



CONEXIÓN

HISPANIC BUSINESS COUNCIL



Hispanic Business Council
MENTOR-PROTEGE PROGRAM
APPLICATION

BACKGROUND

Founded in 1890 by Colonel Eli Lilly and a group of Indianapolis business leaders, the Indy Chamber is the voice of the central Indiana business community. Today, with a membership of nearly 3,000 businesses, the Indy Chamber is still a voice of progress and improvement, bringing together businesses for a thriving community. In 2005, the Indy Chamber formed within its structure the Hispanic Business Council (HBC) by merging with the former Indianapolis Hispanic Chamber of Commerce. This realignment maximizes the resources of both organizations and allows for more focus on the growing Hispanic business sector.

VISION

As part of this council's commitment to growing Hispanic business enterprises, the HBC has developed the Mentor-Protégé Program to encourage the development of Hispanic-owned businesses by pairing them with larger mentor firms. This program is guided by the council's mission statement, "To provide leadership for the successful creation, growth, development and retention of Hispanic businesses in the greater Indianapolis area."

PURPOSE

The Hispanic Business Council's Mentor-Protégé Program is designed to develop and grow two (2) to four (4) Hispanic-owned businesses each year for a two-year period.

The program also aims to motivate and encourage mentor and other firms to assist protégé businesses with business development, foster the establishment of long-term business relationships between protégé companies and majority corporations, and enhance the capability of the protégé participants to compete more successfully in the marketplace. The program encourages private-sector relationships and the development of good corporate citizenship, and expands the HBC's efforts to identify and respond to the developmental needs of members.

PROGRAM REQUIREMENTS

To graduate from the Mentor-Protégé Program, the protégé must be or become a member of the Indy Chamber to participate.

In addition, the protégé must participate in a majority of the programs and activities over the two-year period of the program.

Example Activities:

- Quarterly meetings with mentor (at a minimum)
- Attendance at specified Hispanic Business Council and Indy Chamber events
- Monthly progress reports

In addition, the protégé must be committed to following all program rules, guidelines and processes that may arise over the two-year period.

MENTOR-PROTÉGÉ RELATIONSHIP

Once accepted, each protégé is initially paired with one mentor. Working together in quarterly meetings (at a minimum), mentors focus on assisting protégés to develop business plans and marketing strategies, understand financial statements, and identify and implement other action items needed to meet the protégé company's goals.

SELECTION CRITERIA AND PROCESS

Selection for the Mentor-Protégé Program is conducted through an application process. All Hispanic-owned businesses are welcome to apply. The HBC acknowledges that only two to four businesses may be chosen each year in order to maintain the quality and success of the program.

THE IDEAL PROTÉGÉ CANDIDATE IS:

A Hispanic business enterprise in which a Hispanic holds ownership and controlling interest (at least 51%) in the company with a minimum of five employees. It also is a qualified business in its primary North American Industry Classification System (NAICS) sector. Generally, the business will have been in existence for at least two years, have a desire to grow, be in a position to be developed, and be a certified Minority Business Enterprise (MBE) with the State of Indiana, City of Indianapolis, and/or the Indiana Minority Supplier

Development Council (IMSDC). If not certified as a MBE, the protégé should pursue certification within six months of entering into the program.

Financially, the potential protégé must possess a banking relationship and maintain a relationship with a CPA and/or an accounting firm. In addition, the business must be in compliance with all necessary government and regulatory filings at the federal, state, and local level.

BENEFITS OF PARTICIPATING

The Mentor-Protégé Program provides participants with the following growth opportunities:

- Technical and management assistance: The mentor's expertise, resources and capabilities are made available to the protégé, which may result in significant business development for the protégé.
- Business opportunities: Mentors may assist protégés in attaining contract opportunities.
- Development of personal leadership and management skills.
- Network of contacts with other key leaders and businesses throughout central Indiana.
- Opportunities to become more connected and engaged with the Indy Chamber.

PROGRAM FEES

There is no application fee. If selected to participate in the program, the protégé must become a member of the Indy Chamber. To join the Indy Chamber, visit indy-chamber.com/apply or call 317.464.2222 to get started.



Thank you to Fineline Printing for their support of the Hispanic Business Council's Mentor-Protégé program.

SUBMITTING THE APPLICATION

Please fax, mail or email a copy of your application.

If faxed, applications should be sent to the attention of Gustavo Escalante at 317.464.2217.

If mailed, applications should be sent to:

Indy Chamber
Attn: Hispanic Business Council
Mentor- Protégé Program
Chase Tower
111 Monument Circle, Suite 1950
Indianapolis, Indiana 46204
Phone: (317) 464-2254
Fax: (317) 464-2217

You can download the editable PDF at www.indychamber.com/hbc

Completed files should be e-mailed to gescalante@indychamber.com.

If you are interested in being a mentor, call us at 317.464.2254.

All financial information will be kept confidential. The HBC will not sell, share or give your company's financial information to others without your consent. No information will be used for solicitation nor will we sell the information to any third parties.

COMPANY INFORMATION

Name of Business Entity _____ Assumed Business Name _____

Federal Tax ID or Social Security # _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

NAICS Code (North American Industry Classification System) _____

Certification Status (check all that apply): Hispanic Owned MBE WBE SDB 8A DBE

Veteran Owned Disable Veteran Hubzone Certified

Certification Agency: State of Indiana City of Indianapolis IMSDC SBA

KEY CONTACT INFORMATION

Identify all owners/officers or managing members:

Name _____ Title _____ Ownership % _____

Business Phone _____ Cell Phone _____

E-mail _____ Website _____

Name _____ Title _____ Ownership % _____

Business Phone _____ Cell Phone _____

E-mail _____ Website _____

Name _____ Title _____ Ownership % _____

Business Phone _____ Cell Phone _____

E-mail _____ Website _____

COMPANY ORGANIZATION & INSURANCE

Business Registration Date with Indiana Secretary of State _____

Number of full-time employees _____ Number of part-time employees (less than 30 hours/week) _____

Description of Services _____

Business Organization: Corporation Limited Liability Corporation (LLC) Sole Proprietorship
 Partnership Other Union Bonded (Amount _____)

COMPANY FINANCIAL INFORMATION (ALL INFORMATION SUBMITTED HEREIN IS KEPT CONFIDENTIAL)

Please provide the annual revenue for each of the last three fiscal years for this business, including its subsidiaries and affiliates. *Please attach balance sheets and income statements for the last two years.*

Year 1 _____ (indicate fiscal year) Annual Gross Revenue _____

Year 2 _____ (indicate fiscal year) Annual Gross Revenue _____

Identify three largest customers:

Business Name _____ Phone _____

Contact Person _____

Type of Project _____

Contract Amount _____ Year* _____

Business Name _____ Phone _____

Contact Person _____

Type of Project _____

Contract Amount _____ Year* _____

Business Name _____ Phone _____

Contact Person _____

Type of Project _____

Contract Amount _____ Year* _____

COMPANY GOALS

Check the categories where you need assistance: (Rank in order of preference with 1 being the area where assistance is most needed and 13 being the area where assistance is least needed.)

- General Management/Leadership
- Organizational
- Operational Management
- Marketing
- Financial Management/Accounting
- Capitalization
- Workforce Development

- Human Resources
- Business Development/Networking
- Strategic Planning
- Contracting Opportunities/Bidding
- Technology
- Other _____

How did you learn about this program? _____

State why you want to participate in the Mentor- Protégé Program. _____

Are you available to attend mandatory monthly meetings with assigned mentors? Yes No

VISION: What is your vision for your business? _____

MISSION: Why is your company in business? _____

MARKETING GOALS: How do you market your products and services? _____

OPERATIONAL GOALS: What is your business' operational plan? _____

FINANCIAL GOALS: What are your financial growth and profitability goals? _____

Signature certifies that information supplied on all corresponding pages of this document is accurate.
All information will be kept confidential.

Authorized Signature _____ Title _____ Date _____



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