



# NAVY MENTOR-PROTÉGÉ NEW AGREEMENT CHECKLIST



**Mentor:** \_\_\_\_\_

**Protégé:** \_\_\_\_\_

**HCA:** \_\_\_\_\_

**PCO:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mentor's Cognizant DCMA ACO:**

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

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Protégé's Cognizant DCMA ACO:**

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

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mentor Cage Code:** \_\_\_\_\_

**Total Cost of Agreement:** \_\_\_\_\_

**BY** \_\_\_\_\_

**OY1** \_\_\_\_\_

**OY2** \_\_\_\_\_

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

**Package Complete:**

**Signed Mentor-Protégé Agreement** **Page #** \_\_\_\_\_

**PM Endorsement Letter** **Page #** \_\_\_\_\_

**HCA OSBP Endorsement Letter** **Page #** \_\_\_\_\_

**Contracting Office Endorsement Letter** **Page #** \_\_\_\_\_

**Funding POC Identified** **Page #** \_\_\_\_\_

<b><u>Mentor Eligibility:</u></b>	<b>YES</b>	<b>NO</b>
A. Previously Approved Mentor:	<input type="checkbox"/>	<input type="checkbox"/>
Semi-annual reports submitted?	<input type="checkbox"/>	<input type="checkbox"/>
DCMA reviews conducted:	<input type="checkbox"/>	<input type="checkbox"/>
Past performance issues?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please specify: _____		
_____		
B. New Mentor – Date of Approval _____	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>Protégé Eligibility:</u></b>	<b>YES</b>	<b>NO</b>
SDB Pro-Net Certification:	<input type="checkbox"/>	<input type="checkbox"/>
SDB Expire Date:	<input type="checkbox"/>	<input type="checkbox"/>
8(a) Expire Date:	<input type="checkbox"/>	<input type="checkbox"/>
Employ severely disabled:	<input type="checkbox"/>	<input type="checkbox"/>
WOSB:	<input type="checkbox"/>	<input type="checkbox"/>
Service-Disabled Veteran-Owned:	<input type="checkbox"/>	<input type="checkbox"/>
HubZone:	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>Agreement Approval:</u></b>	<b>YES</b>	<b>NO</b>
Firm Name/Address/Phone #/POC Mentor & Protégé	<input type="checkbox"/>	<input type="checkbox"/>
Description of Developmental Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Milestones for Developmental Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>
Past and Estimated \$ Subcontracts to Protégé(s)	<input type="checkbox"/>	<input type="checkbox"/>
NAICS/SIC Codes for Protégé _____	<input type="checkbox"/>	<input type="checkbox"/>
Estimate of Cost _____	<input type="checkbox"/>	<input type="checkbox"/>
Total Incidental Cost (do not include costs for HBCU/MIs, PTACs, or SBDCs) \$ & % (not to exceed 10%) _____	<input type="checkbox"/>	<input type="checkbox"/>
Total HBCU/MI, PTAC, or SBDC Cost \$ & % _____	<input type="checkbox"/>	<input type="checkbox"/>
Period of Performance _____	<input type="checkbox"/>	<input type="checkbox"/>
Termination Procedures for Both Parties	<input type="checkbox"/>	<input type="checkbox"/>
Agreement Signed by Both Parties	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Protégé agrees to comply with reporting/review requirements</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Mentor agrees to comply with reporting/review requirements</i></b>	<input type="checkbox"/>	<input type="checkbox"/>

**Previously Participated as a Protégé:**

**YES      NO**

Previous Mentor _____	<input type="checkbox"/>	<input type="checkbox"/>
Term of previous agreement _____	<input type="checkbox"/>	<input type="checkbox"/>
Semi-annual reports received/rebutted	<input type="checkbox"/>	<input type="checkbox"/>
DCMA reviews conducted	<input type="checkbox"/>	<input type="checkbox"/>

**Past Performance Issues:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approval**  **Disapproval**       **Initials** \_\_\_\_\_      **Date** \_\_\_\_\_