



Making Cancer History®

Protégé Application for Enrollment in Mentor-Protégé Program

Applicant Protégé Business Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____ Website: _____

Owner(s): _____

Have you (or your firm) been mentored before? Yes No

Are you willing to enter into a written agreement with a Mentor outlining the goals and objectives of your potential Mentor Protégé relationship through the MD Anderson's Mentor Protégé Program? - Yes - No

If your business concern has been in operation for three years or longer, please provide the annual gross receipts for the last three fiscal years for this business concern and its subsidiaries and affiliates:

| Fiscal Year | Annual Gross Revenue |
|-------------|----------------------|
| 20 __ | _____ |
| 20 __ | _____ |
| 20 __ | _____ |

Check the categories where you need assistance:

- | | |
|---|--|
| <input type="checkbox"/> Banking services | <input type="checkbox"/> Personnel management |
| <input type="checkbox"/> Bonding & insurance | <input type="checkbox"/> Preparing & negotiating change orders |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Project planning & scheduling |
| <input type="checkbox"/> Construction equipment & materials | <input type="checkbox"/> Prompt payment procedures |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Reading & interpreting plans & specifications |
| <input type="checkbox"/> Cost Accounting | <input type="checkbox"/> Records & contract management |
| <input type="checkbox"/> Action plans and implementation | <input type="checkbox"/> Scheduling & purchasing |
| <input type="checkbox"/> Job cost & work-in-progress | <input type="checkbox"/> Troubleshooting and avoidance delay |
| <input type="checkbox"/> Market analysis | <input type="checkbox"/> Account records preparation & maintenance |
| <input type="checkbox"/> Obtaining permits & subcontracts | |
| <input type="checkbox"/> Organization structure | |
| <input type="checkbox"/> Payroll (federal, state fringe benefits) | |
| <input type="checkbox"/> Finance. Please specify: _____ | |
| <input type="checkbox"/> Website development. Please specify: _____ | |
| <input type="checkbox"/> Other: _____ | |

Payee Identification Number: Provide the taxpayer identification number assigned to you for the purpose of filling your business' federal income tax return. Also, check ONE box, which identifies the type of number you are providing.

Taxpayer Identification Number _____

- Federal Employer's Identification # - Texas Taxpayer # - Social Security #
State your reasons for wanting to participate in the Mentor Protégé Program. Expand upon the category checklist in your statement, describing your goals.

Business starting date: _____

Number of full-time employees: _____ Number of part-time employees: _____

Principle Line of Business: _____

Legal structure of business:

Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Specify) _____

Please list major customers for the last two years (list most recent first). If your business is new, list previous business references.

| Customer | Telephone | Contact | Year | \$ Value |
|----------|-----------|---------|------|----------|
|----------|-----------|---------|------|----------|

Submission of this application enables your firm to be considered for MD Anderson's Mentor-Protégé program. It is not a guarantee of selection. Send via fax to 713-745-5814 or mail to:

**Marian Nimon, C.P.M.
UT MD Anderson Cancer Center – Unit 1680
P. O. Box 301407
Houston TX 77230-1407**

DO NOT WRITE BELOW THIS LINE

Date reviewed: _____ Reviewed by: _____

Comments:

Date reviewed: _____ Reviewed by: _____
Comments: