



Application: Candidates Interested in Mentor Protégé Program with IEC

Small businesses interested in participating in the Mentor Protégé Program must:

- Be eligible for receipt of government contracts.
- Have been in business for at least two years prior to applying for enrollment in the program.
- Be able to certify as a small business according to the standard industrial code for the service or supplies to be provided.
- Not have an existing DOE Mentor Protégé Program agreement in place.

Notes to the applicant:

1. If you have not already, please register in the SAM database.
2. Because all three of our teaming partners provide staff aug services, we will not be choosing proteges who only provide staff aug services.
3. There will be NO commitment for purchase orders or subcontracts.

If you meet the above requirements, please complete and return the following information:

Company Info:			
Supplier/Company Legal Name:			
City:	State:	County:	Zip Code (9 digit):
Contact:		Phone:	Email Address:
Title:		Website:	
UEI:		Cage:	D&B:
Supplier Provides: <input type="checkbox"/> Goods <input type="checkbox"/> Services		Primary NAICS Code:	
Types of Goods or Services Offered (additional information may be attached if needed):			
Supplier is:			
<input type="checkbox"/> Individual		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Nonprofit Corporation
<input type="checkbox"/> Partnership		<input type="checkbox"/> Foreign Citizen	<input type="checkbox"/> State or Local Government Agency
<input type="checkbox"/> U.S. Government Agency		<input type="checkbox"/> Corporation Incorporated in the State of:	
Number of Years in Business:	_____ Years _____ Months		

Small Business Status:

Supplier's Socio-Economic Information:	The Supplier represents it <input type="checkbox"/> IS <input type="checkbox"/> IS NOT a small business. FAR 52.219-1 (OCT 2014)
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Complete the following only if the Supplier represents itself as a small business:

The Supplier IS IS NOT a woman-owned small business.

The Supplier IS IS NOT a veteran-owned small business.

The Supplier IS IS NOT a service-disabled veteran-owned small business.

The Supplier IS IS NOT an SBA certified HUBZone small business.

The Supplier IS IS NOT an SBA certified HUBZone joint venture that complies with the requirements of 13 CFR Part 126.

The Supplier IS IS NOT a small, disadvantaged business as defined in 13 CFR 124.1002.

Complete only if the Supplier represents itself as a small, disadvantaged business:

<input type="checkbox"/> Black American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American
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<input type="checkbox"/> Subcontinent Asian American	<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Other minority firm
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Certified 8(a) contractor

In what areas do you feel that IEC can help you in your business?

What are your goals for participating in this program?

Provide three industry references:

#1	Company Name	
	Contact Name and Position	
	Phone	
	Email	
	Brief Description of Relationship	

#2	Company Name	
	Contact Name and Position	
	Phone	
	Email	
	Brief Description of Relationship	

#3	Company Name	
	Contact Name and Position	
	Phone	
	Email	
	Brief Description of Relationship	

Please sign and submit the completed form to: IECsmallbusiness@icp.doe.gov

Signature:	
Name (printed or typed):	
Title:	
Date:	