



# GSA MENTOR-PROTÉGÉ PROGRAM PERFORMANCE ASSESSMENT REPORT

PART I: PROGRAM PERFORMANCE INFORMATION					
A: PROGRAM PARTICIPATION STATUS (Section A and B to be completed by the Mentor Firm)					
MP Agreement Period of Performance Period		Corrective Action Plan Issued?	Performance Review	Semi-Annual	Annual
Start Date:				Yes / No:	Current Reporting Period (Date)
End Date:		Date Issued:	Last Performance Review Grade		
Total Length of Agreement:	YRS				
B: TERMINATION INFORMATION (Complete only if applicable to this Agreement, if not applicable, use N/A)					
If the Agreement has been terminated, please provide termination date:			Was the Termination requested by the Mentor Firm or the Protégé Firm:		
PART II: MENTOR-PROTÉGÉ AGREEMENT INFORMATION					
A: CONTACT INFORMATION - MENTOR FIRM (Section A and B to be completed by the Mentor Firm)					
Mentor Firm			Mentor Firm POC Completing this Report		
Name:			Name:		
Street Address1:			Title:		
Street Address2:			Phone:		
City:			Fax:		
State:			Email:		
ZIP	CAGE:				
DUNS:					
B: MENTOR PROGRAM PARTICIPATION STATUS (If any of the questions received a response of NO, please provide an explanation below. If addition space is required for your response / comments, please continue on Part VII.)					Yes / No
1: Is this the Initial Progress Report Under This Mentor-Protégé Agreement?					
2: Has the Mentor Firm met their Subcontracting Goals for the latest reporting period? (Annual Report Only)					
3: Does the Mentor Firm have an established internal mentorship program to directly assist the Protégé Firm?					
4: Does the Mentor Firm and their internal program have "buy in" support from senior management for this program?					
5: Does the Mentor Firm have an established development plan for their management team to track the Protégé progress?					
6: Does the Mentor Firm have an established training program that assists the Protégé Firm?					
7: Did the Mentor Firm accomplish the milestones / goals established by the Agreement for this reporting period?					
8: Does the Mentor Firm have more than one Protégé currently in the GSA Mentor-Protégé Program?					
9: Was the Mentor Firm successful in assisting the Protégé Firm in achieving subcontracting opportunities?					
10: Did the Mentor Firm find the Protégé Firm responsive to the assistance / training provided?					
11: If the answer to Question 9 is Yes, Did the Mentor Firm include this in their training program with the Protégé Firm?					
12: Is there a Corrective Action Plan in place for this reporting period? (If Yes, attach copy of report)					
C: MENTOR RESPONSES TO SECTION B (If addition space is required for your response / comments, please continue on Part VII.)					



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**D: CONTACT INFORMATION - PROTÉGÉ FIRM (Section to be completed by the Protégé Firm )**

Protégé Firm				Protégé Firm POC Completing this Report	
Name:				Name:	
Street Address1:				Title:	
Street Address2:				Phone:	
City:				Fax:	
State:				Email:	
ZIP		Primary NAICs:			
DUNS:		CAGE:			

**D: PROTÉGÉ FIRM PROGRAM PARTICIPATION STATUS (If any of the questions below received a response of NO, please provide an explanation below. If addition space is required for your response / comments, please continue on Part VII )**

Identify specific small business category by marking X to the corresponding box	SDB (8a)	WOSB	SDVOSB	HUB Zone
Which Small Business Categories Applies to the Protégé (List all that apply )				
				<b>Yes / No</b>
1: Did the Mentor Firm use the Protégé in their current Subcontracting Plan for the latest reporting period? (Annual Report Only)				
2: Did the Mentor Firm review the established needs assessment with the Protégé Firm?				
3: Has the Protégé Firm participated with the Mentor Firm in any After Action / Review Planning meetings related to the Needs Assessment performed? If yes, please comment below.				
3: Does the Protégé Firm have a current GSA Schedule?				
4: If yes, Did the Protégé Firm receive this GSA Schedule during the reporting period with assistance from the Mentor Firm?				
5: If the Protégé Firm has a GSA Schedule, Did they make their minimum sales requirement for the year to remain current?				
6: Has the Mentor assisted the Protégé with specific staffing strategy, strategic planning training and/or quality control measures unique to their small business needs?				
7: Has the Protégé Firm developed any new formal internal processes and implemented them?				
8: Has the program successfully provided the Protégé Firm with an opportunity to broaden their networking contacts?				
8: Did the Mentor Firm provide any specific training unique to the Protégé Firms developmental needs?				
9: Does the Protégé Firm feel they are developing their business in accordance with the requirements of the Agreement?				
10: Does the Mentor Firm have any equity share or an ownership stake in the Protégé Firm? If yes, please comment below.				

**E: PROTÉGÉ RESPONSES TO SECTION D (If addition space is required for your response / comments, please continue on Part VII )**

**F: Additional Protégé Program Participation Supporting Questions (Section to be completed by the Protégé Firm )**

What was the overall value to the Protégé Firm (e.g. Direct impact to operations, expansion to business capability and capacity) from participating in the program?

What is the most important contribution the Mentor Firm has provided to the Protégé Firm?

In which areas has the Protégé Firm benefited or developed most? (Please provide specific examples )



**PART III: DEVELOPMENTAL ASSISTANCE PROVIDED / MILESTONES ACHIEVED**

This section is for the Mentor Firm to list what developmental assistance was provided to the Protégé Firm during the latest performance period and the current status of that assistance. Success of program performance will be determined on quality of service, relevance to expanding the Protégé Firms business capabilities, capacity and overall general business developmental growth. Please provide the maximum level possible of information to ensure that all degrees of participation, assistance and involvement with the Protégé Firm is documented. If additional space is required for your remarks / comments, please annotate the section, or sections from which the comments / remarks are coming from and place them into another document. Attach that document as "PART III - Additional Comments / Remarks". If you have any specific questions on the information required to be documented or questions on the value of the material, please contact the GSA Office of Small Business Utilization, Mentor-Protégé Program Manager with your questions.

**A: TYPE OF ASSISTANCE PROVIDED BY MENTOR FIRM (Section to be completed by the Mentor Firm)**

**Business Developmental Assistance Performed**

[Empty space for Business Developmental Assistance Performed]

**Technical Developmental Assistance Performed**

[Empty space for Technical Developmental Assistance Performed]



**PART IV: IMPACT OF THE AGREEMENT ON PROTÉGÉ FIRM (ADDITIONAL SPECIFIC DEVELOPMENTAL ASSISTANCE PROVIDED)**

**A: Specific Small Business Capabilities Enhanced, Specialize Assistance and/or Accomplishments (e.g., database developer can now do web development as result of unique Mentor training and/or assistance )**

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**B: Technical Capabilities Realized (e.g. Specific types of skills and/or services or unique technology transferred )**

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**C: Certifications, Awards Received Through Mentor Assistance (e.g., ISO 9001:2000, MCSE, PMP, GSA Schedule, etc. )**

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**D: Business Infrastructure Gained (e.g. strategic planning, improved accounting system, Best Practices improvements, etc. )**

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**E: New Markets Realized (e.g. Federal agency, commercial - be specific, participation in outreach events, trade shows and training workshops )**

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**PART V: PROGRESS OF AGREEMENT (Specific milestones and expectations achieved)**

**A: Additional Specific Milestones Achieved During This Reporting Period (*Not listed already in this report*)**

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**B: Specific Milestones (*Still In Progress*) During This Reporting Period (*Not Listed Already or Additional Comments From Earlier Sections*)**

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### PART VI: CONTRACTS AND SUBCONTRACTS

Please note that some of the data requested below are dollars *INVOICED* during the period of this report only and some are total dollars *AWARDED* cumulative from the start of the agreement. There is no need to submit official financials with this information.

#### A: PROTÉGÉ BUSINESS DATA

##### General Information on Protégé's Revenue, Employees, & Proposals (Section to be completed by the Protégé Firm)

Protégé's Gross Revenue During This Report Period (General Amount of Revenue Received) ( <i>NO DCMA AUDIT IS REQUIRED</i> )	Number of Protégé's Employees at Beginning of This Report Period	Number of Protégé's Employees at End of This Report Period	Total Difference in Protégé's Employees at End of This Report Period	Proposals Submitted to GSA by Protégé During Report Period	GSA Proposals Won by Protégé During Report Period	Proposals Submitted to Other Federal Agencies (Excluding GSA) by Protégé During Report Period	Proposals Won by Protégé During Report Period from Other Federal Agencies (Excluding GSA)
(Dollars)	(Number)	(Number)	(Number)	(Number)	(Number)	(Number)	(Number)
\$ -							

#### B: MENTOR BUSINESS DATA

##### General Information on Protégé's Success as a Prime & Opportunities Successfully Won (Section to be completed by the Mentor Firm)

This section focuses on prime contract work completed by the Protégé Firm (GSA Related and Non GSA Related) during this reporting period through the direct oversight and direction of the Mentor Firm. The following items were successfully accomplished (or still in work) by the Protégé Firm. (The Mentor Firm did not have to be a subcontractor to the Protégé Firm on the work performed to receive grading evaluation)	GSA Prime Contracts		Other Federal Prime Contracts		Total Contracts
	GSA Prime Contract Awards to Protégé	GSA Prime Contract Awards to Protégé	All Other Federal (excluding GSA) Prime Contract Awards to Protégé	All Other Federal (excluding GSA) Prime Contract Awards to Protégé	Account for all Federal (including GSA) Prime Contract Awards to Protégé
	(Number)	(Dollars)	(Number)	(Dollars)	(Dollars)
Information for this Reporting Period Only		\$ -		\$ -	\$ -

#### C: SUBCONTRACTS BETWEEN MENTOR AND PROTÉGÉ

##### Evaluation Information on Protégé's Subcontracting Opportunities with the Mentor Firm (Section to be completed by the Mentor Firm)

This section focuses on subcontract work completed by the Protégé Firm (GSA Related and Non GSA Related) during this reporting period through the direct oversight and direction of the Mentor Firm. The following items were successfully accomplished (or still in work) by the Protégé Firm. (The Mentor Firm is not required to be the Prime to the Protégé Firm on the work performed but must have performed oversight assistance to receive grading evaluation)	GSA Subcontracts		Other Federal Subcontracts			
	GSA Subcontract Awards to Protégé From Mentor	GSA Subcontract Awards to Protégé From Mentor	All Other Federal (excluding GSA) Subcontract Awards to Protégé From Mentor	All Other Federal (excluding GSA) Subcontract Awards to Protégé From Mentor	All Other Federal (excluding GSA) Subcontract Awards to Protégé From All Sources Other Than Mentor	All Other Federal (excluding GSA) Subcontract Awards to Protégé From All Sources Other Than Mentor
	(Number)	(Dollars)	(Number)	(Dollars)	(Number)	(Dollars)
Information for this Reporting Period Only		\$ -		\$ -		\$ -

### PART VII: ADDITIONAL COMMENTS / REMARKS

Please use the area below for including any additional documentation from earlier sections. If additional space is required for comments, remarks, explanations and/or justifications for actions, or inactions from earlier sections on the report that will not fit in this block, those attachments can be provided for review as attachments (*properly labeled with section and area covered*) along with the completed form in a PDF Format.



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## PART VIII: EVALUATION SUBMISSION AND REVIEW SIGNATURES

By my signature below, I certify that I have reviewed and concur with the representations above and certify that they are true and correct to the best of my knowledge as per the established criteria as established in the GSAM 519.7004.

Date	Signature of Mentor	Title
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By my signature below, I certify that I have reviewed and concur with the representations above and certify that they are true and correct to the best of my knowledge as per the established criteria as established in the GSAM 519.7004.

Date	Signature of Protégé	Title
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## GENERAL INSTRUCTIONS

1. Reporting requirements: Reports are due for all active agreements, including agreements with zero activity during the report period.
2. Unless otherwise stated, the Mentor Firm is expected to complete and review all sections of the Mentor-Protégé Evaluation form.
3. Unless specified otherwise, data entered on this report is NOT cumulative from the beginning of participation in the Program.
4. Data entered should reflect only the activity which occurred during the current (semi-annual or annual) reporting period.
5. In the event that there is any question that is not pertinent to either your Agreement or business, please place a **N/A** in the block. **Do not leave any blanks empty.**
6. Attachments may be included to provide additional information, clarification or explanation of any data items on this form or to provide pertinent information about the Agreement that is not directly addressed on this form as per GSAM 519.7004. Please label all additional information with the section it belongs to and if pertinent, either the question or the block it is relevant to.
7. Certification signatures provided upon completion of this form (by both parties) must be from individuals that are senior officers of the firms with the authority to commit their firms to the information provided as per GSAM 519.7004.
8. If clarification or assistance is required in preparing this report, please contact the GSA Office of Small Business Utilization, Mentor-Protégé Program Manager at (202) 501-2799, or send an email detailing your issue to [mentorprotege@gsa.gov](mailto:mentorprotege@gsa.gov).
9. Performance Expectations: Key performance measures will be utilized to determine the programs impact on Protégé participants. Program evaluation will include both qualitative and quantitative performance measures. Quantitative performance measures which will be tracked include: increase in business capability to perform at an improved level of performance, increase in personnel, increase in overall revenue, improvement in organization and business processes, and overall business development. Qualitative feedback to measure program success will be obtained through performance review meetings with Regional GSA Staff and/or Mentor-Protégé Program Manager, semi-annual and annual performance reviews and written evaluations. The results of program evaluations, both quantitative and qualitative, will be used to institute results-oriented program improvements.