	
Protege	
(Enter whole number, no	
percent sign)	
Percent of contract	
revenue accruing to the	
Mentor	
(Enter whole number, no	
percent sign)	
Percent of contract	
revenue accruing to the JV	
(Enter whole number, no	
percent sign)	
Number of full-time	
employees hired as a	
result of federal contract	
58. Did the Mentor-Pr	otege team receive additional federal contracts this program year?



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# Federal Contract Awarded to Mentor-Protege Team Page 2

59. List the federal co	ntracts AWARDED to the Mentor-Protege team during the program	year.
Federal Contract Number (13 digit number ex. W912J612P0030)		
Dollar Value of Contract (ex. \$2,5000,000)		
Date of Award (MM/DD/YYYY)		
Contracting Agency		
Contracting Agency's Location		

1	
Location of Work	
Type of Competition (8a,	
WOSB, SDVO, HUBZone,	
Small, Full and Open)	
Which entity won the	
award? (JV, Protege or	
Mentor)	
NAICS Code (6 digits)	
Percent of Work	
performed by the Protege	
(Enter whole number, no	
percent sign)	
Percent of Work	
performed by the Mentor	
(Enter whole number, no	
percent sign)	
Percent of Work	
performed by the JV	
(Enter whole number, no	
percent sign)	
Percent of contract	
revenue accruing to	
Protege	
(Enter whole number, no	
percent sign)	
Percent of contract	
revenue accruing to the	
Mentor	
(Enter whole number, no	
percent sign)	
Percent of contract	
revenue accruing to the JV	1
(Enter whole number, no	
percent sign)	
Number of full-time	
employees hired as a	
result of federal contract	
	·

\* 60. Did the Mentor-Protege team receive additional federal contracts this program year?





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### **Federal Contracts Awarded to Mentor-Protege Team Page 3**

\* 61. List the federal contracts AWARDED to the Mentor-Protege team during the program year. Federal Contract Number (13 digit number ex. W912J612P0030) Dollar Value of Contract (ex. \$2,5000,000) Date of Award (MM/DD/YYYY) **Contracting Agency** Contracting Agency's Location Location of Work Type of Competition (8a, WOSB, SDVO, HUBZone, Small, Full and Open) Which entity won the award? (JV, Protege or Mentor) NAICS Code (6 digits) Percent of Work performed by the Protege (Enter whole number, no percent sign) Percent of Work performed by the Mentor (Enter whole number, no percent sign) Percent of Work performed by the JV (Enter whole number, no percent sign) Percent of contract revenue accruing to Protege (Enter whole number, no percent sign)

Percent of contract
revenue accruing to the

Mentor
(Enter whole number, no
percent sign)

Percent of contract
revenue accruing to the JV
(Enter whole number, no
percent sign)

Number of full-time
employees hired as a
result of federal contract



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### **Independent Protege Offers**

\* 62. Did the Protege submit federal OFFERS independent of the Mentor?





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**Protege Independent Federal Offers Submitted** 

63. Enter the status of the Protege independent federal offers below. How many offers were won? How many offers are pending? How many offers were lost? How many total offers were submitted? U.S. Small Business Administration The All Small Mentor-Protege Annual Evaluation Benefits and Impact Report OMB Control Number 3245-0393 SBA Form 2460 (08/2019) **Protege Independent Federal Offers Submitted** \* 64. Did the Protege submit OFFERS independent of the Mentor this program year that resulted in a federal contract? U.S. Small Business Administration



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**Protege Independent Federal Offers Attributed to Mentor-Protege Relationship** 

\* 65. If yes, was the Protege offer that resulted in a federal contract attributed to the Mentor-Protege relationship?





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### **Federal Contracts Awarded to Protege Independent of Mentor**

* 66. List the federal co	ntracts AWARDED to the Protege independent of the Mentor duri	ng the program
year.		
Federal Contract Number (13 digit number ex. W912J612P0030)		
Dollar Value of Contract (ex. \$2,5000,000)		
Date of Award (MM/DD/YYYY)		
Contracting Agency		
Contracting Agency's Location		
Location of Work		
Type of Competition (8a, WOSB, SDVO, HUBZone, Small, Full and Open)		
Which entity won the award? (JV, Protege or Mentor)		
NAICS Code (6 digits)		
Percent of Work performed by the Protege (Enter whole number, no		
percent sign)		

Percent of Work		
performed by the Mentor		
(Enter whole number, no	-	ı
percent sign)		
Percent of Work		
performed by the JV		
(Enter whole number, no		ı
percent sign)		
Percent of contract		
revenue accruing to		
Protege		
(Enter whole number, no		1
percent sign)		
Percent of contract		
revenue accruing to the		
Mentor		
(Enter whole number, no		ı
percent sign)		
Percent of contract		
revenue accruing to the JV		
(Enter whole number, no		ı
percent sign)		
Number of full-time		
employees hired as a		l
result of federal contract		
67. Did the Protege sul	bmit additional independent federalOFFERS this program year tha	t resulted in a
federal contract?		



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**Federal Contracts Awarded to Protege Independently - Page 2** 

\* 68. List the federal contracts **AWARDED** to the **Protege independent** of the Mentor during the program year.

Federal Contract Number	
(13 digit number ex.	
W912J612P0030)	
Dollar Value of Contract	
(ex. \$2,5000,000)	
(CX: \$2,0000,000)	
Date of Award	
(MM/DD/YYYY)	
Contracting Agency	
Contracting Agency's	
Location	
Location of Work	
Type of Competition (8a, WOSB, SDVO, HUBZone,	
Small, Full and Open)	
Which entity won the award? (JV, Protege or	
Mentor)	
NAICS Code (6 digits)	
Percent of Work performed by the Protege	
(Enter whole number, no	
percent sign)	
Percent of Work performed by the Mentor (Enter whole number, no	
percent sign)	
Percent of Work performed by the JV	
Enter whole number, no	
percent sign)	
Percent of contract	
revenue accruing to	
Protege <b>(Enter whole number, no</b> ,	
percent sign)	
porcont orgin,	
Percent of contract	
revenue accruing to the	
Mentor	
(Enter whole number, no	
percent sign)	
Percent of contract	
revenue accruing to the JV	
(Enter whole number, no	
percent sign)	

Number of full-time		
employees hired as a		
result of federal contract		
69. Did the Protege su	ıbmit additional independent federalOFFERS this program year tha	t resulted in a
federal contract?		
•		



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### Federal Contracts Awarded to Protege Independent of Mentor - Page 3

\* 70. List the federal contracts AWARDED to the Protege independent of the Mentor during the program year.

Federal Contract Number (13 digit number ex. W912J612P0030)

Dollar Value of Contract
(ex. \$2,5000,000)

Date of Award

(MM/DD/YYYY)

Contracting Agency

Contracting Agency's
Location

Location of Work

Type of Competition (8a, WOSB, SDVO, HUBZone, Small, Full and Open)

Small, Full and Open)

Which entity won the award? (JV, Protege or Mentor)

NAICS Code (6 digits)

Percent of Work performed by the Protege (Enter whole number, no percent sign)	
Percent of Work performed by the Mentor (Enter whole number, no percent sign)	
Percent of Work performed by the JV (Enter whole number, no percent sign)	
Percent of contract revenue accruing to Protege (Enter whole number, no percent sign)	
Percent of contract revenue accruing to the Mentor (Enter whole number, no percent sign)	
Percent of contract revenue accruing to the JV (Enter whole number, no percent sign)	,
Number of full-time employees hired as a result of federal contract	



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(	
rotege Annual Revenue	
* 71. Please provide the Protege's annual revenue before the year before joining the ASMPP.	

* 72. Please provide the	e Protege's annual r	revenue for the	e current program yea	ar.	
* 73. If a change in reve	enue occurred, was	it due to partic	cipation in the ASMPF	o?	
	ŞE		nall Business stration		
		lentor-Protectifits and Impa	ge Annual Evaluatio act Report	on	
		ontrol Numbe Form 2460	er 3245-0393 (08/2019)		
All Small Mentor-Pro	tege Program E	valuation			
* 74. Please indicate yo	our level of agreeme	ent with the foll	owing statement.		
	Strongly disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
The business skills, knowledge, and opportunities received from the Mentor-Protege relationship benefited my company		0		0	
* 75. Please indicate yo	our level of agreeme	ent with the foll	owing statement.		
·	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
My involvement in SBA's ASMPP has helped to strengthen my business			O		
* 76. Please indicate your level of agreement with the following statement.					
	Strongly disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
Overall, I am satisfied with my experiences in the ASMPP	0	$\bigcirc$	$\bigcirc$		0

\* 77. Please indicate your level of agreement with the following statement.

	Neither Disagree				
	Strongly disagree	Disagree	or Agree	Agree	Strongly Agree
If provided the opportunity, I will continue to participate in the ASMPP					$\bigcirc$



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### **Data Collection Information**

How long did it take to COLLECT information to complete the All Small Mentor-Protégé Annual Report?
Less than 2 hours
2 - 3 hours
4 - 6 hours
More than 6 hours
How long did it take to COMPLETE the All Small Mentor-Protégé Program Annual Report?
Less than 2 hours
2 - 3 hours
4 - 6 hours
More than 6 hours



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#### **Assertion of Truth**

All required documents verifying eligibility for the All Small Mentor-Protégé Program (All Small MPP) have been attached to this report. I understand if any changes are made after I submit this report, I must notify the All Small Mentor Protégé Program Office at asmppannualreporting@sba.gov and submit additional documentation if needed.

All statements and information provided in this report and any documents submitted are true, accurate and complete. If assistance was obtained in completing this report and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining continuing eligibility for participation in the All Small Mentor Protégé Program.

I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes.

I understand that I may not misrepresent my status as a small business to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the All Small MPP for a definition of program eligibility.

Warning: By submitting this report, you are certifying that you are representing on your own behalf that the information provided in this application, and any document or supplemental information submitted, is true and correct as of the date set forth opposite your name. Any intentional or negligent misrepresentation of the information contained in this certification may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines of up to \$500,000 and imprisonment of up to 10 years, or both, as set forth in 15 U.S.C. 645 and 18 U.S.C. 1001, as well as any other applicable criminal laws; 2) treble damages and civil penalties under the False Claims Act; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act; 4) suspension and/or debarment from all Federal procurement and non-procurement transactions; and 5) program termination.

* 80. By checking the box, you acknowledge you are an officer or owner of the Protege's company and
authorized to represent and sign this report on its behalf.
Approve

* 81. Enter Officer or Owner Name and Company	
Name	
Company	
Email Address	
Phone Number	
* 82. Enter Today's Date	е
Date / Time	
MM/DD/YYYY	