



INSTRUCTIONS

1. Reporting requirement: The report is due for all active agreements.
2. Report all activity that occurred during the 12-month annual reporting period indicated below. Do not include any activity outside this reporting period (unless specified otherwise).
3. The report is due by August 1st regardless of the agreement's start date. Report will be emailed to dhsmp@hq.dhs.gov.
4. INITIAL REPORT: The first day of the initial report period is the date the agreement was approved.
5. After the initial report period, the data captured will be from July 1st-June 30th.

Is this your first annual congressional report?

Yes No

First Day of This Report Period:

If initial report, see instruction 4 above Date (MM/DD/YYYY)

If no, what year did you submit the last report?

Date (YYYY)

Last Day of This Report Period:

Annual report period ends June 30th Date (MM/DD/YYYY)

GENERAL INFORMATION

Mentor:

First Name

Last Name

Protégé:

First Name

Last Name

Protégé Type (Include SBA certification date for all applicable types):

SB:

(MM/DD/YYYY)

SDB:

(MM/DD/YYYY)

VOSB:

(MM/DD/YYYY)

HUBZONE:

(MM/DD/YYYY)

8(a):

(MM/DD/YYYY)

SDVOSB:

(MM/DD/YYYY)

WOSB:

(MM/DD/YYYY)

HBCU/MSI:

(MM/DD/YYYY)

Agreement Period of Performance:

Start Date:

(MM/DD/YYYY)

End Date:

(MM/DD/YYYY)

Mentor POC Information:

Mentor:

First Name

Last Name

Street Address 1:

Street Address 2:

City:

State:

ZIP:

Phone (###-###-####):

Website:

Email:

Protégé POC Information

Protégé:

First Name

Last Name

Street Address 1:

Street Address 2:

City:

State:

ZIP:

Phone (###-###-####):

Website:

Email:

DHS Contracting Officer (if applicable)

Contracting Officer:

First Name

Last Name

Street Address 1:

Street Address 2:

City:

State:

ZIP:

Phone (###-###-####):

Website:

Email:

DHS Contracting Officer Representative (if applicable)

Contracting Officer:

First Name

Last Name

Street Address 1:

Street Address 2:

City:

State:

ZIP:

Phone (###-###-####):

Website:

Email:

Estimated Costs of Developmental Assistance to Protégé

Developmental Tasks		Type of Developmental Task (Ex. training, security clearance, certification, etc.)	TASK BUDGETING				
			Total \$ Budgeted for This Task Ex. \$5000.00	Year 1 \$	Year 2 \$	Year 3 \$	Were subcontracting achievement dollars from the mentor-protégé agreement recorded in eSRS? Yes/No
1							
2							
3							
4							
5							
6							
7							
TOTALS \$							

Developmental Task Achievement (Ex. Briefly explain or identify the successful outcome)

1	
2	
3	
4	
5	
6	
7	

DHS Prime Contracts and Subcontracting Opportunities

(Lists the mentor's DHS contracts and the number of subcontracts the protégé holds under each DHS contract)

1	
2	
3	
4	
5	

Increase in the Protégé's Technical Capabilities (Certifications: e.g., ISO 9001:2000, AS9100 Rev.D, CMMI, etc.)

1	
2	
3	
4	

Increase in the Protégé's Quantity and Estimated Value of Prime Contracts and Subcontracts

(e.g. annual increase in the number of employees, annual revenue, and/or subcontracts at the end of the agreement)

Prime/Subcontracts:	
Number of Contracts	
Est. Value of Ea. DHS Contract	
Protégé's Annual Increase	
If None, Explain	

DHS Subcontract Awards by Mentor

The Mentor is required to populate developmental dollars in eSRS for subcontracts issued to the protégé under the mentor-protege agreement.

If clarification or assistance is needed in preparing this report, please email the DHS MPP Program Managers at dhsmp@hq.dhs.gov

Certification

By my signature below, I certify that the representations above are true and correct to the best of my knowledge.

Signature of Mentor

Signature of Protégé

Date (MM/DD/YYYY) Title

Date (MM/DD/YYYY) Title