



MENTOR PROTÉGÉ PROGRAM APPLICATION (Mentor)

This application is used to request approval to participate as a **MENTOR** in the Green Bay Packers *Mentor Protégé Program*. **A completed application is required** to be signed by a senior-level officer of the company or an authorized representative.

Please respond to each item on the application. If an item is not applicable, enter "N/A" as your response. Incomplete applications may be returned to sender, which will delay your request for approval to participate in the Green Bay Packers Mentor Protégé Program.

1. **Business Name:** Provide your business name and if applicable, DBA (Doing Business As) name.

2. **Business Address Information:** Provide your business mailing address and physical address, if different than mailing address.

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____ County: _____

3. **Business Phone #:** () _____ **Business Fax #:** () _____

Contact Person(s): _____ **Business Hours:** _____ AM PM to _____ AM PM

4. **Internet Web Page/URL Address:** _____ **E-Mail Address:** _____

5. **Business Category Description, Principal Line of Business Description**

a. **Business Category Description** - Identify the services provided by, and the primary source of gross receipts for your company.

b. **Principal Line of Business** - Please provide a brief description of the products and/or services provided by your business.

6. **Areas of Expertise** - Check all boxes that indicate areas of expertise your business possesses and is willing to make available to approved Protégés.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> (01) - Business Planning | <input type="checkbox"/> (09) - Business Writing Skills | <input type="checkbox"/> (17) - Business Legal Issues | <input type="checkbox"/> (25) - Blueprint Reading |
| <input type="checkbox"/> (02) - Bonding and Insurance | <input type="checkbox"/> (10) - Bookkeeping/Accounting | <input type="checkbox"/> (18) - Bidding | <input type="checkbox"/> (26) - Cost Estimating |
| <input type="checkbox"/> (03) - Banking Services | <input type="checkbox"/> (11) - Business Permits | <input type="checkbox"/> (19) - Plan Reading/Interpreting | <input type="checkbox"/> (27) - Preparing Job Budgets |
| <input type="checkbox"/> (04) - Competitive Mkt Place | <input type="checkbox"/> (12) - Business Presentation Skills | <input type="checkbox"/> (20) - Business Market Analysis | <input type="checkbox"/> (28) - Business Management |
| <input type="checkbox"/> (05) - Business Marketing Plans | <input type="checkbox"/> (13) - Business Technology | <input type="checkbox"/> (21) - Government Bidding | <input type="checkbox"/> (29) - Scheduling/Purchasing |
| <input type="checkbox"/> (06) - Project Planning/Mtg. | <input type="checkbox"/> (14) - Human Resources | <input type="checkbox"/> (22) - Government Procurement | <input type="checkbox"/> (30) - Business Processes |
| <input type="checkbox"/> (07) - Quality Assurance | <input type="checkbox"/> (15) - Business Financial Planning | <input type="checkbox"/> (23) - Business Material Logistics | <input type="checkbox"/> (31) - Operations Budgeting |
| <input type="checkbox"/> (08) - Inventory Control | <input type="checkbox"/> (16) - Construction Management | <input type="checkbox"/> (24) - Special Trade Construction | <input type="checkbox"/> (32) - Organizational/Struct. |
| | | | <input type="checkbox"/> (33) - Labor Relations |

Other (please describe): _____

7. Is your company currently participating in any other programs as a Mentor? - **Yes** - **No** If Yes, identify the number of agreements your company currently participates in as a Mentor: _____

8. Attach a separate page describing your company's goal(s) in becoming a Mentor through the Green Bay Packers Mentor Protégé Program:

9. Are you willing to attend a mandatory "Mentor Orientation" session conducted by representative(s) of your sponsoring agency's Mentor Protégé Program? - **Yes** - **No**

10. Are you willing to enter into a written agreement, including confidentiality provisions, with a Protégé outlining the goals and objectives of your potential Mentor-Protégé relationship through the sponsoring agency's Mentor Protégé Program? - **Yes** - **No**

11. As evidence of my signature below, and being an owner or authorized representative of the business identified within this document, I understand that participation in the Green Bay Packers Mentor Protégé Program is voluntary and my participation is neither a guarantee of a contract opportunity nor a promise of business. I also understand that the Program's intent is to foster positive long-term business relationships. I, the undersigned, on behalf of the business participating in the Mentor Protégé Program, agree that the business and all of its employees, officials, and agents shall conduct themselves at all times in accordance with the highest business ethics and appropriate business conduct. I also understand that all information provided on this application, except the Social Security Number, if applicable, may be open to public disclosure.

Printed Name of Business Owner or Authorized Representative

Signature of Business Owner or Authorized Representative

Date