**SBA PROCEDURAL NOTICE**

11/5/9612/31/96

**MENTOR-PROTÉGÉ ANNUAL REVIEW WORKSHEET**

***(cOMPLETE AS PART OF THE ANNUAL REVIEW PROCESS)***

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOS Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Protégé Name** | **Mentor Name** | **District Office** | **Case Number** | **Date MPA Approved** |
|  |  |  |  |  |

1. List all technical and/or management assistance provided by the Mentor to the Protégé.
2. What type of assistance was requested?

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| --- | --- | --- |
| **Area of Assistance Requested** | **Check all that apply** | **Assistance Needed** |
| Technical and/or Management Assistance |  |  |
| Financial Assistance |  |  |
| Contracting Assistance |  |  |
| Trade Education Assistance |  |  |
| Business Development Assistance |  |  |
| General and/or Administrative Assistance |  |  |

1. What type of assistance was received?

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| --- | --- | --- |
| **Area of Assistance Requested** | **Check all that apply** | **Assistance Received** |
| Technical and/or Management Assistance |  |  |
| Financial Assistance |  |  |
| Contracting Assistance |  |  |
| Trade Education Assistance |  |  |
| Business Development Assistance |  |  |
| General and/or Administrative Assistance |  |  |

1. Additional Information:

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| --- | --- | --- |
| **# of Training Hours** | **How is Training Provided** | **Who Provided the Training** |
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1. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
2. List all loans to and/or equity investments made by the Mentor to the Protégé:

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| --- | --- | --- |
| **Date** | **Dollar Amount** | **Terms** |
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1. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.

3. List all subcontracts awarded to the Protégé by the Mentor. Please provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POP** | **DOA** | **Contract Value** | **NAICS** | **% of Work** | **Agency** |
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1. Meets business plan paragraph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement

(Note: *If more than one subcontract is being performed, include the above information on each subcontract as an attachment to this form*.)

4. List all subcontracts awarded to the Mentor by the Protégé.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POP** | **DOA** | **Contract Value** | **NAICS** | **% of Work** | **Agency** |
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1. Meets business plan paragraph\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement

(Note: *If more than one subcontract is being performed, include the above information on each subcontract as an attachment to this form*.)

5. List all Federal contracts awarded to the Mentor/Protégé relationship as a joint venture. Please provide the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Contract Value** | **Contract Number** | **% of Work** | **Number of Employees Performing Work on the Contract** |
| **Protégé** | **Mentor** |
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1. Meets business plan paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
2. Number of full-time employees:

|  |  |
| --- | --- |
| **Current FTEs** | **Prior Year FTEs** |
|  |  |

* 1. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
1. Annual Revenues:

|  |  |
| --- | --- |
| **Current Annual Revenues** | **Prior Year Revenues** |
|  |  |

* 1. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
1. Facilities:

|  |  |
| --- | --- |
|  | **Yes or No** |
| Did the Protégé increase or decrease the size of their facility during the current program year |  |
| Did the Protégé move to another facility during the current program year? |  |
| Were these changes a result of your participation in the SBA Mentor/Protégé Program?  |  |

* 1. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
1. Equipment:

|  |  |
| --- | --- |
|  | **Yes or No** |
| Did the Protégé lease or buy new equipment during this program year?  |  |

1. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
2. Bonding Limits (if applicable; if not, go to question #11)

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| --- | --- |
|  | **Yes or No** |
| Has the Protégé firm increased its bonding limit as a result of its Mentor/Protégé Agreement? |  |

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| --- | --- |
| **Current Year Bonding Level** | **Prior Year Bonding Level** |
|  |  |

1. Meets business plan paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_requirement
2. New Industries:

|  |  |
| --- | --- |
|  | **Yes or No** |
| Did the Protégé expand into new business areas or industries during this program year?  |  |
| If yes, what was the NAICS code(s) that you expanded into? |  |

1. Did the Mentor assist the firm in expanding into any new business area or industry? \_\_\_\_\_\_ If yes, how?

1. What role was the Protégé when this expansion occurred: **⁮** Prime contractor **⁮** Sub-contractor
2. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
3. Process Improvements:
4. Did the Protégé improve any processes during this program year? **⁮** Yes or No
5. If yes, which processes and what was the efficiency change (e.g. number of hours, number of days, number of employees, etc.)?

1. Did the Mentor assist the firm in improving any process? \_\_\_\_\_\_ If yes, how?

1. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
2. Joint Venture Agreements tied to the Mentor Protégé Relationship
3. How many Joint Venture Agreements does the Protégé have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Who are the other parties to each Joint Venture Agreement?

1. When was each agreement signed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The SBA approval date (*if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Meets Business Plan Paragraph \_\_\_\_\_\_\_\_\_\_\_\_\_\_ requirement.
4. Is a joint venture being closed out during this annual review? Yes or No If yes, please describe how the joint venture enhanced the Protégé’s capabilities. For each capacity gained by the Protégé, please describe whether the new capacity had an impact on the performance metrics identified in Sections 6 and 7 above.

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| --- | --- |
| **Capacity Gained** | **Impact on Performance Metrics** |
| **FTEs** | **Annual Revenues** |
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1. Problems Encountered:
	1. Did the Protégé experience any problems since the last annual review (or since the Mentor/Protégé-Agreement was approved, if less than a year)? **⁮** Yes or No
	2. If yes, a narrative explaining any problems encountered and an explanation of how problems were resolved is attached.
2. Agreement Changes:
	1. Were there any changes in the terms of the Mentor/Protégé-Agreement during this program year? **⁮** Yes or No
	2. If there were changes, please indicate:

1. Continuation of Mentor/Protégé Agreement:
	1. Do you recommend continuation of the Mentor/Protégé-Agreement? **⁮** Yes or No If no, why?