



Protégé Application

PROTÉGÉ COMPANY INFORMATIONCompany Name Date: Company Address Phone Number Fax Number Company Mission Statement: **NAMES OF OFFICERS, OWNERS, AND/OR PARTNERS**President Secretary Vice President Treasurer Partners Owners **PRIMARY POINT OF CONTACT**Name Phone Number Email Address: Company Website: Other Company Offices **Business/Financial**Construction % Manufacturing % Service % R&D % Other % Year Established Number of Full-Time Employees Number of Part-Time Employees Annual Gross Revenue (from previous corporate fiscal year) 3 Year Average Finance/ERP Software Utilized Tax ID Number GSA Schedules DUNS Number DUNS Rating **Floor Space**Manufacturing Sq. Ft. Engineering Sq. Ft. Warehouse Sq. Ft. Laboratory Sq. Ft. Other Sq. Ft. Total Floor Space Sq. Ft.

North American Industrial Classification Codes System (NAICS)

The NAICS code represents the contemplated supplies or services to be provided by the protege to the mentor. Please verify NAICS Codes at the time agreement is submitted..

Primary NAICS Code Title

Additional NAICS Code Title

Additional NAICS Code Title

Protégé Historical Background

Provide a brief summary of company's history, including capabilities, activities and accomplishments.

Socioeconomic Category:

- Small Business Small Disadvantaged Business (SDB) 8(a) Certified by SBA Business HUBZone Business
 Woman-Owned Small Business Veteran-Owned Business Service-Disabled Veteran-Owned Business HBCU/MEI

Small Disadvantaged Business

Certification Date: Exit Date:

8(a)

Certification Date: Exit Date: Case Number

HUBZone

Certification Date:

Developmental Assistance

Assistance is generally provided in the areas listed below: General Business Management/Corporate Infrastructure and Engineering/ Technical. Describe the type of assistance desired. Discuss how this assistance will address your needs and enhance your capabilities. Assistance is not limited to areas listed below.

Financial Management

Describe Assistance

Estimated Man Hours to Complete Start Date:

Organizational Management

Describe Assistance

Estimated Man Hours to Complete Start Date:

Marketing Assistance

Describe Assistance

Estimated Man Hours to Complete Start Date:

Business Management Planning/Development

Describe Assistance

Estimated Man Hours to Complete Start Date:

Technical Assistance or Training

Describe Assistance

Estimated Man Hours to Complete Start Date:

Other

Describe Assistance

Estimated Man Hours to Complete Start Date:

Business Opportunities

What specific ORAU subcontracting opportunities are you pursuing?

What specific prime contracts are you interested in pursuing with ORAU as a partner?

Proposal # Relationship with ORAU Proposal Due Date:

Benefits to the Mentor

Describe the potential benefits for the Mentor as a result of entering into a Mentor *Protégé* relationship with your company.

Previous Federal Contract(s)

Provide information on previous subcontracts with any federal agency within the last 1-2 years.

Agency

Type of Service or Products Provided:

Type of Contract

Customer References:

Name Phone Number

Name Phone Number

Safety

Does your company have a Safety Manual? Yes No

Protege will comply with mentor's safety program requirements? Yes No

www.orau.org/about-orau/safety.aspx

Foreign Ownership Control or Influence (FOCI)

Are you a foreign owned company? Yes No

Do you have an approved FOCI Determination? Yes No

Other Mentor Protégé Programs

Have you ever participated in any other mentor protege programs (e.g. DOD, DOE, SBA)? Yes No

[Note: SB's previous participating in DOE Mentor Protege Program are ineligible to participate in ORAU Mentor Protege Program.]

If so, please provide the agency, mentor, date and duration of agreement.

Agency

Mentor

Date Duration of Agreement

Additional Information

Provide any additional information that you feel would support your selection.

Acknowledgement Statement

By submitting this application, I understand that participation in the Mentor-Protege Program is voluntary and that participation in the ORAU Mentor Protege Program is neither a guarantee for a contract opportunity nor a promise of business. I further understand that the Program intent is to foster positive long-term business relationships, learning and growth experiences. I agree to report on the progress on the development made relative to the Mentor Protege Agreement as indicated in the Agreement.

Please direct questions and submit application to ORAU:

Small Business Advocate: Rebecca Crowe

Email: Rebecca.Crowe@orau.org

Phone: 865-241-6634

Fax: 865-576-9385