



2024 Protégé Quarterly Progress Report

Date: _____

PROTÉGÉ COMPANY NAME: _____ MENTOR 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 your quarterly goals and whether or not your goals were met.

3. What are your goals for the next quarter?

4. List any areas of progression as a result of the training you've received.

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

_____	Mentor's Level of Assistance
_____	Your Level of Commitment
_____	Office of Equity & Inclusion's Assistance

Utilize space below for comments.

6. Were there any partnerships, contractor, and/or subcontractor opportunities developed as a result of your 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: _____