

EXHIBIT "A"

COMP Program - Protégé Pre-Assessment Form

A. Protégé Business Information

Firm name: _____
Firm CEO: _____ MPA Coordinator: _____
Firm's address: _____
Street _____
City _____ State _____ Zip code _____
Phone: _____ Fax (optional): _____
Email: _____ Website: _____
Industry/Trade of business: _____
Number of years in business: _____ Number of full-time employees: _____
Status of Business Certification (Check all that apply): ☐ DBE ☐ SBE ☐ DVBE
☐ Other: _____
Has this firm been awarded any past Metro contracts or subcontracts? ☐ Yes ☐ No
If yes, which contract/s & year: _____
Is the firm currently in an active Mentor-Protégé Agreement on another Metro contract? ☐ Yes ☐ No
If yes, which contract/s: _____
Scope of work in subcontract: _____

B. Protégé Needs Assessment

Check which categories assistance is needed:

☐ Business Plan	☐ Cost Accounting
☐ Strategic Action Plan	☐ Prompt Payment Procedures
☐ Market Research	☐ Bonding & Insurance
☐ Marketing Plan	☐ Obtaining Permits/Subcontracts
☐ Marketing Materials	☐ Scheduling & Purchasing
☐ Website Development	☐ Project Planning & Scheduling
☐ Organizational Development	☐ Construction Equipment and Materials
☐ Operations Assessment	☐ Pre-award & Bid Assessment
☐ Office computer software	☐ Blueprint Reading
☐ Technical computer software	☐ Job Cost & Work in Progress
☐ Banking Services	☐ Preparing Job Orders & Changes
☐ Payroll Administration	☐ Information Systems Consulting
☐ Personnel Management	☐ Records & Contract Management
☐ Prevailing Wage Requirements	☐ Technical Work Related to contract
☐ Metro/ Industry Relationship Building	☐ Bidding and working as Prime Contractor
☐ Prevailing Wage Requirements	☐ Metro's B2GNow Reporting System
☐ Metro's LCP Tracker (Payroll Reporting)	☐ Other: _____
☐ Other: _____	☐ Other: _____

Does this firm have a business plan? ☐ Yes ☐ No (if yes, please provide a copy to the mentor)

C. Name Additional Protégé Personnel Participating in Mentor-Protégé Activities

1. Name: _____	Title: _____
2. Name: _____	Title: _____

D. Outline – Contractor Outreach & Mentorship Plan (COMP)

Mentors after your pre-assessment of the protégé please complete the below outline, which will be used as a guide for discussions with your protégé. This will also help guide the Mentor-Protégé relationship in the creation of the final detailed COMP which will be reviewed and approved by Metro prior to the execution of Mentor Protégé Agreement.

Objective 1: _____

Barriers: _____

Benchmark 1: _____

Benchmark 2: _____

Objective 2: _____

Barriers: _____

Benchmark 1: _____

Benchmark 2: _____

Objective 3: _____

Barriers: _____

Benchmark 1: _____

Benchmark 2: _____

*Final COMP may include more than 3 objectives

Creative strategies and innovative non-traditional mentorship approaches to address the needs of the protégé firm	Mentorship		Responsible Party	Objective Addressed
	Start Date	End Date		
1.				
2.				
3.				