



**ALL-SMALL MENTOR/PROTÉGÉ PROGRAM  
ANNUAL EVALUATION REPORT FOR PROTÉGÉS**

**Instructions:**

1. Please answer Questions 1-15 on the Annual Evaluation Report for Protégés.
2. Be sure to sign at the end of the report.
3. Send the Addendum for Mentors (the last five pages of this file) directly to your Mentor; ask your Mentor to complete the Addendum and return it to you.
4. Submit your report along with your Mentor’s Addendum to SBA. If you have not received your Mentor’s completed Addendum by the due date, please proceed with uploading your Report; do not let your Mentor delay your submission.
5. If you receive your Mentor’s Addendum after the due date, please submit your Mentor’s Addendum to SBA when you receive it.

Please read the following certification statements. The Federal government relies on the information in this report and any documents or supplemental information submitted to determine whether the business is eligible to continue to participate in the All Small Business Mentor-Protégé Program. The definition of the terms used in this certification are set forth in the Small Business Act, U.S. Small Business Administration (SBA) regulations (13 CFR Part 124.520 and 125.9), and also any statutory and regulatory provision referenced in those authorities. In addition, please note that the SBA may request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Any action taken with respect to this certification does not affect the Government’s right to pursue criminal, civil or administrative remedies for incorrect or incomplete information given, even if correct information has been included in other materials submitted to SBA.

Today’s Date: \_\_\_\_\_

Date Initial Mentor/Protégé Agreement Approved by SBA: \_\_\_\_\_

Select your MPA Program Year:

Y1	Y2	Y3	Y4	Y5	Y6
1	2	3	4	5	6

Start Date of MPA Program Year: \_\_\_\_\_

End Date of MPA Program Year: \_\_\_\_\_

Role	Name	DUNS number
Protégé		
Mentor		

1. How did you learn about SBA’s All-Small Mentor-Protégé Program (ASMPP) (e.g., referred by USAID, DOD, or other federal agency; referred by an SBA District Office)?

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2. How did you find your Mentor? (e.g., introduced at an event sponsored by SBA; referred to each other by an SBA District Office; found each other independently)

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3. In the table below, please list all **mentoring services the Mentor provided your business** during the program year. For each service, please provide: the type of service; number of hours; date(s) the service was received; who received the services (and their position in the Protégé’s company); and a brief description of the service.

Type of service – select one of the following: Management/Technical, Financial, Contracting, Trade Education, Business Development, General and/or Administrative	Number of hours	Date	Name of recipient and position in the company	Brief description of service

4. List all **new business skills, knowledge, or opportunities** your business received from the Mentor/Protégé relationship during the program year, and the success such assistance had in addressing your business developmental needs.

Describe skill, knowledge, or opportunity	Describe success in addressing business development needs

5. List all **process improvements** your company made during the program year. For each process improvement, please provide: a brief description of the improvement and the quantified benefits of the improvement. *If the Protégé did not make process improvements, write “N/A.” If benefits cannot be estimated, write “Unable to estimate.”*

Brief description of process improvement (include the change that was made, and the type of benefits the improvement generated – e.g., time savings, cost savings, etc.)	Quantifiable Benefits		
	Amount	Units (\$, hours, pounds, tons, etc.)	Actual or estimated?

6. Please indicate your **level of agreement** with the following statements, where:  
 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, and 5 = Strongly agree.

	1	2	3	4	5
a. The business skills, knowledge, and opportunities received from the Mentor/Protégé relationship benefited my company.	1	2	3	4	5
b. The business skills, knowledge, and opportunities received from the Mentor/ Protégé relationship will have lasting beneficial impacts on my company.	1	2	3	4	5
c. My involvement in SBA’s ASMPP has helped to strengthen my business.	1	2	3	4	5
d. Overall, I am satisfied with my experience in the ASMPP.	1	2	3	4	5
e. If provided the opportunity, I will continue to participate in the ASMPP.	1	2	3	4	5

7. List all **subcontracts awarded to the Protégé by the Mentor** during the program year. Please provide the subcontract number, federal solicitation number/contract number, brief description, dollar value, award date, percentage paid to the Protégé, and associated NAICS code.

Subcontract number	Federal solicitation number/contract number	Brief description of subcontract	Dollar value (\$)	Date of award	Percent of contract revenue accruing to Protégé	NAICS code

8. List all **loans, equity investments, or bonding capacity provided to the Protégé by the Mentor** during the program year. For each, please provide: the type of investment, the dollar value, date, and other applicable information.

Type (loan, equity investment, bonding capacity)	Dollar value (\$)	Date of investment	Terms of the loan (including interest rate and duration) [if applicable]	Mentor's equity stake (%) [if applicable]	Bonding capacity amount [if applicable]

9. List all **joint venture (JV) agreements** developed during the program year. Please indicate the JV name, date the JV agreement was signed, the SBA approval date (if an 8(a) JV), all parties to the agreement, and the DUNS Number.

JV Name	Date signed	SBA approval date (if 8(a) JV)	All parties to the JV agreement	DUNS number

10. List all **offers** submitted as a **Mentor-Protégé team** during the program year. For each offer, please list: the business opportunity, date submitted, the agency and agency's location, type of competition, approach, NAICS code, and result.

Brief description of business opportunity	Date submitted	Agency and Agency's location	Type of competition (8a, SDB, HUBZone, WOSB, SDVOSB, SB set-aside full, open)	Approach (JV, sub with Protégé as prime, or sub with Mentor as prime)	NAICS Code	Result (win, loss, or pending)

11. List all **federal contracts awarded** to the **Mentor/Protégé team** as a joint venture or prime-subcontractor arrangement during the program year. For each contract, please provide the information requested in the table. *If a contract was linked to one of the offers listed above, please note that in the “Contract number” column.*

Contract number	Dollar value of contract (\$)	Date of award	Agency and Agency’s location	Location of work	Type of competition (8a, SDB, HUBZone, WOSB, SDVOSB, SB set-aside full, open)	Approach (JV, sub with Protégé as prime, or sub with Mentor as prime)	NAICS code	Percent of work performed on the contract by each party		Percent of contract revenue accruing to each party	
								Mentor	Protégé	Mentor	Protégé

12. List all offers submitted **by the Protégé (independent of the Mentor-Protégé relationship)** during the program year. For each offer, please list: business opportunity, date submitted, the agency and location, type of competition, whether this was the first time the Protégé firm submitted an offer on this type of opportunity, NAICS code, and result.

Brief description of business opportunity	Date submitted	Agency and Agency's location	Type of competition (8a, SDB, HUBZone, WOSB, SDVOSB, SB set-aside full, open)	New type of opportunity for Protégé? (yes or no)	NAICS code	Result (win, loss, or pending)

13. Please list the Protégé firm’s annual revenue the year before joining the ASMPP, and the Protégé’s revenue for the current program year. In addition, please indicate whether the change in revenue (if any) is due to participating in the ASMPP.

Protégé firm’s revenue the year before joining ASMPP	Protégé firm’s revenue for the current program year	If a change in revenue occurred, was it due to participation in the ASMPP? (Yes/No) <i>If Yes, please explain.</i>

14. Please list the number of FTEs employed by the Protégé firm the year before joining the ASMPP, and the number of FTEs employed in the current program year. In addition, please indicate whether the change in FTEs (if any) is due to participating in the ASMPP.

*Note: 1 FTE (full time equivalent) = an employee who works 2,080 hours per year. Two part-time employees who each work 1,040 hours per year = 1 FTE.*

Protégé firm’s FTEs the year before joining ASMPP	Protégé firm’s FTEs for the current program year	If a change in FTEs occurred, was it due to participation in the ASMPP? (Yes/No) <i>If Yes, please explain.</i>

15. Were there any changes in the terms of the Mentor/Protégé-Agreement during this program year?

Yes	No

If yes, please explain:

All required documents verifying eligibility for the All Small Mentor-Protégé Program (All Small MPP) have been attached to this report. I understand if any changes are made after I submit this report, I must notify the All Small Mentor Protégé Program Office at [allsmallmpp@sba.gov](mailto:allsmallmpp@sba.gov) and submit additional documentation if needed.

All statements and information provided in this report and any documents submitted are true, accurate and complete. If assistance was obtained in completing this report and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining continuing eligibility for participation in the All Small Mentor Protégé Program.

I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law and other purposes.

I understand that I may not misrepresent my status as a small business to: 1) obtain a contract under the Small Business Act; or 2) obtain any benefit under a provision of Federal law that references the All Small MPP for a definition of program eligibility.

Warning: By submitting this report, you are certifying that you are representing on your own behalf that the information provided in this application, and any document or supplemental information submitted, is true and correct as of the date set forth opposite your signature. Any intentional or negligent misrepresentation of the information contained in this certification may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines of up to \$500,000 and imprisonment of up to 10 years, or both, as set forth in 15 U.S.C. 645 and 18 U.S.C. 1001, as well as any other applicable criminal laws; 2) treble damages and civil penalties under the False Claims Act; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act; 4) suspension and/or debarment from all Federal procurement and non-procurement transactions; and 5) program termination.

By submitting this certification I, \_\_\_\_\_ am an officer or owner of \_\_\_\_\_ authorized to represent it and sign this certification on its behalf.

Protégé:

\_\_\_\_\_  
Signature of President, Partner, or Proprietor

\_\_\_\_\_  
Date