

*Department of Defense Mentor-Protégé Agreement*  
**MENTOR-PROTÉGÉ NEW AGREEMENT CHECKLIST**

**MENTOR:** \_\_\_\_\_

**PROTÉGÉ:** \_\_\_\_\_

**MENTOR'S COGNIZANT DCMA ACO:** \_\_\_\_\_

**MilDep/Agency PCO/CO:** \_\_\_\_\_

**MENTOR CAGE CODE:** \_\_\_\_\_

**Type of Agreement:**       **Credit**     **Reimbursable**

**MilDep/Agency:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Type of Action:**              **New Agreement**

**PACKAGE COMPLETE:**

|   | <b>YES</b> | <b>NO</b> |       |
|---|------------|-----------|-------|
| Signed Mentor-Protégé Agreement                 | [ ]        | [ ]       |       |
| _____   |            |           |       |
| PM Endorsement Letter (Reimbursable only)       | [ ]        | [ ]       | _____ |
| OSBP Funding Request (Reimbursable only)        | [ ]        | [ ]       |       |
| _____   |            |           |       |
| Funding POC Identified (Reimbursable only)      | [ ]        | [ ]       |       |
| _____   |            |           |       |
| 10% incidental cost justification (if required) | [ ]        | [ ]       |       |
| _____   |            |           |       |
| Folder attached (existing agreements only)      | [ ]        | [ ]       |       |
| _____   |            |           |       |

**MENTOR ELIGIBILITY:**

|   | <b>YES</b> | <b>NO</b> |       |
|---|------------|-----------|-------|
| A. <b>NEW MENTOR – Date of Approval</b> _____ | [ ]        | [ ]       |       |
| _____   |            |           |       |
| B. <b>PREVIOUSLY APPROVED MENTOR:</b>         |            |           |       |
| Semi-annual / 3-Month reports submitted?      | [ ]        | [ ]       | _____ |
| DCMA Reviews Conducted?                       | [ ]        | [ ]       |       |
| _____   |            |           |       |
| Past Performance Issues?                      | [ ]        | [ ]       |       |
| _____   |            |           |       |
| If so, please specify:                        |            |           | _____ |

**PROTÉGÉ ELIGIBILITY:**

|                                   |                      | <b>YES</b> | <b>NO</b> |       |
|-----------------------------------|----------------------|------------|-----------|-------|
| <b>SDB PRO-NET CERTIFICATION:</b> | SDB Expire Date      | [ ]        | [ ]       | _____ |
|                                   | 8(a) Expire Date     | [ ]        | [ ]       | _____ |
|                                   | Minority Code        | [ ]        | [ ]       | _____ |
|                                   | WOSB                 | [ ]        | [ ]       | _____ |
|                                   | VOSB                 | [ ]        | [ ]       | _____ |
|                                   | Service Disabled Vet | [ ]        | [ ]       | _____ |

|   |     |     |       |
|---|-----|-----|-------|
| Emerging SDB  | [ ] | [ ] |       |
| Self-Certified Organization Employing the Severely Disabled | [ ] | [ ] | _____ |
| Self-Certified Woman Owned Small Business                   | [ ] | [ ] |       |

**FUNDING AVAILABILITY:**

|  |     |     |
|--|-----|-----|
| Funding Exists within Department/Agency Budget | [ ] | [ ] |
|--|-----|-----|

Other: \_\_\_\_\_

***Department of Defense Mentor-Protégé Agreement***  
**MENTOR-PROTÉGÉ NEW AGREEMENT CHECKLIST**

**AGREEMENT APPROVAL**

|  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| One Agreement for Each M/P Proposal                                | [ ]        | [ ]       |
| Firm Name/Address/Phone #/POC Mentor & Protege                     | [ ]        | [ ]       |
| Description of Developmental Assistance                            | [ ]        | [ ]       |
| Milestones for Developmental Assistance Plan                       | [ ]        | [ ]       |
| Metrics for Developmental Assistance Plan                          | [ ]        | [ ]       |
| Past and Estimated \$ Subcontracts to Protégé(s)                   | [ ]        | [ ]       |
| Estimated Cost of Developmental Assistance                         | [ ]        | [ ]       |
| SIC Codes for protégé: _____                                       | [ ]        | [ ]       |
| NAICS Codes for protégé _____                                      | [ ]        | [ ]       |
| <b>Estimate of Cost \$</b> _____                                   | [ ]        | [ ]       |
| <b>Incidental Cost (\$\$) &amp; (%): (not to exceed 10%)</b> _____ | [ ]        | [ ]       |
| <b>Period of Performance</b> _____                                 | [ ]        | [ ]       |
| Termination Procedures for Both Parties                            | [ ]        | [ ]       |
| Signed by Both Parties   | [ ]        | [ ]       |
| <b>Protégé agrees to comply with reporting/review requirements</b> | [ ]        | [ ]       |
| <b>Mentor agrees to comply with reporting/review requirements</b>  | [ ]        | [ ]       |

**- PREVIOUSLY PARTICIPATED AS A PROTÉGÉ:**

Previous Mentor

\_\_\_\_\_  
Term of Previous Agreement

\_\_\_\_\_  
Semi-annual / 3-Month Reports Received/Rebutted [ ] [ ]

\_\_\_\_\_  
DCMA Reviews Conducted [ ] [ ]

**Past Performance Issues:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval [ ] Disapproval [ ] Initials \_\_\_\_\_ Date \_\_\_\_\_