



C&C MENTOR PROTÉGÉ PROGRAM

Mentor Application

Business Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_ License #: \_\_\_\_\_

Professional References (3 largest Projects)

Table with 6 columns: Project Name, Firm Name, Phone, Prime, Sub, Owner. Each row contains a project entry with checkboxes for Prime, Sub, and Owner status.

1. Please list three specific goals that your firm would like to gain from participating in the program. a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

2. Please list three items that your firm brings to the relationship. (i.e. estimating; bidding; scheduling; job cost, etc.) a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

3. Please list the firm's San Diego/Imperial County office location & approximate number of staff (An office location in San Diego/Imperial County is required for participation in the program). Location: \_\_\_\_\_ # of Staff: \_\_\_\_\_

4. Describe the qualities you are seeking from the protégé firm. Do you prefer a protégé that performs similar types of work as your firm, or different?

5. Has your firm ever participated in a mentor protégé program before? If yes, please list name(s) and year(s). Name: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_ Year: \_\_\_\_\_

6. 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 [ ]

7. How did you hear about the C&C Mentor Protégé Program?

Please email all forms to info@candcmentorprotege.com