

EXHIBIT "B"

COMP Program - Protégé Post-Assessment Form

Complete at the conclusion of the Mentor Protégé Agreement (MPA)

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: _____
Status of Business Certification (Check all that apply): ☐ DBE ☐ SBE ☐ DVBE
☐ Other: _____
Scope of work in subcontract: _____

B. Mentor Information

Firm name: _____
Firm CEO: _____ MPA Coordinator: _____
Firm's address: _____
Street

City State Zip code
Phone: _____ Fax (optional): _____
Email: _____ Website: _____

C. Protégé Needs Assessment

Check which categories the mentorship addressed during the COMP period:

- | | |
|--|--|
| ☐ 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: _____ |

Did this firm have a business plan at the beginning of the mentorship? ☐ Yes ☐ No
If Yes, were any changes made because of the mentorship? ☐ Yes ☐ No (please attach)
If No, was a business plan created during the mentorship period? ☐ Yes ☐ No (please attach)

E. Post Assessment Results - Contractor Outreach & Mentorship Plan (COMP)

Mentors, after you have completed the COMP please evaluate completion of each objective from the Pre-assessment. Please include supplemental attachment if additional space is needed for responses.

Objective 1 Completed: ☐ Yes ☐ No _____

Barriers: _____

Benchmark 1: _____

Benchmark 2: _____

Objective 2 Completed: ☐ Yes ☐ No _____

Barriers: _____

Benchmark 1: _____

Benchmark 2: _____

Objective 3 Completed: ☐ Yes ☐ No _____

Barriers: _____

Benchmark 1: _____

Benchmark 2: _____

Summary of strategies and innovative non-traditional mentorship approaches used during COMP.	Mentorship		Objective Addressed & Completed
	Start Date	End Date	
1.			
2.			
3.			

Mentor Signature

Date

Protégé Signature

Date

Print Name

Print Name