

**Mentor-Protégé Performance Report**

The Performance Reports must be submitted by mentors and protégés quarterly to document any progress made as a result of the agreements. Please return completed reports to the TPWD HUB Administration Office.

Name of Mentor:

Name of Protégé:

Contact Name:

Phone Number:

Performance Review Period:

1. Is the Mentor Protégé Agreement still in effect? ([ ]  ) Yes ([ ]  ) No

 If no, who terminated the agreement? ([ ]  ) Mentor ([ ]  ) Protégé ([ ]  ) Both

If the agreement is no longer in place, please describe the circumstances that led to the dissolution of the agreement.

1. How would you qualify the relationship that has developed with your (mentor or protégé) since the initial signing of the agreement?

([ ]  ) Professional ([ ]  ) Courteous ([ ]  ) Of some benefit ([ ]  ) Friendly

([ ]  ) Mutually Beneficial ([ ]  ) Not Beneficial ([ ]  ) One Sided ([ ]  ) Adversarial

([ ]  ) Other

Please explain:

1. How would you rate the (mentor or protégé) efforts in meeting your needs as outlined in the agreement?

([ ]  ) Excellent ([ ]  ) Fair ([ ]  ) Poor

Please explain:

1. Has your (mentor or protégé) complied with all the provisions of the agreement thus far?

([ ]  ) Yes ([ ]  ) No

Are there areas of assistance where your (mentor or protégé) has not been able to meet your needs (area indicated in the agreement that had been agreed upon)? Please explain:

1. Have you and your (mentor or protégé) pursued any contracting opportunities together since entering into this mentor protégé relationship?

([ ]  ) Yes ([ ]  ) No ([ ]  ) Not Applicable

If yes, please indicate in which of the following market areas this occurred (check all that apply)

([ ]  ) Federal Contracting ([ ]  ) State Contracting ([ ]  ) Municipal Contracting

([ ]  ) County Contracting ([ ]  ) Commercial Sector ([ ]  ) Other

Have any of these efforts resulted in awards to you?

([ ]  ) Yes ([ ]  ) No

If yes, describe the contracting relationship (check applicable description).

([ ]  ) As a partner ([ ]  ) As a Sub-contractor

([ ]  ) Other (describe)

Have you, individually, pursued any contracting opportunities with TPWD?

([ ]  ) Yes ([ ]  ) No

If yes, please provide contract/solicitation details:

Did your pursuit result in award?

([ ]  ) Yes ([ ]  ) No

If yes, please explain:

1. How would you rate the assistance provided to you by TPWD HUB Administration Office?

([ ]  ) Excellent ([ ]  ) Met my needs ([ ]  ) Poor ([ ]  ) Not Helpful

1. Have you been supported by other resources? (Other support groups, such as financial and bonding institutions, minority and women owned businesses, support service organizations, chambers of commerce, etc.)

([ ]  ) Yes ([ ]  ) No

1. How would you rate the assistance provided to you by other mentor/protégé resources?

([ ]  ) Excellent ([ ]  ) Met my needs ([ ]  ) Poor ([ ]  ) Not helpful

1. Please share any other observations, concerns and/or suggestions to improve the program and/or areas of program staff improvement.

Please return completed Performance Report to:

TPWD HUB Administration Office

4200 Smith School Rd

Austin, TX 78744

Fax: 512-389-4677

E-mail: hub@tpwd.texas.gov