California Department of Transportation District 4
Application for Mentor-Protégé Program

(for Potential Mentor only) Application Date: _____

Business Name: _____

Address: _____

Phone: _____

Website _____

Contact Person: _____ **Phone Number:** _____

Title: _____

E-mail Address _____

List Non-Caltrans Professional References:

Name:	Firm Name:	Phone:	Prime	Sub	Client / Owner
			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

1. Check the top three goals your firm would like a potential protégé to gain or learn from participating in the program.

Accounting Procedures ☐	Advertising ☐	Business Development ☐	Contract Opportunities ☐
Certification (SBE/DBE/DVBE) ☐	Financing ☐	Proposal/Bid Submittal ☐	Labor Compliance ☐
Interview Process Coaching ☐	Networking ☐	Project Team Development ☐	Other (specify below) ☐

_____

_____

2. List three items that your firm brings to the relationship.

a. _____

b. _____

c. _____

3. Has your firm worked with any of the following agencies?

a. Caltrans Yes ☐ No ☐

b. Federal Agencies Yes ☐ No ☐

c. Local Agencies (including CMAs) Yes ☐ No ☐

d. Other governmental agencies Yes ☐ No ☐

4. How long has your firm been in business? _____ years

Date received: Received by: Approved: