



Mentor Protégé Agreement Reporting Form

SPONSORING AGENCY/UNIVERSITY NAME: TEXAS A&M UNIVERSITY-CORPUS CHRISTI **AGENCY #:** 760

Submission Date: / /

Contact Name:

Contact Title:

Phone Number: () -

Fax Number: () -

E-mail Address:

Mailing Address:

City:

State: Texas

Zip: -

MENTOR INFORMATION

Vendor Identification Number:

Business Name:

Business Address:

City:

State:

Zip: -

Business Category Description - Check **ONE** that best identifies the services provided by the Mentor.

- | | |
|---|---|
| <input type="checkbox"/> (01) - Heavy Construction other than Building Construction | <input type="checkbox"/> (06) - Other Services including Legal Services |
| <input type="checkbox"/> (02) - Building Construction, including General Contractors and Operative Builders | <input type="checkbox"/> (07) - Commodities Wholesaler/Reseller |
| <input type="checkbox"/> (03) - Special Trade Construction | <input type="checkbox"/> (08) - Commodities Manufacturer |
| <input type="checkbox"/> (04) - Financial and Accounting Services | <input type="checkbox"/> (09) - Medical Services |
| <input type="checkbox"/> (05) - Architectural/Engineering and Surveying | |

Principal Line of Business:

PROTÉGÉ INFORMATION

Vendor Identification Number:

Business Name:

Business Address:

City:

State: Texas

Zip: -

Business Category Description - Check **ONE** box that best identifies the services provided by the Protégé.

- | | |
|---|---|
| <input type="checkbox"/> (01) - Heavy Construction other than Building Construction | <input type="checkbox"/> (06) - Other Services including Legal Services |
| <input type="checkbox"/> (02) - Building Construction, including General Contractors and Operative Builders | <input type="checkbox"/> (07) - Commodities Wholesaler/Reseller |
| <input type="checkbox"/> (03) - Special Trade Construction | <input type="checkbox"/> (08) - Commodities Manufacturer |
| <input type="checkbox"/> (04) - Financial and Accounting Services | <input type="checkbox"/> (09) - Medical Services |
| <input type="checkbox"/> (05) - Architectural/Engineering and Surveying | |

Principal Line of Business:

MENTOR PROTÉGÉ AGREEMENT INFORMATION

Effective Date: / /

Term of Agreement: years

Termination Date: / /

For State Agency Use Only

Please submit completed form via electronic mail to statewidehubprogram@cpa.state.tx.us