



MENTOR APPLICATION - CONSTRUCTION



Date : _____

Name : _____ Title : _____

Company : _____

Address : _____

City: _____ State : _____ Zip Code: _____

Phone : _____ Fax : _____

E-Mail : _____

Years in Business : _____ Nature of Business/Trade : _____

Would you like to certify your business with the City of Gainesville? _____ Yes _____ No _____ Already Certified

Is your company currently certified as a Small Business with another certifying entity? If so, list certifying entity :

Interested in : ☐ Mentoring ☐ Teaming/Strategic Alliance

I would like to Mentor a: ☐ Start-up (0-2 yrs) ☐ Emerging (>2 - 6 yrs) ☐ Existing (>7 yrs)

AREAS OF INTEREST TO MENTOR

☐ Accounting	☐ Management	☐ Marketing
☐ Purchasing	☐ Hiring/Staffing/Human Resources	☐ Estimating
☐ Payroll	☐ Financial Management	☐ Technology
☐ Business Planning	☐ Plan Reading/Bidding	☐ Bonding/Insurance
☐ Construction Trades	☐ Other Area Not Identified : _____	

☐ Division 1: General Requirements	☐ Division 2: Sitework
☐ Division 3: Concrete	☐ Division 4: Masonry
☐ Division 5: Metal	☐ Division 6: Wood & Plastics
☐ Division 7: Thermal & Moisture Protection	☐ Division 8: Doors & Windows
☐ Division 9: Finishes	☐ Division 10: Specialties
☐ Division 11: Equipment	☐ Division 12: Furnishings
☐ Division 13: Special Construction	☐ Division 14: Conveying Systems
☐ Division 15: Mechanical	☐ Division 16: Electrical
☐ Division 17: Telecommunications	☐ Division 18: Audio Visual





ORGANIZATIONAL STRUCTURE

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation (LLC)

I agree to commit to the program for a 12-month period of time, as mutually agreed upon by the Small Business Procurement Program, the Protégé, and my company, in the provision of mentoring assistance being provided to the Protégé. I agree to hold harmless, the City of Gainesville, any of its employees, officers, agents, representatives or affiliates, with regard to this mentoring initiative.

Signature : _____

Date : _____

Printed Name : _____

Title : _____

