



CITY OF NEW HAVEN

APPLICATION FOR ENROLLMENT IN MENTOR – PROTÉGÉ PROGRAM

Mailing Address:

Small Business Initiative
City of New Haven
165 Church Street
New Haven, CT. 06510
203- 946-6550

- 1). Complete Legal Name of Business: _____

- 2). Principal Place of Business
Street Address: _____

Town: _____ State: _____ Zip Code _____

- 3). Telephone _____ Fax Number _____

E-Mail: _____

- 4). Contact Person _____

- 5). Brief Description of services you provide: _____

- 6). Business Starting Date: _____

7). Number of full-time employees: _____

8). Legal Structure of Business: _____

Sole Proprietorship _____ Partnership _____ Corporation _____

Other(specify) _____

9). 2000 _____ \$ Annual Gross Revenue

2001 _____ \$ Annual Gross Revenue

10) State Why You Want To Participate In The Mentor Program -

Attach additional sheet if necessary.

11) List Business References: _____

12) Check The Categories Where You Need Assistance:

- Business Plan _____
- Implementation Plans _____
- Organizational structure
- Market analysis
- Operations Assessment__
- Blueprint Reading _____
- Reading Specifications__
- Scheduling & Purchasing _____
- Equipment and Materials _____
- Obtaining Permits and subcontracts _____
- Change orders, job budgets _____
- Records and contract management _____
- Bonding and insurance _____
- Project planning and scheduling _____
- Competitive marketplace overhead _____

Signature of Principal Owner

Printed Name

Printed Name

Date