



C&C MENTOR PROTÉGÉ PROGRAM

Protégé Application

Business Legal Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Role: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm is (check one):  California Corporation  Partnership  Sole Proprietorship  Other: \_\_\_\_\_

Staff Count: Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

	Name:	Phone:
Professional References:	1. _____	_____
	2. _____	_____
	3. _____	_____

1. Is your firm currently certified as a:  DBE  DVBE  SB (Certification is not required to participate in the program)

2. If not, are you planning to become certified?  Yes  No

3. Has your firm worked with any of the following agencies?

- a. Caltrans Yes  No
- b. SANDAG Yes  No
- c. City of San Diego Yes  No
- d. Unified Port of San Diego Yes  No
- e. Other Governmental Agencies Yes  No

4. List your annual revenue for the past three years: 2024: \_\_\_\_\_ 2023: \_\_\_\_\_ 2022: \_\_\_\_\_

5. How long has your firm been in business (min. 1 year at start of program)? \_\_\_\_\_ Years

6. Please list three specific goals that your firm would like to gain from participating in the program.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

7. Please list three items that your firm brings to the relationship.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

8. Describe the qualities you are seeking from the mentor firm. Do you prefer a mentor that performs similar types of work as your firm, or different? Please name any specific mentor firm(s) desired.

Please email all forms to [info@candcmentorprotege.com](mailto:info@candcmentorprotege.com)



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Business Category	Name	NAIC Code	# of Years
Primary			
Secondary			

Sub-disciplines	Name	NAIC Code	# of Years
Primary			
Secondary			

**Brief Description of Services:**

Business Assessment	Level of Expertise <i>Novice / Some Knowledge / Expert</i>	Additional Comments
Accounting and Finance		
Administration and Planning		
Business Development		
Human Resource Management (Personnel)		
Marketing		
Operations Management		
Project Management		
Sales		
Technology (IT)		

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>C&amp;CMP to complete this section:</b>	
C&CMP Review Committee Notes-	
a. Application is Complete	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Reference Verified	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Due Diligence Performed	Yes <input type="checkbox"/> No <input type="checkbox"/>

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