



## Department of Veterans Affairs New Agreement Checklist

**Mentor:** \_\_\_\_\_

**Protégé:** \_\_\_\_\_

**Mentor  
POC**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Protégé  
POC**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mentor CAGE Code:** \_\_\_\_\_

**Total Cost of Agreement**

**FY-** \_\_\_\_\_

**FY-** \_\_\_\_\_

**FY-** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_

**Package Completion:**

Signed MPA

Page# \_\_\_\_\_

Yes      No

**Mentor Eligibility:**

- A. Currently listed on EPLS \_\_\_\_\_
- B. Other approved MPA \_\_\_\_\_  
    Agency \_\_\_\_\_
- C. Number of approved MPA \_\_\_\_\_
- D. Current VA contractor \_\_\_\_\_

**Protégé Eligibility:**

- A. Service Disable Veteran Owned Small Business \_\_\_\_\_
- B. Veteran Owned Small Business \_\_\_\_\_
- C. Verified by CVE \_\_\_\_\_
- D. Currently listed on EPLS \_\_\_\_\_
- E. Active MPA \_\_\_\_\_
- E. Previous approved MPA \_\_\_\_\_  
    Number of approved MPA \_\_\_\_\_
- F. Current VA contractor \_\_\_\_\_

**Agreement Approval:**

- Firm Name/address/phone #/POC Mentor & Protégé \_\_\_\_\_
- Cover Letter \_\_\_\_\_
- Need Assessment of Protégé by Mentor \_\_\_\_\_
- Description of Assistance \_\_\_\_\_
- Milestones of Development Assistance \_\_\_\_\_
- Current/past Subcontracts to Protégé \_\_\_\_\_
- NAICS Codes for Protégé \_\_\_\_\_
- Estimated Cost of Assistance \_\_\_\_\_
- Period of Developmental Assistance \_\_\_\_\_
- Termination Procedures for both parties \_\_\_\_\_
- Agreement signed by both parties \_\_\_\_\_
- Financial Statements & Tax Returns (FY \_\_\_\_\_) \_\_\_\_\_

**Previously Participated as a Protégé:**

- Previous Mentor \_\_\_\_\_
- Term of Previous Agreement \_\_\_\_\_
- Semi annual reports received/rebutted \_\_\_\_\_

**Past Performance Issues:** \_\_\_\_\_

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