National Aeronautics and Space Administration

NASA

Office of
Small Business Programs (OSBP)
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Office of
Small Business
Mentor-Protégé Program

New Agreement Checklist
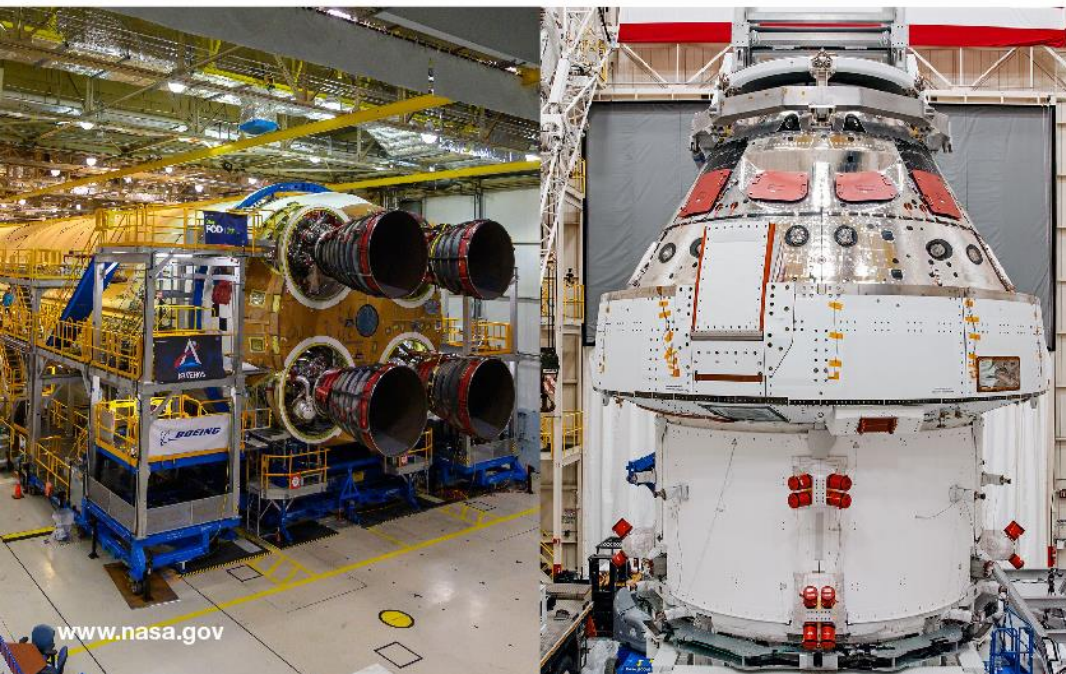
Mentor:

Protégé:

Contract No.:

MPA Received Date:

As of January 2020

Captions

A-4. New Agreement Checklist

New Agreement Information

MENTOR: _____

PROTÉGÉ: _____

SPONSORING NASA CENTER: _____

MENTOR DUNS NUMBER: _____   **PROTÉGÉ DUNS NUMBER:** _____

TYPE OF AGREEMENT: _____   **CREDIT:** _____   **AWARD FEE PROGRAM** _____   [Overview]

LENGTH OF AGREEMENT (3-YEAR MAXIMUM): _____   [Agreement – A1]

CONTRACT NUMBER WITH SUBCONTRACT PLAN: _____

COST OF AGREEMENT: $ _____   [Agreement – A2]

FY _____ **:**   **$** _____   [Agreement – A2]

FY _____ **:**   **$** _____   [Agreement – A2]

FY _____ **:**   **$** _____   [Agreement – A2]

PACKAGE COMPLETE	YES	NO	COMMENTS	REFERENCE
Signed Mentor-Protégé Agreement (MPA)	☐	☐		[Agreement – A20]
SBS Endorsement Letter	☐	☐		[Attachment]
COR Endorsement Letter	☐	☐		[Attachment]
CO Endorsement Letter	☐	☐		[Attachment]

MENTOR ELIGIBILITY	YES	NO	COMMENTS	REFERENCE
New Mentor?	☐	☐		[Agreement – A3]
Previously Approved Mentor?	☐	☐		[Agreement – A3]
Does Mentor have at least one (1) Subcontracting Plan negotiated with NASA?	☐	☐		
Mentor currently suspended or debarred from contracting with Federal Government?	☐	☐		[DSBS & SAM]

PROTÉGÉ ELIGIBILITY	YES	NO	COMMENTS	REFERENCE
Protégé currently suspended or debarred from contracting with Federal Government?	☐	☐		[DSBS & SAM]
Small Disadvantaged Business	☐	☐		[Protégé App. – P2]
8(a) Expiration Date	☐	☐		[Protégé App. – P2]
Veteran-Owned Small Business	☐	☐		[Protégé App. – P2]
Service-Disabled Veteran-Owned Small Business	☐	☐		[Protégé App. – P2]
Woman-Owned Small Business	☐	☐		[Protégé App. – P2]
HUBZone Certified Small Business	☐	☐		[Protégé App. – P2]
Historically Black College and University (HBCU)	☐	☐		[Protégé App. – P2]
Minority Serving Institution (MSI)	☐	☐		[Protégé App. – P2]
NASA SBIR/STTR Phase II Company	☐	☐		[Protégé App. – P2]
AbilityOne Program Company	☐	☐		[Protégé App. – P2]

PROTÉGÉ INFORMATION	YES	NO	COMMENTS	REFERENCE
Industry (i.e., R&D, Services, Manufacturing)	☐	☐		[Protégé App. – P3]
Primary NAICS	☐	☐		[Protégé App. – P3]
Additional NAICS	☐	☐		[Protégé App. – P3]
Additional NAICS	☐	☐		[Protégé App. – P3]
Additional NAICS	☐	☐		[Protégé App. – P3]
Percentage Owned by Mentor (Not more than 10%)	☐	☐		[Agreement – A8]
Total HBCU/MI, PTAC, or SBDC Cost $\_\_\_\_\_$ **and** $\_\_\_\_$ **% (Cannot exceed 20%)**	☐	☐		[Agreement – A2]
ODC Cost ($$) & (%) (Not to exceed 10% of Direct Labor Cost)	☐	☐		[Agreement – A2]
MPA Has Value to NASA	☐	☐		[Agreement – A15]
Termination Procedures for Both Parties (Addressed on Organization/Co. Letterhead)	☐	☐		[Agreement – A16]
Mentor Will Comply with Reporting/Review Requirements (Addressed on Organization/Co. Letterhead)	☐	☐		[Agreement – A17]
Protégé Will Comply with Reporting/Review Requirements (Addressed on Organization/Co. Letterhead)	☐	☐		[Agreement – A17]

TECHNICAL AND COST PROPOSAL	YES	NO	COMMENTS	REFERENCE
Align with the MPA	☐	☐		[Agreement – A15]
Contains Work Break Structure	☐	☐		[Agreement – A13]
Has a Milestones Chart?	☐	☐		[Agreement – A13]
Has a Technical Proposal?	☐	☐		[Agreement – A11]
Cost in Hours _____	☐	☐		[Agreement – A13]
Cost in Dollars _____	☐	☐		[Agreement – A13]
Has a Cost Proposal?	☐	☐		[Agreement – A12]
Technical Transfer Percentage _____%	☐	☐		[Agreement – A13]
Business Development Percentage _____%	☐	☐		[Agreement – A13]

AGREEMENT APPROVAL	YES	NO	COMMENTS	BLOCK
Firm Name/Address/Phone #/POC Mentor and Protégé	☐	☐		[Agreement – A3/A8]
Description of Developmental Assistance	☐	☐		[Agreement – A10]
Milestones for Developmental Assistance Plan	☐	☐		[Agreement – A13]
Metrics for Developmental Assistance Plan	☐	☐		[Agreement – A13]
Past and Estimated Subcontracts to Protégé(s)	☐	☐		[Agreement – A9]
Estimate of Cost $ _____	☐	☐		[Agreement – A2]

Additional Elements: Additional Elements section should be completed for protégés that have previously participated in the NASA MPP.

Additional Elements	
Previous Mentor	
Length of Previous Agreement	
Dates of Agreement	
Contract Number	

Past Performance Issues

SBS APPROVAL ☐   **SBS DISAPPROVAL** ☐

Reviewed By: _____   **PM Concurrence:** _____

Signature: _____   **Signature:** _____

Date: _____   **Date:** _____