

## Sample Application For Enrollment In Mentor Protégé-Program

### Sample Application

If your business concern has been in operation for three years or longer, please provide the annual gross receipts for the last three fiscal years for this business concern and its subsidiaries and affiliates:

<b>Fiscal Year</b>	<b>Annual Gross Revenue</b>
19__	\$ _____
19__	\$ _____
19__	\$ _____

### Check the Categories Where you Need Assistance:

- Business Plan
- Implementation and action plans
- Organization structure
- Market Analysis
- Operations assessment
- Blueprint reading

**State Why You Want to Participate in the Mentor Program  
(Attach additional sheet(s) if necessary).**

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Business starting date: \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_

Number of current part-time employees: \_\_\_\_\_

Specialty: \_\_\_\_\_

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**Legal Structure of Business:**

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

\$ Amount \_\_\_\_\_ Type of Coverage \_\_\_\_\_

Bonding Company \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

\$ Single \_\_\_\_\_ \$ Aggregate \_\_\_\_\_

Please list major customers or projects of the business for the last two years (list most recent first). If new business, list previous business references:

Customer	Telephone	Contact	Type of Contract /Year	* Person	Project	Amount

\* Indicate whether you were  
(P) Prime Contractor; (JV) Joint Venture; (SUB) Subcontractor