



2024 Mentor Quarterly Progress Report

Date: _____

MENTOR COMPANY NAME: _____

PROTÉGÉ COMPANY NAME: _____

Address: _____

Address: _____

Phone#: _____

Phone#: _____

Please complete this report and submit it to our office either in person, fax, email, or U.S. mail.

City of Gainesville - Office of Equity & Inclusion

Small Business Procurement Program

Physical Address: 222 E. University Ave. (Old Library Building-Floor 2)

Gainesville, FL. 32602

Mailing Address: P.O. Box 490- Station 52

Gainesville, FL. 32627-0490

Email: sbpp@cityofgainesville.org

Fax: (352) 334-2088

If you would like to discuss any portion of the report prior to our quarterly follow-up meeting, contact our office for an appointment by calling (352) 334-5051.

1. List meeting location(s), dates, and areas of training covered during this quarter.

2. List the quarterly goals for the protégé and whether or not they were met.

3. What are the goals for the protégé for the upcoming quarter?

4. List any areas of progression as a result of the training you've provided to the protégé.

5. How would you rate the following on a scale from 1 to 10?

| | |
|-------|---|
| _____ | Your Level of Assistance |
| _____ | Mentee's Level of Commitment |
| _____ | Office of Equity & Inclusion's Assistance |

Utilize space below for comments.

6. Were there any partnerships, contractor, and/or subcontractor opportunities extended to the protégé as a result of the mentorship?

7. Please describe your experience with this program in terms of meeting your overall expectations.

8. Please list any areas of concern and/or feedback regarding the training sessions.

Contact Printed Name: _____

Signature: _____

Title: _____

Date: _____