

**MINORITY AND WOMEN BUSINESS ENTERPRISE (MWBE) PARTICIPATION PLAN  
MINORITY AND WOMEN BUSINESS ENTERPRISE (MWBE) PARTICIPATION PLAN**

**RESPONDENT:** \_\_\_\_\_

**SOLICITATION NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Only Prime Respondents, including Prime Respondents who are Minority Business Enterprise (MBE) firms and Women Business Enterprise (WBE) firms, must complete and submit this MWBE Participation Plan with their responses to be deemed responsive to the MWBE Section of this solicitation. Failure to complete all portions of this form may negatively impact a Respondent’s evaluation including, but not limited to, a determination of nonresponsive to the MWBE Section of this solicitation.

For MWBE participation in Leon County Government, City of Tallahassee, and Blueprint Intergovernmental Agency projects, certified MBE and WBE firms are certified by the Office of Economic Vitality Minority, Women, and Small Business Enterprise (MWSBE) Division. MBE and WBE firms that have their primary business location in Leon, Gadsden, Wakulla, or Jefferson County and that are certified by the Florida Department of Management Services Office of Supplier Development also qualify for MWBE participation.

To remain responsive, Respondents must commit to utilizing certified MBE and/or WBE firms to fulfill the project specific goal(s). The project specific goal(s) for this solicitation are specified in the solicitation. Respondents that do not commit to meeting or exceeding the project specific goals must complete the Good Faith Effort Documentation Form to remain responsive, even if they commit to meeting a portion of the project specific goal(s).

**All necessary MWBE information should be included on the MWBE Forms.**

**SECTION 1 – MWBE Commitment**

Complete the following table by inserting an “X” to select the line that indicates the level of MWBE commitment that the Respondent will utilize for this project.

<b>MWBE Commitment</b>		
<b>Commitment</b>	<b>Score</b>	<b>Response</b>
	<b>10 points</b>	The Respondent commits to the following: (1) utilizing certified MWBE firms, (2) meeting the project specific goals for MBE and/or WBE utilization, and (3) agreeing to monitor. Respondent has identified the certified MBE and/or WBE firm(s) that it intends to use in Section 2 below.
	<b>5 points</b>	The Respondent commits to the following: (1) utilizing certified MWBE firms, (2) meeting a portion of the project specific goals for MBE and/or WBE utilization, and (3) agreeing to monitor. Respondent has identified the certified MBE and/or WBE firm(s) that it intends to use in Section 2 below. Good Faith Effort Documentation Form demonstrates why Respondent does not commit to meeting the project specific goal. The Good Faith Effort Documentation Form is necessary for responsiveness.
	<b>2 Additional Points**</b>	The Respondent demonstrates Joint Venture, Partnership, and Association; Mentor-Protégé; or Apprenticeship, Externship, or Internship in Section 3 below.
<b>**These points are in addition to the MWBE scores listed above</b>		

# MINORITY AND WOMEN BUSINESS ENTERPRISE (MWBE) PARTICIPATION PLAN

## SECTION 2 – Respondent and Team Summary

Complete the following Table. Identify Respondent’s firm/company and ALL subcontractors and/or subconsultants that Respondent may utilize for this project, including all certified MBE and/or WBE firms that may be used to fulfill the MWBE Commitment in Section 1. Use additional pages if needed.

Firm Name (Prime and Subcontract or(s) or Subconsultant(s))	Vendor Phone & Email	Scope of Work (e.g. Asphalt, Sodding)	Estimated Percentage of Services	Indicate the Category that Best Describes Each Firm Listed																
				Non-MWBE		Certified MWBE					Non-Certified MWBE									
				Non-Minority	Certified Small Business	African American	Asian American	Hispanic American	Native American	Non-Minority Female	African American	Asian American	Hispanic American	Native American	Non-Minority Female					
<b>TOTAL</b>																				

# MINORITY AND WOMEN BUSINESS ENTERPRISE (MWBE) PARTICIPATION PLAN

## SECTION 3 – Mentor-Protégé; Joint Venture, Partnership, and Association, and Apprenticeship, Externship, or Internship

- Respondent is participating in a Mentor-Protégé relationship in accordance with the [MWSBE Policy](#) with one or more firms identified in the Respondent and Team Summary Form. A Mentor-Protégé Development Plan is attached to this form.
- Respondent is participating in a Joint Venture, Partnership, or Association in accordance with the [MWSBE Policy](#) with one of the firms identified in the Respondent and Team Summary Form. A Joint Venture, Partnership, and Association Affidavit is attached to this form.
- Respondent or one or more of the firms identified in the Respondent and Team Summary Form are participating in an Apprenticeship, Externship, or Internship Program in accordance with the [MWSBE Policy](#). An Apprenticeship, Externship, or Internship Affidavit is attached to this form.

Respondent will include documentation to support all participation identified above as an attachment to this Form. Necessary forms are included in this solicitation.

### ACKNOWLEDGEMENT

I hereby certify, as Respondent to this Solicitation, that the information provided herein is true and correct. I affirm that I have authority to bind Respondent to contractual agreements.

Respondent has communicated with the subcontractors and subconsultants identified herein, and those subcontractors and subconsultants understand that Respondent may utilize them on this project, if awarded. Respondent agrees that bad faith or dishonesty in the information provided on this MWBE Participation Plan Form is a violation of [MWSBE Policy](#) Section VIII.G. If awarded, Respondent agrees to utilize the firms identified herein, to endeavor to pay those firms the amounts identified herein to meet the project specific goals for this solicitation, to monitor the work of the firms, to provide subcontractor or subconsultant payment information to the MWSBE Division, and to abide by the [MWSBE Policy](#).

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**GOOD FAITH EFFORT DOCUMENTATION FORM**

**RESPONDENT:** \_\_\_\_\_

**SOLICITATION NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

When Respondent will not commit to meeting the project specific goals identified in the solicitation, Respondent must complete this Good Faith Documentation Effort Form. Failure to do so may result in the response being deemed non-responsive and rendering Respondent ineligible for award.

The list of acceptable Good Faith Effort documentation complies with the [Minority, Women, and Small Business Enterprise Policy](#) adopted by the Blueprint Intergovernmental Agency, City of Tallahassee, and Leon County Government. Respondent can demonstrate Good Faith Effort to secure MBE and WBE participation by completing this Form and providing documentation of the activities on the list.

Documentation of each of the following activities is necessary to receive credit for the Good Faith Effort Activity. **A minimum of five (5) activities with documentation are necessary to establish Good Faith Effort.** Failure to provide documentation of all activities completed by Respondent at the time of submission may result in Respondent being deemed non-responsive to the solicitation.

Please check the appropriate boxes that apply to your good faith activities and provide acceptable documentation as an attachment to this Form. Documentation should be marked with the attachment number identified in the Good Faith Effort Activity Chart on page 2. To document Good Faith Effort Activities 4, 6, 7, 8, 9, and 10, please complete the Good Faith Effort Spreadsheet, available as part of this solicitation, and include the Sound Business Reason Form in Attachment 3 to this form. Please provide documentation supporting the information in the Good Faith Effort Spreadsheet as exhibits to the Good Faith Effort Spreadsheet. If you are unsure what documentation is acceptable to support your Good Faith Effort Activity, descriptions of acceptable documentation are available at the end of this form.

## GOOD FAITH EFFORT DOCUMENTATION FORM

Y/N	GOOD FAITH EFFORT ACTIVITY	ATTACHMENT NUMBER	EXPLAIN
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Attendance at a pre-bid or pre-proposal meeting.	NONE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Copies of written correspondence sent to the MWSBE Division no later than fifteen (15) business days before the solicitation response deadline seeking help in identifying firms available to meet the project specific goals.	1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Copies of advertisements placed by the respondent in the local newspaper and minority publications in the Market Area announcing the project and seeking MBE or WBE participation.	2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Copies of written correspondence sent to a certified MBE or WBE firm.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Documentation that the respondent selected economically feasible portions of work to be performed by MBE and/or WBE firms, including, where appropriate, breaking down contracts or combining elements of work into economically feasible units.	4	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Documentation that the respondent negotiated in good faith with interested MBE and/or WBE firms and did not reject any interested MBE and/or WBE firms without sound business reasons.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Documentation that the respondent reviewed all quotations received from MBE and/or WBE firms, and for those quotations not accepted, an explanation of why the MBE and/or WBE will not be used during the course of the contract.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Documentation detailing respondent's effort to contact MBE and/or WBE firms who provide the services needed for the solicitation and indicating that the respondent provided ample time for potential MBE and/or WBE firms to respond, including a chart outlining the methods of contact and schedule or time frame in which respondent conducted its good faith effort.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Documentation that the respondent offered to provide interested MBE and/or WBE firms with assistance in reviewing the solicitation plans and specifications at no charge to the MBE and/or WBE firms.	3	
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Documentation of follow-up telephone calls with potential MBE and/or WBE firms encouraging their participation.	3	

## GOOD FAITH EFFORT DOCUMENTATION FORM

### ACKNOWLEDGEMENT

I hereby certify that, as Respondent to this Solicitation, that the information provided herein is true and correct. I aver that I have authority to bind Respondent to contractual agreements.

Respondent certifies that Respondent completed Good Faith Effort activities to identify MBE and/or WBE firms that Respondent may utilize to participate in the project advertised in this solicitation. Respondent has communicated with the subcontractors and subconsultants identified herein. Nevertheless, Respondent was unable to commit to meeting or exceeding the project specific goal identified for MBE and/or WBE participation in this solicitation. Where Respondent contacted MBE and/or WBE firms, those firms were unavailable, unable, or otherwise unacceptable for sound business reasons to participate. Respondent has included documentation of all Good Faith Effort activities in attachments 1 through 5 to this Form. Respondent further avers that all information submitted in this Form and associated documentation is true, correct, and, in the case of documented correspondence, has not been altered from its original form.

Respondent agrees that bad faith or dishonesty in the information provided on this Good Faith Effort Form is a violation of [MWSBE Policy](#) Section VIII.G. If awarded, Respondent agrees to continue to negotiate with the firms identified herein and to endeavor to meet the project specific goals for this solicitation, to monitor the work of its subcontractor or subconsultant firms, to provide subcontractor or subconsultant payment information to the MWSBE Division, and to abide by the [MWSBE Policy](#).

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**GOOD FAITH EFFORT DOCUMENTATION FORM  
ATTACHMENT 3 SOUND BUSINESS REASON FORM**

**RESPONDENT:** \_\_\_\_\_

**SOLICITATION NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

Complete the Good Faith Effort Spreadsheet. Include as exhibits to the spreadsheet documentation supporting the information in the Good Faith Effort Spreadsheet. This Sound Business Reason Form and the Good Faith Effort Spreadsheet correspond to Good Faith Effort Activities 4, 6, 7, 8, 9, and 10, and should be included as Attachment 3 to the Good Faith Effort Documentation Form.

The MBE and/or WBE Firms contacted and identified in the Good Faith Effort Spreadsheet are not suitable to perform the work for the following sound business reasons. Price alone does not constitute a sound business reason unless the respondent can demonstrate that no reasonable price can be obtained from an MBE and/or WBE firm. This information is necessary to demonstrate Good Faith Effort Activity 6.

**GOOD FAITH EFFORT DOCUMENTATION FORM  
ATTACHMENT 3 GOOD FAITH EFFORT SPREADSHEET**

Complete the Good Faith Effort Spreadsheet. Include as exhibits to the spreadsheet documentation supporting the information in the Good Faith Effort Spreadsheet. This Form and the Good Faith Effort Spreadsheet correspond to Good Faith Effort Activities 4, 6, 7, 8, 9, and 10. Good Faith Effort Spreadsheets longer than 1 page are acceptable.

Good Faith Effort Activity #	Subcontract or Name	Email Address	Telephone Number	Scope of Work	Contact Person	Classification (MBE/WBE)	Type of Contact, Date, Comments	Other Comments or Explanations	Exhibit
4, 8, 10	Painting Contractors, Inc.	<a href="mailto:painters@paint.com">painters@paint.com</a>	111-222-3333	Painting	Mr. Painter	<input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE	Emailed ITB on 3-15-19 Emailed meeting information 3-19-19 Called on 3/20/19 at 2:30 p.m.; left message	<b>***If contact made, but not listed on Respondent and Team Summary Form, provide explanation as to why on Attachment 3 Sound Business Reason Form***</b>	1
4, 8, 10	Landscaping 4U	<a href="mailto:yards@landscaping4u.com">yards@landscaping4u.com</a>	123-345-6789	Landscaping/Sod	Susie Sunflower	<input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE	Emailed ITB on 3-15-19 Emailed meeting information 3-19-19 Called on 3/20/19 at 2:30 p.m.; left message Emailed reminder about bid 4/1/19 Called on 4/3/19; not interested at this time	During phone call on 4/3/19 vendor indicated that they were busy and could not work on this project during the timeframe.	2
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			



**GOOD FAITH EFFORT DOCUMENTATION FORM  
ATTACHMENT 3 GOOD FAITH EFFORT SPREADSHEET TEMPLATE**

Good Faith Effort Activity #	Subcontract or Name	Email Address	Telephone Number	Scope of Work	Contact Person	Classification (MBE/WBE)	Type of Contact, Date, Comments	Other Comments or Explanations	Exhibit
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE			

## ACCEPTABLE GOOD FAITH EFFORT DOCUMENTATION

1. Attendance at a pre-bid or pre-proposal meeting.
  - Verified by MWSBE Division based on the signature of firm representative on the meeting sign in sheet.
2. Copies of written correspondence sent to the MWSBE Division no later than fifteen (15) business days before the solicitation response deadline seeking help in identifying firms available to meet the project specific goals.
  - Respondent should include documentation of correspondence with the MWSBE Division as **Attachment 1** to the Good Faith Effort Form. Any of the following documents are acceptable documentation.
    - i. Physical mail with postmark sent to the correct MWSBE Division address.
    - ii. Electronic mail sent to the correct MWSBE Division address.
3. Copies of advertisements placed by the Respondent in the local newspaper and minority publications in the Market Area announcing the project and seeking MBE or WBE participation.
  - Respondent should include documentation of advertisement as **Attachment 2** to the Good Faith Effort Form. Any of the following documents are acceptable documentation.
    - i. Email from publication confirming purchase of the advertisement, including the date of publication.
    - ii. Advertisement as printed in the publication, including the date of publication.
    - iii. Notarized Proof of Publication.
4. Copies of written correspondence sent to a certified MBE or WBE firm. The correspondence should include: 1) the specific work the contractor intends to subcontract; 2) that interest in participation by the MWBE firm on the contract is being solicited; and 3) how to obtain information for the review and inspection of contract plans and specifications.
  - Respondent should provide documentation of correspondence with MBE or WBE firms in **Attachment 3** to the Good Faith Effort Form.
5. Documentation that the respondent selected economically feasible portions of work to be performed by MBE and/or WBE firms, including, where appropriate, breaking down contracts or combining elements of work into economically feasible units. (The ability of the Respondent to perform the work with its own work force will not in itself excuse a contractor from making positive efforts to meet contract goals).
  - Respondent should include documentation of selecting economically feasible portions of the work as **Attachment 4** to the Good Faith Effort Form. Any of the following documents are acceptable documentation.
    - i. Cost estimates, including a selection of portions of the work to be performed by MBE and/or WBE firms.
    - ii. Analysis generated by a project or cost estimator.
6. Documentation that the respondent negotiated in good faith with interested MBE and/or WBE firms and did not reject any interested MBE and/or WBE firms without sound business reasons. Price alone does not constitute a sound business reason unless the respondent can demonstrate that no reasonable price can be obtained from an MBE and/or WBE firm.
  - Respondent should provide documentation of good faith negotiation with MBE or WBE firms in **Attachment 3** to this Form.
7. Documentation that the respondent reviewed all quotations received from MBE and/or WBE firms, and for those quotations not accepted, an explanation of why the MBE and/or WBE will not be used during the course of the contract. (Receipt of a lower quotation from a non-MWBE firm will not in itself excuse a contractor's failure to meet contract goals).
  - Respondent should provide documentation that it reviewed all quotations received from MBE and/or WBE firms in **Attachment 3** to the Good Faith Effort Form.
8. Documentation detailing respondent's effort to contact MBE and/or WBE firms who provide the services needed for the solicitation and indicating that the respondent provided ample time for potential MBE and/or WBE firms to respond, including a chart outlining the methods of contact and schedule or time frame in which respondent conducted its good faith effort.
  - Respondent should provide documentation of effort to contact MBE and/or WBE firms with ample time to respond in **Attachment 3** to the Good Faith Effort Form.
9. Documentation that the respondent offered to provide interested MBE and/or WBE firms with assistance in reviewing the solicitation plans and specifications at no charge to the MBE and/or WBE firms.
  - Respondent should provide documentation that it offered to provide MBE and/or WBE firms with assistance in reviewing the solicitation at no charge in **Attachment 3** to the Good Faith Effort Form.
10. Documentation of follow-up telephone calls with potential MBE and/or WBE firms encouraging their participation.
  - Respondent should provide documentation of follow up calls with potential MBE and/or WBE firms in **Attachment 3** to the Good Faith Effort Form.

# MENTOR-PROTÉGÉ DEVELOPMENT PLAN

**MENTOR:** \_\_\_\_\_

**PROTÉGÉ:** \_\_\_\_\_

**MENTOR-PROTÉGÉ RELATIONSHIP YEAR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This Mentor-Protégé Development Plan will serve as a guiding document for the Mentor-Protégé relationship. The Mentor and Protégé should fill this form jointly with the purpose of identifying the assistance and education that the Mentor will provide the Protégé over the course of the relationship. This form should be completed annually and submitted to the MWSBE Division to document progress towards meeting the goals identified in previous years and identify future goals. The Mentor and Protégé are also responsible for submitting to the MWSBE Division a Mentor-Protégé Agreement formalizing the relationship between them.

PROTÉGÉ BACKGROUND AND EXPERIENCE

## PROTÉGÉ NUMBER AND TYPES OF PERSONNEL

NUMBER	TYPE OF PERSONNEL

**PROTÉGÉ AMOUNT OF CAPITAL:** \$ \_\_\_\_\_

## PROTÉGÉ NUMBERS, VALUES, AND TYPES OF EQUIPMENT

NUMBER	VALUE	TYPE OF EQUIPMENT

# MENTOR-PROTÉGÉ DEVELOPMENT PLAN

## NUMBER AND TYPES OF PROJECTS TO PURSUE

NUMBER	TYPE OF PROJECT

### MENTOR-PROTÉGÉ MANAGEMENT AND TECHNICAL ASSISTANCE PLAN

This assistance may concern internal business processes and management systems.

### MENTOR-PROTÉGÉ FINANCIAL ASSISTANCE PLAN

This assistance may include equity investments, loans, or bonding.

### MENTOR-PROTÉGÉ CONTRACTING PLAN

This assistance may include navigating the contracting process, understanding obligations as a local government contractor, and developing capacity to compete for local government projects.

## MENTOR-PROTÉGÉ DEVELOPMENT PLAN

### MENTOR-PROTÉGÉ BUSINESS DEVELOPMENT PLAN

This assistance may include strategic planning, identifying new markets, and identifying new contracting opportunities.

### MENTOR-PROTÉGÉ PROGRESS

This field should be filled annually following the first year of the Mentor-Protégé relationship. Each of the goals identified in previous Mentor-Protégé Development Plans and Protégé accomplishments should be addressed in this field.

### MENTOR-PROTÉGÉ AGREEMENT

The Mentor and Protégé will submit a Mentor-Protégé Agreement formalizing the relationship between them as an attachment to this Mentor-Protégé Development Plan. A Form Mentor-Protégé Agreement is included with this Development Plan for reference.

## MENTOR-PROTÉGÉ DEVELOPMENT PLAN

### ACKNOWLEDGEMENT

We hereby certify, as the Mentor and Protégé firms identified herein, that the information provided herein, including all attachments, is true and correct. We affirm that we have authority to bind Mentor and/or Protégé to contractual agreements. We as Mentor and Protégé agree to submit an updated Mentor Protégé Development Plan form annually. Mentor and Protégé agree that bad faith or dishonesty in the information provided on this Mentor Protégé Development Plan Form is a violation of [MWSBE Policy](#) Section VIII.G. Mentor agrees to provide education and support to the Protégé identified herein, to monitor the work of the Protégé, to provide subcontractor or subconsultant payment information to the MWSBE Division, and to abide by the [MWSBE Policy](#).

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

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Protégé Firm

\_\_\_\_\_  
Title of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

THE FOREGOING affidavit was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_ who are known to me to be the persons described in the foregoing Affidavit or who have produced \_\_\_\_\_ as identification.

Affix Seal

(Type/print or stamp name under signature)  
Title or rank (Serial No., if any)

# FORM MENTOR-PROTÉGÉ AGREEMENT

## Mentor-Protégé Agreement Between

**[ABC (Proposed Protégé)]**

**And**

**[XYZ (Proposed Mentor)]**

This Mentor-Protégé Agreement (“Agreement”) is between **[ABC (Proposed Protégé)]**, a \_\_\_\_\_ [insert type of entity] authorized to conduct business in the State of Florida with its principal place of business at [Address], and **[XYZ (Proposed Mentor)]**, a \_\_\_\_\_ [insert type of entity] authorized to conduct business in the State of Florida with its principal place of business at [Address] (collectively referred to as the “Parties”).

WHEREAS, **[ABC (Proposed Protégé)]** is a small business under primary North American Industry Classification System (NAICS) code [Provide your primary NAICS code. If you are seeking a mentor- protégé relationship in a secondary NAICS code, add a sentence explaining why and describing any work performed and your experience in that code.] **[ABC (Proposed Protégé)]** specializes in providing [Provide a brief description of the proposed Protégé’s technical capabilities. If you are seeking a mentor-protégé relationship in a secondary NAICS code, add a description of your capabilities in performing work in your secondary code.].

WHEREAS, **[XYZ (Proposed Mentor)]** is a [Provide the Proposed Mentor’s business structure (e.g. corporation, limited liability company, etc.)] with a history of providing [Provide a brief description of the Mentor’s technical capabilities and contracting history, especially with the City of Tallahassee, Leon County Government, and Blueprint Intergovernmental Agency].

WHEREAS, the Parties wish to formalize a mentor-protégé relationship between **[ABC (proposed Protégé)]** and **[XYZ (proposed Mentor)]** under Mentor/Protégé Program established pursuant to the Minority, Women, and Small Business Enterprise (MWSBE) Policy adopted by the City of Tallahassee, Leon County Government, and Blueprint Intergovernmental Agency; and

WHEREAS, the Parties agree that establishing a mentor-protégé relationship will enhance the capabilities of the Protégé, assist the Protégé in meeting the goals established in its business plan, and improve the Protégé’s ability to successfully compete for contracts;

WHEREAS, the Mentor is qualified to provide the material benefits, developmental gains, and agreed- upon assistance within the context of the Mentor-Protégé Program;

THEREFORE, consistent with the Parties’ goals and the requirements of the Mentor-Protégé Program, the Parties agree to the following:

1. The protégé is seeking the following assistance from the Mentor [Identify the type(s) of assistance the Protégé is seeking from the Mentor. There are six categories to choose from, and you may select any or all that apply to your situation.
  - a. Management and Technical Assistance -This type of assistance might include help with internal business processes and management systems.
  - b. Financial Assistance - This type of assistance might take the form of equity

## FORM MENTOR-PROTÉGÉ AGREEMENT

- investments, loans or bonding.
- c. Contracting - This type of assistance might include navigating the contracting process, understanding your obligations as a government contractor, or developing your capability to compete for government contracts.
- d. Business Development - This type of assistance might include help with strategic planning, identifying potential new markets for your business, or finding new contracting and partnership opportunities.

For each of the assessed needs addressed in the paragraph above, the Protégé must describe in detail: **WHAT** specifically will the mentor do to meet your need, **WHEN** (detailed timelines or number of hours in annual increments) the assistance will be provided, and **HOW** you will measure whether each of your needs have been successfully met, in accordance with your Mentor-Protégé Development Plan.

2. Mentor agrees to assist the Protégé to fully develop the assessed needs described in Paragraph 1 above pursuant to the MWSBE Policy.
3. Preparation of Mentor-Protégé Reports. The Mentor shall use its reasonable and best efforts to assist the Protégé in preparation of the annual mentor/protégé report required by the SBA pursuant to the MWSBE Policy and shall provide all required documentation.
4. Terms of the Agreement. Approved All Small Mentor-Protégé Agreements are considered active for a period of three (3) years and may be extended an additional two (2) years or until rescinded in writing.
5. Mentor's Failure to Provide Mutually Agreed-Upon Assistance. Pursuant to the MWSBE Policy, should the Mentor breach this Mentor-Protégé Agreement to provide mutually agreed-upon assistance to the Protégé, the Mentor understands that, after affording the Mentor an opportunity to respond to allegations of noncompliance, MWSBE Division may take one or more of the following actions:
  - a. MWSBE Division may find the Mentor ineligible to participate in the Mentor-Protégé Program for two (2) years;
  - b. MWSBE Division may recommend that City of Tallahassee Procurement Services Division or Leon County Purchasing Division suspend or debar the Mentor.
6. Termination Clause. This Agreement may be terminated as follows:
  - a. Voluntary Termination by the Mentor. The Mentor may voluntarily terminate this Agreement if the Mentor no longer wishes to participate in the Mentor- Protégé Program as a Mentor. The Mentor shall notify the Protégé and the SBA in writing at least 30 days prior to the termination date.
  - b. Voluntary Termination by the Protégé. The Protégé may voluntarily terminate this Agreement if the Protégé no longer wishes to participate in the Mentor- Protégé Program as a Protégé. The Protégé shall notify the Mentor and the SBA in writing at least 30 days prior to the termination date.
  - c. Other Termination Conditions. Termination of the Agreement does not impact



## FORM MENTOR-PROTÉGÉ AGREEMENT

contractual agreements undertaken during the active stages of the Mentor- Protégé relationship. Therefore, contractual obligations must be satisfied in accordance with terms and conditions set forth in the contract.

7. Effect of Termination. Termination of this Agreement shall not impair the obligations of the Mentor to perform its contractual obligations pursuant to government prime contracts being performed with the Protégé. Likewise, termination of this Agreement shall not impair the obligations of the Protégé to perform its contractual obligations under any current contract or subcontracts between the Mentor and Protégé.
8. Modifications. All changes to this agreement must be in writing, signed by the parties, and with advance notice to the MWSBE Division.
9. Notices. The following individuals shall serve as the single points of contact for administration and implementation of the Agreement and as such are authorized to receive all notices under this Agreement.

ABC Business (Protégé)

Name/Title  
16789 Beta Block Lane,  
Drive Suite 550  
Chantilly, VA 20151  
Telephone  
Fax  
Email

XYZ (Mentor)

Name/Title  
12345 Alpha Brooks  
Suite 211  
New Orleans, LA 70816  
Telephone  
Fax  
Email

MWSBE Division

MWSBE Division  
315 S. Calhoun Street, Suite 110  
Tallahassee, FL 32301  
Telephone: (850) 219-1080  
Email: lraffington@oevforbusiness.org

10. Status of the Parties. This Agreement, in and of itself, does not constitute, create or give effect to or otherwise establish a joint venture agreement, partnership, or any other business or organization. Unless provided by the terms of another agreement consistent with the governing regulations, the Parties are and shall remain independent contractors.
11. Integrated Document. This Agreement supersedes any and all previous understandings, commitments, or agreements, oral or written, pertaining to the All Small SBA Mentor-Protégé Agreement.
12. Other Provisions not Previously Discussed in the Agreement. Certify the responses to the statements in (a) through (n) (if applicable, submit copies of relevant agreements, supplementary explanations, income statements or contracts as Exhibits to this Agreement):
  - a. Protégé and Mentor do ( ) agree the assistance to be provided through the agreement will help the protégé firm advance its goals as defined in its business plan.

## FORM MENTOR-PROTÉGÉ AGREEMENT

- b. Protégé does ( ) does not ( ) have another MWSBE Division approved Mentor-Protégé Agreement.
- c. Mentor does ( ) does not ( ) have another SBA approved Mentor-Protégé Agreement.
- d. Mentor is ( ) is not ( ) participating in any other formal Mentor-Protégé Programs governed by other agencies.
- e. Mentor or one of Mentor's owners does ( ) does not ( ) own any of the Protégé's equity or have the right to own any of the Protégé's equity, including stock options or convertible securities.
- f. Mentor and Protégé do ( ) do not ( ) have an agreement in principle to merge or sell stock to the other.
- g. Protégé ( ) has ( ) has not purchased assets from Mentor including but not limited to facilities or equipment.
- h. An officer, director, managing member, partner, principal stockholder or employee of the Protégé does ( ) does not ( ) hold a position with the Mentor and has ( ) has not ( ) previously held a position with the Mentor as an officer, director, managing member, partner, principal stockholder or employee of the protégé.
- i. An owner or manager of the Protégé is ( ) is not ( ) a family member of an owner or manager of the Mentor. (Family members are limited to married couples, parties to a civil union, parents, children, and siblings.)
- j. An owner or manager of the Protégé and owner or manager of the Mentor firm do ( ) do not ( ) have multiple investments in common.
- k. Over the previous three fiscal years, the Protégé has ( ) has not ( ) derived 70% or more of its receipts from the Mentor.
- l. The Protégé does ( ) does not ( ) have a franchise or license agreement with the mentor.
- m. The Mentor and Protégé have ( ) have not ( ) formed a joint venture that has received multiple contract awards more than two years apart or received more than three contract awards.
- n. Mentor has ( ) does not have ( ) good character and a favorable financial position.

## FORM MENTOR-PROTÉGÉ AGREEMENT

Subject to the approval of the MWSBE Director, this Agreement is entered into and effective as of the date of such approval. The Agreement is officially signed and executed by officials duly authorized to bind the named corporations this [day]\_\_\_\_\_ day of \_ [year]\_\_\_\_\_, 20XX.

\_\_\_\_\_  
Signatory, **ABC** (Protégé)  
Signatory Information

Date \_\_\_\_\_

\_\_\_\_\_  
Signatory, **XYZ** (Mentor)  
Signatory Information

Date \_\_\_\_\_

SAMPLE

**JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT**

**JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT**

**JOINT VENTURE, PARTNERSHIP, OR ASSOCIATION NAME:** \_\_\_\_\_

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This affidavit should be accompanied by documentation demonstrating the current Certification of all MBE and WBE firms involved. All information requested in this Affidavit is required. If additional space is needed, additional sheets may be attached.

**I. NON MWBE OR LARGER MBE/WBE FIRM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE:** \_\_\_\_\_

**II. SMALLER MBE/WBE FIRM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE:** \_\_\_\_\_

**III. ROLE OF THE SMALLER MBE/WBE FIRM**

Please describe the role of the smaller MBE/WBE firm in the joint venture, partnership, or association. If additional space is needed, additional sheets may be attached.

**IV. JOINT VENTURE, PARTNERSHIP, OR ASSOCIATION AGREEMENT.** In order to demonstrate the MBE and/or WBE firm's share in the ownership, control, management responsibilities, risks and profits of the Joint Venture, Partnership, or Association, the proposed joint venture agreement must include specific details related to: (1) the contributions of capital and equipment; (2) work items to be performed by the MBE/WBE firm's own forces; (3) work items to be performed under the supervision of the MBE/WBE firm; and (4) the commitment of management, supervisory and operative personnel employed by the MBE/WBE to be dedicated to the performance of the project.

**V. OWNERSHIP OF THE JOINT VENTURE, PARTNERSHIP, OR ASSOCIATION.**

**A. PERCENTAGES OF OWNERSHIP**

**SMALLER MBE/WBE FIRM:** \_\_\_\_\_  
**NON MWBE OR LARGER MBE/WBE FIRM:** \_\_\_\_\_

**JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT**

**B. PERCENTAGES OF OTHER BUSINESS NEEDS**

1. **PROFIT AND LOSS SHARING:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **TOTAL CAPITAL CONTRIBUTIONS:** \_\_\_\_\_  
\_\_\_\_\_

i. **INITIAL CONTRIBUTIONS:** \_\_\_\_\_

ii. **CONTINUING CONTRIBUTIONS:** \_\_\_\_\_  
\_\_\_\_\_

**3. EQUIPMENT CONTRIBUTIONS**

<b>FIRM</b>	<b>NUMBER</b>	<b>VALUE</b>	<b>EQUIPMENT TYPE</b>

4. **OWNERSHIP INTERESTS.** Please describe all ownership interests, including ownership options or other agreements that restrict or limit ownership and/or control: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **ALL WRITTEN AGREEMENTS.** Please include copies of all written agreements between the firms completing this affidavit when submitting this affidavit to the MWSBE Division.

6. **ALL CITY, COUNTY, AND BLUEPRINT CONTRACTS.** Please identify all contracts with the City of Tallahassee, Leon County Government, and Blueprint Intergovernmental Agency involving the firms completing this affidavit.

<b>FIRM</b>	<b>ENTITY</b>	<b>PROJECT</b>

**JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT**

VI. **AUTHORIZED AGENTS.** Please identify by name and firm all individuals who are responsible for and have authority to engage in the following management functions for the Joint Venture, Partnership, or Association.

A. **SIGN CHECKS**

FIRM	SIGNATORY	CONTACT INFORMATION

B. **SIGN CONTRACTS**

FIRM	SIGNATORY	CONTACT INFORMATION

C. **SIGN, CO-SIGN, AND/OR COLLATERALIZE LOANS**

FIRM	SIGNATORY	CONTACT INFORMATION

D. **ACQUIRE LINES OF CREDIT**

FIRM	SIGNATORY	CONTACT INFORMATION

E. **ACQUIRE PAYMENT AND PERFORMANCE BONDS**

FIRM	SIGNATORY	CONTACT INFORMATION

F. **MANAGE CONTRACT PERFORMANCE**

EXPERTISE	FIRM	SIGNATORY
Field Operations		
Purchasing		
Estimating		
Engineering		

VII. **FINANCIAL CONTROLS.** Please identify by name and firm all individuals who are responsible for the following financial functions for the Joint Venture, Partnership, or Association.

**JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT**

**A. ACCOUNTING**

FIRM	ACCOUNTANT	CONTACT INFORMATION

**B. MANAGING PARTNER**

FIRM	SIGNATORY	CONTACT	COMPENSATION

**C. INSURANCE AND BONDING.** What authority does each firm completing this affidavit have to commit or obligate the other to insurance and bonding companies, financial institutions, suppliers, subs, and/or other performance of any work undertaken by the Joint Venture, Partnership, or Association?

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**VIII. PERSONNEL.** State the approximate number of personnel by type needed to perform the work of Joint Venture, Partnership, or Association. Indicate which firm or whether the Joint Venture, Partnership, or Association employs each type of personnel listed below. If any personnel will be employees of the Joint Venture, Partnership, or Association, identify the firm and individual responsible for their hire.

FIRM/JV/P/A	NUMBER	PERSONNEL TYPE	HIRING/PAY RESPONSIBILITY

**IX. ADDITIONAL INFORMATION.** Please state any material facts of additional information pertinent to the control and structure of this Joint Venture, Partnership, or Association.

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**JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT**

The undersigned affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operations of our Joint Venture, Partnership, or Association and the intended participation of each firm in the undertaking. Further, the undersigned covenant and agree to provide to the MWSBE Division with current, complete, and accurate information regarding actual Joint Venture, Partnership, or Association work and the payment therefore, and any proposed changes in any provision of the Joint Venture, Partnership, or Association Agreement, and to permit the audit and examination of the books, records, and files of the Joint Venture, Partnership, or Association, or those of each firm relevant to the Joint Venture, Partnership, or Association by authorized representatives of the City, County, or MWSBE Division.

Any material misrepresentation will be grounds for terminating any contract which may be awarded to the Joint Venture, Partnership, or Association and for disbarment from competition for future award.

**NOTE:** If, after filing this Affidavit and before the completion on the Joint Venture, Partnership, or Association work on the project, there is any change in the information submitted, the Joint Venture, Partnership, or Association must inform the MWSBE Division, either directly or through the prime contractor or consultant if the joint venture is a subcontractor or subconsultant.

\_\_\_\_\_  
Smaller MBE/WBE Firm

\_\_\_\_\_  
Non-MWBE or Larger MBE/WBE Firm

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Name and Title of Affiant

\_\_\_\_\_  
Name and Title of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

**THE FOREGOING** affidavit was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_ who are known to me to be the persons described in the foregoing Affidavit or who have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Affix Seal (Type/print or stamp name under signature)  
Title or rank (Serial No., if any) \_\_\_\_\_



**APPRENTICESHIP, EXTERNSHIP, OR INTERNSHIP AFFIDAVIT**

**APPRENTICESHIP, EXTERNSHIP, OR INTERNSHIP AFFIDAVIT**

**RESPONDENT:** \_\_\_\_\_

**SOLICITATION NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

Respondent is seeking award under the solicitation identified above. Respondent avers that the following statement is true (check one):

- Respondent or its subcontractors or subconsultants participate or will participate in an apprenticeship program that is registered with the Florida Department of Education or the United States Department of Labor; or
- Respondent or its subcontractors or subconsultants participate or will participate in an externship or internship program offered by an educational institution or workforce development intermediary; or
- Respondent avers that at the time the Respondent executes a construction contract, Respondent or its subcontractors or subconsultants will be participating in an apprenticeship program that is approved by the Florida Department of Education or the United States Department of Labor.

**PROGRAM:** \_\_\_\_\_

**SPONSORING AGENCY, EDUCATIONAL INSTITUTION, OR WORKFORCE DEVELOPMENT INTERMEDIARY (may include but is not limited to Lively Technical College, Tallahassee State College, and City of Tallahassee’s Tempo Program):** \_\_\_\_\_

**Respondent is responsible for attaching to this Affidavit evidence of relationship or correspondence with the program identified above.**

Respondent avers that it will not require a subcontractor or subconsultant that is an MBE or WBE firm to participate in the program identified above if the compensation Respondent is contractually obligated to pay the firm for labor costs is under \$1,000,000.

Respondent further avers that, if awarded, Respondent will prepare and submit, on a quarterly basis for the duration of the contract, accurate and timely records identifying the name, address, trade classification, whether the worker is an apprenticeship, externship, or internship , the labor hours of all workers used by the prime and each subcontractor or

**APPRENTICESHIP, EXTERNSHIP, OR INTERNSHIP AFFIDAVIT**

subconsultant on the construction project, and the cumulative number of hours worked on the project to date by apprentices.

Respondent further affirms that, if the apprentice, extern, or intern is participating in an apprenticeship, externship, or internship program offered by a qualified workforce development intermediary or educational institution, quarterly documentation must include documentation required by the workforce development intermediary or educational institution. If subcontractors or subconsultants are participating, Respondent will require that each of its subcontractors or subconsultants prepare and maintain, for submittal by Respondent to the MWSBE Division, accurate and timely records identifying the name, address, trade classification, and labor hours for apprentices, externs, and interns used by the subcontractors or subconsultants on the project.

If Respondent’s subcontractors or subconsultants will participate in the program identified above, please list the subcontractor or subconsultant firm and agent responsible for providing Respondent with supporting documentation. If additional space is needed, additional sheets may be attached.

<b>FIRM</b>	<b>AGENT</b>	<b>TITLE</b>	<b>CONTACT INFORMATION</b>

Respondent understands that failure to comply with the requirements of the MWSBE Policy may subject the Respondent to all remedies available to the City, County, or Blueprint at law, including but not limited to debarment or suspension of Respondent from consideration for the award of future contracts.

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK  
SIGNATURE PAGE FOLLOWS**

**APPRENTICESHIP, EXTERNSHIP, OR INTERNSHIP AFFIDAVIT**

The undersigned affirm that the foregoing statements are correct. Further, the undersigned covenant and agree to provide to the MWSBE Division with current, complete, and accurate information regarding participation in the Apprenticeship, Externship, or Internship program identified herein as required throughout the project.

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Subcontractor or Subconsultant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Name and Title of Affiant

\_\_\_\_\_  
Name and Title of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subcontractor or Subconsultant

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Name and Title of Affiant

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF

THE FOREGOING affidavit was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_ who are known to me to be the persons described in the foregoing Affidavit or who have produced \_\_\_\_\_ as identification.

Affix Seal

(Type/print or stamp name under signature)  
Title or rank (Serial No., if any)