



**GREEN BAY PACKERS  
MENTOR-PROTÉGÉ  
PROGRAM**

# MENTOR PROTÉGÉ PROGRAM APPLICATION (Protégé)

This application is used to request approval to participate as a **PROTÉGÉ** in the Green Bay Packers *Mentor Protégé Program*. **A completed Protégé 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.

\_\_\_\_\_

**Company was established (month and year):** \_\_\_\_\_ / \_\_\_\_\_

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:** \_\_\_\_\_  A.M.  A.M.  
 P.M. **to** \_\_\_\_\_  P.M.

4. **Internet Web Page/URL Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

5. **Business Structure** - Check **ONE** box that identifies your business structure.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (S) - Sole Proprietorship | <input type="checkbox"/> (P) - Partnership               | <input type="checkbox"/> (C) - Corporation                   |
| <input type="checkbox"/> (J) - Joint Venture       | <input type="checkbox"/> (L) - Limited Liability Company | <input type="checkbox"/> (L) - Limited Liability Partnership |

6. **Is your company certified?** \_\_\_\_\_

**What certification:**  MBE  WBE  M/DBE  W/DBE  Other (explain): \_\_\_\_\_

**Attach a copy of your certification to your application.**

7. **Revenue (last fiscal year):**  \$250,000 or less  \$250,001 to \$500,000  More than \$500,000

8. **Number of Full-Time Employees**

- 1-5  6-10  11-25  26-35  36-50  51-100  101-200  201-300  301-500  501-1000  More than 1000

9. **Number of Part-Time Employees**

- 1-5  6-10  11-25  26-35  36-50  51-100  101-200  201-300  301-500  501-1000  More than 1000

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

a. **Business Category Description** - Identify the products and/or 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.

\_\_\_\_\_

11. **Areas of Expertise** - Check all boxes that indicate areas in which your business is seeking assistance in as a Protégé.

- |  |  |   |  |
|--|--|---|--|
| <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): \_\_\_\_\_

12. Does your company currently have any contract or purchase order with the Green Bay Packers?  - Yes  - No
13. Is your company currently participating in any other programs as a Protégé?  - Yes  - No If Yes, identify the number of agreements your company currently participates in as a Protégé: \_\_\_\_
14. If you responded Yes to Item 12, provide a brief explanation regarding your company's ability to participate in multiple Mentor-Protégé Agreements: \_\_\_\_\_
15. Does your company require — as a Protégé — any specialized education or training programs?  
 - Yes  - No If Yes, please describe: \_\_\_\_\_
16. Please describe your company's goal(s) in becoming a Protégé through the Green Bay Packers Mentor-Protégé Program: \_\_\_\_\_
17. Are you willing to attend a mandatory "Protégé Orientation" session conducted by representative(s) of your sponsoring agency's Mentor Protégé Program?  - Yes  - No
18. Are you willing to enter into a written agreement, including confidentiality provisions, with a Mentor outlining the goals and objectives of your potential Mentor-Protégé relationship through the sponsoring agency's Mentor Protégé Program?  - Yes  - No
19. **Please attach the following**
- **An executive summary of your business plan, including the goals for your company. (This must be done by the owner him/herself. It should be one page only, showing how your business is going to operate as a going concern).**
  - **A mini résumé outlining the community involvement of the owners, what kind of boards they belong to, etc. (2-3 paragraphs).**
  - **3 business letters of reference from current or former customers or clients.**
20. 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