



## ***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:

<b>Company Info:</b>			
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):			
<b>Supplier is:</b>			
<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 ☐ IS ☐ IS NOT a small business.

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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:

☐ Black American☐ Hispanic American☐ Native American☐ Subcontinent Asian American☐ Asian Pacific American☐ Other minority firm

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

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

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What are your goals for participating in this program?

[illegible]

**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](mailto:IECsmallbusiness@icp.doe.gov)**

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