



**PORT OF PORTLAND**

## **MENTOR PROTÉGÉ PROGRAM APPLICATION**

Thank you for your interest in the Port of Portland's Mentor/Protégé Program. The application on the following pages will help us determine your eligibility and guide us in creating the most appropriate mentor-protégé relationship to assist you. Additional information about the program can be found on our website:

[http://www.PortofPortland.com/SROS\\_SB\\_Home.aspx](http://www.PortofPortland.com/SROS_SB_Home.aspx).

### **Completing this application**

The application can be completed in one of two ways:

- Fill in the form fields and e-mail it to the program team.

This PDF has form fields for your information. If you are using Adobe Acrobat Reader 7 or greater, these fields may be highlighted. (If needed, Adobe Acrobat Reader can be downloaded from <http://www.adobe.com/products/acrobat/readstep2.html>.) Click on or press Tab to move between the fields.

Save and e-mail the completed application to **angela.watkins@portofportland.com**.

- Print and complete the form; then mail or fax it to the program team.

Print the document and complete; please use black or blue ink. If you wish, you can fill in the form within Adobe Acrobat as described above before printing.

Mail the completed application to:

**Port of Portland  
Mentor Protégé Program  
7200 N.E. Airport Way  
Portland, OR 97218**

Or fax it to 503.548.5541.



**MENTOR PROTÉGÉ PROGRAM APPLICATION**

**BUSINESS**

Name of Business Entity:	Assumed Business Name:	Construction Contractors or Landscape Contractors Board License Number:												
Business Address:	Mailing Address (if different):													
Certification Status (check one) DBE ___ MBE ___ WBE ___ ESB ___  Certification Agency OMWESB ___ WBENC ___ NMSDC ___	Title:	How did you learn of this program?												
Identify all Owners/Officers or managing members with more than 20% ownership: <table border="0" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 35%;">NAME</th> <th style="text-align: center; width: 25%;">% OWNERSHIP</th> <th style="text-align: center; width: 40%;">TITLE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			NAME	% OWNERSHIP	TITLE	_____	_____	_____	_____	_____	_____	_____	_____	_____
NAME	% OWNERSHIP	TITLE												
_____	_____	_____												
_____	_____	_____												
_____	_____	_____												
Business Phone: _____  Fax Number: _____  Cell Phone: _____  e-Mail: _____  Website: _____	<b>For Office Use Only – Do Not Write Here</b>  Federal Tax I.D. _____  Signature _____ Date _____													

Business Registration date with Oregon or Washington _____  Secretary of State: _____  Number of full-time employees: _____  Number of part-time employees: _____ (Less than 30 hours/week)	Description of Services:  _____  _____  _____
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Business Organization:  Corporation _____  Limited Liability Company (LLC) _____	Sole Proprietorship _____  Partnership _____  Other (Specify) _____
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Name of Insurance Company _____  Agent _____ Phone Number _____  \$ _____ Amount                      Type of Coverage	Surety _____  Agent _____ Phone Number _____  \$ _____ \$ _____ Amount                      Aggregate
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Customer	Telephone	Contact Person	Type of Project	Contract Amount	Year	*
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

\* Indicate whether you were: (P) Prime Contractor; (JV) Joint Venture; (SUB) Subcontractor

Please provide the annual revenue for each of the last three fiscal years for this business entity, including its subsidiaries and affiliates:

Indicate Fiscal Year	Annual Gross Revenue
Year 1 _____	\$ _____
Year 2 _____	\$ _____
Year 3 _____	\$ _____

Check the categories where you need assistance:

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>___ Business and strategic planning</li> <li>___ Implementation and action plans</li> <li>___ System development</li> <li>___ Market analysis</li> <li>___ Operations' assessment</li> <li>___ Blueprint reading</li> <li>___ Reading &amp; interpreting plans &amp; specifications</li> <li>___ Scheduling &amp; purchasing</li> </ul> | <ul style="list-style-type: none"> <li>___ Builder's math</li> <li>___ Process for obtaining permits &amp; sub-contracts</li> <li>___ Preparing &amp; negotiating change orders</li> <li>___ Prompt payment procedures</li> <li>___ Documents &amp; contract management</li> <li>___ Troubleshooting &amp; delay avoidance</li> <li>___ Personnel management</li> <li>___ Project planning, scheduling, &amp; work-in-progress</li> <li>___ Accounting records preparation &amp; maintenance</li> <li>___ Develop &amp; monitor job costs including trade payment breakdowns</li> </ul> | <ul style="list-style-type: none"> <li>___ Finance management, including cash flow</li> <li>___ Cost accounting</li> <li>___ Bonding &amp; insurance</li> <li>___ Banking services and cash sources</li> <li>___ Payrolls (federal, state, fringe benefits; BOLI wage &amp; hour laws)</li> <li>___ Competitive marketplace overhead</li> <li>___ Analysis of fixed &amp; variable costs</li> <li>___ Post award bid assessment of successful &amp; unsuccessful proposals/bids</li> <li>___ Take-off's &amp; estimating</li> </ul> |
|--|---|---|

State why you want to participate in the Mentor/Protégé Program \_\_\_\_\_

\_\_\_\_\_

Are you available to attend mandatory monthly meetings with assigned mentors? \_\_\_\_\_

What is your perception of the purpose of the Protégé Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Protégé Applicant Business Goals:**

**VISION:** What is your vision for your business?

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**MISSION:** Why is your company in business and what do you sell?

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**MARKETING GOALS:** Ability to get the work

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**OPERATIONAL GOALS:** Ability to do the work

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FINANCIAL GOALS:** Ability to manage the money

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_