



# U.S. Department of Homeland Security Mentor-Protégé Program Application and Agreement

Under the Mentor-Protégé Program<sup>1</sup> the U.S. Department of Homeland Security (DHS), Office of Small and Disadvantaged Business Utilization (OSDBU), requires a signed Mentor-Protégé Program (MPP) application and agreement (Application) for each proposed mentor-protégé relationship. Please send applications to [dhsmpp@hq.dhs.gov](mailto:dhsmpp@hq.dhs.gov). The approved application and a signed approval letter from the DHS OSDBU Director will constitute an official DHS Mentor-Protégé Agreement.

## Section I

**Mentor Firm Information.** Please provide the following:

Name of Firm \_\_\_\_\_

Unique Entity ID Number \_\_\_\_\_

Name of Point of Contact (POC)<sup>2</sup> \_\_\_\_\_

Position Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Firm Website \_\_\_\_\_

## **Protégé Firm/Historically Black College or University (HBCU)/Minority Institution (MI) Information**

Please provide the following:

Name of Firm/HBCU/MI \_\_\_\_\_

Unique Entity ID Number \_\_\_\_\_

Name of Point of Contact (POC)<sup>3</sup> \_\_\_\_\_

Position Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Protégé Website \_\_\_\_\_

1 Authority for the DHS Mentor-Protégé Program is at 6 U.S.C. § 475a.

2 The Mentor POC must be a company representative authorized to enter into this agreement.

3 The Protégé POC must be a company/HBCU/MI representative authorized to enter into this agreement.



## Section II

**Protégé Eligibility.** Please acknowledge in the box below that the protégé is eligible pursuant to Federal Acquisition Regulation (FAR) 2.101 or 20 U.S.C. 1067(q)(a).

Check the box.

The term "protégé" means:

- 1) a small business concern that is
  - a) independently owned and operated, not dominant in its field (refer to FAR Subpart [19.001](#) and FAR Subpart [19.102](#), and
  - b) meets federal contracting size standards in its primary North American Industry Classification System (NAICS) code; or
- 2) is an HBCU or MI, which is an institution of higher education that is eligible to enter into a prime contract or subcontract with DHS and eligible to receive funds from the amounts made available under [20 U.S.C. 1067q](#).

**The protégé will represent its designated category by checking the box(es) below.**

The protégé represents that it:

is an HBCU.

The protégé represents that it:

is a MI.

An institution which meets the definition of [20 U.S.C. 1067q\(c\)](#) is eligible to be a protégé firm.

**Check the box(es) representative of the HBCU/MI protégé's category.**

- a part B institution (as defined in section 1061(2))
- a Hispanic-serving institution (as defined in section 1101a)
- a Tribal College or University (as defined in section 1059c)
- an Alaska Native-serving institution or a Native Hawaiian-serving institution (as defined in section 1059d(b))
- a Predominantly Black Institution (as defined in 1067q(c))
- an Asian American and Native American Pacific Islander-serving institution (as defined in 1067q(c))
- a Native American-serving nontribal institution (as defined in 1067q(c))

A small business concern which meets the definition in accordance with the FAR, [Subpart 2.1](#) based on its primary NAICS code, is eligible to be a protégé firm (refer to the U.S. Small Business Administration (SBA) Regulations, 13 Code of Federal Regulations (CFR) Parts 121 and 124.1002).



The NAICS is necessary to determine/verify the size of each mentor-protégé participant.

The mentor's primary NAICS code for this MPP application and agreement is: \_\_\_\_\_

The protégé's primary NAICS code for this MPP application and agreement is: \_\_\_\_\_

**Check the box(es) representative of the small business concern protégé's category.**

The protégé represents that it:

- is a small business concern.

The protégé represents that it:

- is a small disadvantaged business concern.

The protégé represents that it:

- is not a small disadvantaged business concern.

If the protégé applicant is a small disadvantaged business, identify which of the following categories represents ownership.

- African American,
- Hispanic American,
- Native American,
- Asian Pacific,
- Subcontinent Asian, or
- An individual concern other than one of the preceding.
- Specify any other individual concern: \_\_\_\_\_
- Choose not to respond.

The protégé represents that it:

- is an SBA-certified 8(a) firm.
- is not an SBA-certified 8(a) firm.

The protégé represents that it:

- is an SBA-certified Historically Underutilized Business Zone (HUBZone) small business concern listed, on the date of the representation, on the List of Qualified HUBZone small business concerns maintained by the SBA.
- is not an SBA-certified HUBZone small business concern listed, on the date of the representation, on the List of Qualified HUBZone small business concerns maintained by the SBA.

The protégé represents that it:

- is an SBA certified women-owned small business concern.
- is an SBA certified economically disadvantaged women-owned small business concern.
- Is not an SBA certified women-owned small business concern.
- Is not an SBA certified economically disadvantaged women-owned small business concern.



The protégé represents that it:

- is an SBA-certified veteran-owned small business concern.
- is not an SBA-certified veteran-owned small business concern.

The protégé represents that it:

- is an SBA-certified service-disabled veteran-owned small business concern.
- is not an SBA-certified service-disabled veteran-owned small business concern.

### Section III

**Developmental Assistance Program.** Check the boxes below that best identify the mentor-protégé team's developmental assistance plan.

HBCU/MI competitive assistance related to:

- Education
- 21st century infrastructure
- Academic research enterprise
- Research and development
- Cybersecurity
- Information technology
- Other. Please explain type of assistance in box below or in an addendum.

Management guidance relating to:

- Financial management
- Organizational management
- Overall business management/planning
- Business development
- Technical assistance
- Rent-free use of facilities and/or equipment
- Property
- Temporary assignment of personnel to the protégé firm for the purpose of training
- Loans
- Other. Please explain type of assistance.

Specify in the box below or in an addendum the type(s) of developmental assistance and describe the mutually agreed-upon developmental plan for this mentor-protégé agreement.

**Provide up to 250 words below (or attach an addendum) to describe developmental assistance.**



### Section IV

**Milestones.** The legislation at [6 U.S.C. § 475a: Mentor-Protégé Program](#) requires that the reporting milestones correspond to the elements identified in Section III (developmental assistance section).

Provide a basic timeline in the box below or attach an addendum.

### Section V

These reports below must be submitted to [dhsmp@hq.dhs.gov](mailto:dhsmp@hq.dhs.gov) and are subject to review by the Committee on Homeland Security and Governmental Affairs and Committee on Small Business and Entrepreneurship of the Senate, the Committee on Homeland Security, and the Committee on Small Business of the House of Representatives under Subtitle H of title VIII of the Homeland Security Act of 2002 (6 U.S.C. 451 et seq). The format for required reports is posted on the [website](#).

- Check the box if you have read, accept, and understand the terms in this section.**  
The reports below are described in the Mentor-Protégé Guide.

Participation in the DHS MPP requires the submission of the reports below. Failure to submit the reports may cause termination of the MPP agreement and/or future participation as a mentor or protégé.

| Report                            | Submit     | Due Date  |
|-----------------------------------|------------|---|
| Congressional Requirements Report | Joint      | August 1 <sup>st</sup> (annually)                                     |
| Mid-Progress Report               | Joint      | 18 <sup>th</sup> Month from the start of the MPP Agreement            |
| Final Lessons Learned Report      | Individual | 36 <sup>th</sup> Month from the start of the MPP Agreement            |
| 2 Year-Post-Protégé Report        | Individual | Annually for two consecutive years after the end of the MPP Agreement |

- Check the box if you read, accept, and understand the terms in this section.**



### Section VI

**Measurement.** Provide an evaluation criteria plan explaining the effectiveness of the relationship consistent with Section III. The evaluation criteria plan should explain how the protégé will meet or exceed their goals and may potentially increase contracting or subcontracting opportunities. Include qualitative or quantitative measurements to evaluate 1) the protégé’s developmental success; 2) the effectiveness of the mentor-protégé relationship; 3) the quality of the protégé’s technical capabilities; and 4) how the mentor's assistance will increase contracting, subcontracting, or grant opportunities for the protégé, where applicable. Provide your evaluation criteria plan in the box below.

- Check the box if you read, accept, and understand the terms in this section.

**NOTE:** If the box is not checked, the application will be denied with no further review.

Explain evaluation criteria and limit to 250 words or attach an addendum.

### Section VII

**Estimate of Cost.** In the box below or an addendum, provide an estimated total cost for developmental assistance that the mentor will provide to the protégé within its 36-month period. Developmental costs or any costs arising from this MPP are non-reimbursable from DHS. When applicable, the mentor must report the dollar value of the protégé’s developmental assistance under Block 6, Remarks, in the semi-annual Individual Subcontracting Report (ISR) in the Electronic Subcontracting Reporting System (eSRS). The mentor shall specify the DHS Contract number and the allocated dollars attributed for all small business subcontracting categories. If the mentor does not have ISR reporting, the mentor must report developmental assistance on the Summary Subcontracting Report (SSR).

- Check this box if the mentor understands and agrees to this section.

**NOTE:** If the box is not checked, the application will be denied with no further review.

### Section VIII

**Program Participation Term.** Check the box acknowledging that the DHS MPP has a 36-month period of performance in which the mentor will provide the developmental assistance to the protégé.

- The mentor read, accepted, and understands the terms of this section.

**NOTE:** If the box is not checked, the application will be denied with no further review.



### Section IX

**Potential Subcontracts.** Provide in the box below (or in an addendum) the anticipated dollar value and briefly describe the types of subcontracts that may be awarded to the protégé in the next 36 months. It must be consistent with the extent and nature of the protégé’s primary NAICS code(s).

### Section X

**Mentor-Protégé Program Agreement Changes.** Acknowledge that the mentor and protégé shall notify DHS at [dhsmpp@hq.dhs.gov](mailto:dhsmpp@hq.dhs.gov) if there is a change in the protégé’s status (e.g., change of leadership or socio-economic status, or representation in Section II of this form), or a change in either firm’s MPP POCs.

Check the box.

### Section XI

**Mentor Termination Procedures.** Acknowledge that the procedures for the mentor firm to notify the protégé firm in writing at least 30 days in advance of the mentor firm’s intent to voluntarily withdraw its participation in the Program.

Check the box as the mentor.

**Protégé Termination Procedures.** Acknowledge the protégé firm shall notify the mentor firm in writing at least 30 days in advance of the protégé firm’s intent to voluntarily terminate the mentor-protégé agreement.

Check the box as the protégé.

Other Termination. Acknowledge:

- 1) Either party’s intent to voluntarily withdraw from the program
- 2) Either party’s intent to change the content of the MPP Agreement

The mentor shall (1) notify the DHS MPP Manager and the appropriate Contracting Officer(s) in writing, at least 30 days in advance of the following actions. The party who initiates the voluntary agreement termination must (2) submit a “lessons learned” evaluation to the DHS MPP Team resulting from the decision.

Check the box.



Section XII

**Terms and Conditions.** If the mentor and protégé have agreed to additional terms and conditions, complete the Terms and Conditions Addendum. These additional terms and conditions must not conflict with the DHS MPP. Please attach to the application and submit all addendums with the MPP application to the DHS MPP email at [dhsmpp@hq.dhs.gov](mailto:dhsmpp@hq.dhs.gov) for review.

Are you attaching an addition Terms and Conditions [Addendum](#)?

Check  Yes or  No

Section XIII

**Statement of Intent and Agreement.** Acknowledge intent and agreement to comply with the obligations set forth in the U.S. Department of Homeland Security Acquisition Regulation ([HSAR Deviation](#)) Section 3052.219-71, which is included on proposed solicitations, and all other clauses and provisions governing the program. Also acknowledge that DHS will be permitted to make available to the public the contact information included in the "Mentor Information" and "Protégé Information" sections of the application.

- Check the box if both parties (mentor-protégé) agree to this section.  
**NOTE:** If the box is not checked, the application will be denied with no further review.

**Signed Application/Agreement.** Mentor and Protégé must sign and date (electronic signatures are acceptable) the application/agreement. Titles of the individuals should also be included as shown below:

| Mentor                               | Protégé                               |
|--------------------------------------|---------------------------------------|
| _____<br>Printed Name of Mentor Firm | _____<br>Printed Name of Protégé Firm |
| _____<br>Printed Name of POC         | _____<br>Printed Name of POC          |
| _____<br>Signature                   | _____<br>Signature                    |
| _____<br>Title                       | _____<br>Title                        |
| _____<br>Date                        | _____<br>Date                         |





Approval:

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OSDBU Executive Director

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Signature and Date