

City of Gainesville Small Business Mentoring Program



PARTNERING FOR SUCCESS

NOW ACCEPTING APPLICATIONS

We are now accepting applications from potential Mentors and Mentees for the ***City of Gainesville's Small Business Mentoring Program***. Please submit applications by December 31, 2014. Businesses interested in participating should submit applications via mail, fax, or email to:

City of Gainesville-Office of Equal Opportunity
Small Business Development

Physical Address: 222 E. University Ave. (Old Library Building-Floor 2)
Gainesville, FL. 32602

Mailing Address: P.O. Box 490-Station 52
Gainesville, FL. 32627-0490

Email:
warrensd@cityofgainesville.org
Fax: (352) 334-2088

SMALL BUSINESS MENTORING INITIATIVE

The City of Gainesville, Office of Equal Opportunity is recruiting established business owners to mentor small business owners who desire to grow and develop their businesses.

This program is designed to allow small businesses to be trained by larger more mature businesses in order to enhance all aspects of their business operations.

The Office of Equal Opportunity will be hosting a launch event where you will meet prospective Mentors, Mentees, City Staff, as well as Small Business representatives from other agencies. You will also have an opportunity to hear more information about our program! Please join us in celebrating this new initiative!

RSVP FOR SMALL BUSINESS MENTORING LAUNCH EVENT

Date & Time: WEDNESDAY, DECEMBER 3, 2014 AT 6:00PM

Location: Gainesville Regional Utilities Building
301 SE 4th Ave. Gainesville, Fl.

Please RSVP by November 26, 2014.

Ways to RSVP:

Email Sylvia Warren: warrensd@cityofgainesville.org

OR contact our office at (352) 334-5051 ext.8481



CITY OF GAINESVILLE
Office of Equal Opportunity

Applications can be downloaded at:

www.gainesvilleequalopportunity.org



Office of Equal Opportunity

P O Box 490, Station 52
Gainesville, FL 32627-0490
(352) 334-5051
www.cityofgainesville.org

Dear Prospective Mentee:

The City of Gainesville is launching a new initiative which will allow Small, Minority, and Women-Owned businesses to be fostered by larger more mature businesses in order to enhance all aspect of their business operations which will in turn enable them to become more competitive and profitable. In our endeavor to assist in the growth and development of local small, minority, and woman-owned businesses we are extending an offer to your business to apply for the mentoring program.

Local procurement helps build the capacity of local vendors in a way that enables them to become more competitive and profitable. This is extremely beneficial because small businesses hire more people than any other business type and also assist on a large scale with keeping currency in our local community.

Businesses interested in participating in the City Of Gainesville's Mentoring Program should complete the attached application and submit by mail, fax, or email to the following no later than **December 31, 2014**:

City of Gainesville-Office of Equal Opportunity
Small Business Development
Physical Address: 222 E. University Ave. (Old Library Building-Floor 2)
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Gainesville, FL. 32627-0490
Email: sbpp@cityofgainesville.org
Fax: (352) 334-2088

We will schedule a meeting with a representative of your company and discuss the program in more detail as well as eligibility requirements. We feel strongly that your business will benefit from the increased knowledge and skill that will be gained through this program. The more you know, the more you grow! We look forward to hearing from you.

Sincerely,

Sylvia Warren
Small & Minority Business Program Coordinator



Office of Equal Opportunity

P O Box 490, Station 52
Gainesville, FL 32627-0490
(352) 334-5051
www.cityofgainesville.org

Dear Prospective Mentor:

The City of Gainesville is launching a new initiative which will allow Small, Minority, and Woman-Owned businesses to be fostered by larger more mature businesses in order to enhance all aspect of their business operations which will in turn enable them to become more competitive and profitable. In our endeavor to assist in the growth and development of local small, minority, and woman-owned businesses, we solicit your services by means of mentoring these developing businesses (mentees). We feel that your skill and knowledge base will prove beneficial to our local businesses and strongly encourage these business relationships which will also positively affect our local economy.

Local procurement helps build the capacity of local vendors in a way that enables them to become more competitive and profitable. This is extremely beneficial because small businesses hire more people than any other business type and also assist on a large scale with keeping currency in our local community.

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We will schedule a meeting with a representative of your company and discuss the program in more detail as well as eligibility requirements. While considering, keep this thought in mind, "Generosity: Your Candle Loses Nothing When It Lights Another". We look forward to hearing from you!

Sincerely,

Sylvia Warren
Small & Minority Program Coordinator

Mentee Application- Construction



Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Been in Business for _____ years Nature of Business/Trade: _____

Interested in: Being Mentored Teaming/Strategic Alliance

Areas of Interest for Mentorship:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Hiring/Staffing/Human Resources | <input type="checkbox"/> Estimating |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Plan Reading/Bidding | <input type="checkbox"/> Bonding/Insurance |
| <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Other area not identified: _____ | |

- | | |
|--|---|
| <input type="checkbox"/> Division 1: General Requirements | <input type="checkbox"/> Division 2: Sitework |
| <input type="checkbox"/> Division 3: Concrete | <input type="checkbox"/> Division 4: Masonry |
| <input type="checkbox"/> Division 5: Metals | <input type="checkbox"/> Division 6: Wood & Plastics |
| <input type="checkbox"/> Division 7: Thermal & Moisture Protection | <input type="checkbox"/> Division 8: Doors & Windows |
| <input type="checkbox"/> Division 9: Finishes | <input type="checkbox"/> Division 10: Specialties |
| <input type="checkbox"/> Division 11: Equipment | <input type="checkbox"/> Division 12: Furnishings |
| <input type="checkbox"/> Division 13: Special Construction | <input type="checkbox"/> Division 14: Conveying Systems |
| <input type="checkbox"/> Division 15: Mechanical | <input type="checkbox"/> Division 16: Electrical |
| <input type="checkbox"/> Division 17: Telecommunications | <input type="checkbox"/> Division 18: Audio Visual |

Organizational Structure: Sole Proprietor Partnership Corporation Limited Liability Corporation (LLC)

I agree to commit to the program for a period of time, as mutually agreed upon by the Small Business Procurement Program, the Mentor and my company, in the provision of mentoring assistance being provided to my company. I agree to hold harmless, the City of Gainesville, any of its' employees, officers, agents, representatives or affiliates, with regard to this mentoring initiative.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Mentee Application- Non-Construction



Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Been in Business for _____ years Nature of Business/Trade: _____

Interested in: Being Mentored Teaming/Strategic Alliance

Areas of Interest for Mentorship:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Hiring/Staffing/Human Resources | <input type="checkbox"/> Estimating |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Plan Reading/Bidding | <input type="checkbox"/> Bonding/Insurance |
| <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Other area not identified: _____ | |

Organizational Structure: Sole Proprietor Partnership Corporation Limited Liability Corporation (LLC)

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Signed: _____ Date: _____

Printed Name: _____ Title: _____

Mentor Application- Non-Construction



Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Interested in mentoring: Start—up (0-2 yrs) Emerging (>2 to 6 yrs) Existing (>7 yrs)

Interested in: Mentoring Teaming/Strategic Alliance

Areas of Interest in Mentoring:

- | | |
|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Staffing/Hiring/Human Resources | <input type="checkbox"/> Estimating |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Financial Management |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Business Planning |
| <input type="checkbox"/> Plan Reading/Bidding | <input type="checkbox"/> Bonding/Insurance |
| <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Other area not identified above: _____ |

I agree to commit to the program for a period of time, as mutually agreed upon between the Small Business Procurement Program, the Protégé and my company as Mentor, in the provision of mentoring assistance. I agree to hold harmless, the City of Gainesville, any of its employees, officers, agents, representatives or affiliates, with regard to this mentoring initiative.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Mentor Application- Construction



Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Interested in mentoring: Start—up (0-2 yrs) Emerging (>2 to 6 yrs) Existing (>7 yrs)

Interested in: Mentoring Teaming/Strategic Alliance

Areas of Interest in Mentoring:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Hiring/Staffing/Human Resources | <input type="checkbox"/> Estimating |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Plan Reading/Bidding | <input type="checkbox"/> Bonding/Insurance |
| <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Other area not identified: _____ | |

- | | |
|--|---|
| <input type="checkbox"/> Division 1: General Requirements | <input type="checkbox"/> Division 2: Sitework |
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| <input type="checkbox"/> Division 7: Thermal & Moisture Protection | <input type="checkbox"/> Division 8: Doors & Windows |
| <input type="checkbox"/> Division 9: Finishes | <input type="checkbox"/> Division 10: Specialties |
| <input type="checkbox"/> Division 11: Equipment | <input type="checkbox"/> Division 12: Furnishings |
| <input type="checkbox"/> Division 13: Special Construction | <input type="checkbox"/> Division 14: Conveying Systems |
| <input type="checkbox"/> Division 15: Mechanical | <input type="checkbox"/> Division 16: Electrical |
| <input type="checkbox"/> Division 17: Telecommunications | <input type="checkbox"/> Division 18: Audio Visual |

I agree to commit to the program for a period of time, as mutually agreed upon between the Small Business Procurement Program, the Protégé and my company as Mentor, in the provision of mentoring assistance. I agree to hold harmless, the City of Gainesville, any of its employees, officers, agents, representatives or affiliates, with regard to this mentoring initiative.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Mentoring Agreement Form

We are voluntarily entering into a mentoring partnership, which we expect to benefit both the mentor and mentee. We want this to be a productive and rewarding experience, with most of our time together spent in open, candid discussions.

To minimize the possibility of confusion in our mentoring relationship, we have agreed to the following:

Duration of the mentoring partnership (recommended minimum is 6 months)

Frequency of the meetings _____

Approximate amount of time to be invested by the mentor _____

Estimated ending date of partnership _____

Specific role of the mentor (model, guide, observe and give feedback, recommend developmental activities, facilitate learning, suggest/provide resources, etc.)

Objectives and additional points _____

The skill areas to be the focus of the current development period are noted on the application submitted by the mentee.

We agree to a no-fault conclusion of this partnership if, for any reason, it seems appropriate.

Mentor/Date

Mentee/Date

Mentor/Mentee Quarterly Progress Report

MENTEE NAME: _____ **Date:** _____

Address: _____

Phone#: _____

MENTOR NAME: _____

Address: _____

Phone#: _____

Please complete this report and submit it to our office either in person, fax, email, or U.S. mail.

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Fax: (352) 334-2088

If you would like to discuss any part of the report prior to our quarterly follow-up meeting, contact our office for an appointment by calling (352) 334-5051

1. List meeting location, dates and areas of training covered during this quarter.

2. List quarterly goals and whether or not they were met.

3. What are the goals for the next quarter?

4. List any areas that you see progress as a result of the training offered.

5. How would you rate the following on a scale from 1 to 10?

- _____ Mentor's Assistance
- _____ Mentee's Commitment
- _____ Office of Equal Opportunity's Assistance

Utilize space below for comments.

6. Were there any partnerships, contractor, or subcontractor opportunities developed resulting from this partnership?

7. Please your experience with this program in terms of meeting your overall expectations.

8. Please list any areas of concerns and or feedback regarding the training sessions.

Six-Month Review

Mentor/Mentee name _____

On a scale of 1 to 5, with 5 indicating “strongly agree” and 1 indicating “strongly disagree,” please indicate your degree of satisfaction with the following aspects of your mentoring relationship:

Rating 1 – 5

Mentoring partnership is working well	
Meetings are regular	
Appropriate amount of time has been devoted to program	
Personal and professional development issues have been established	
Clear goals and objectives have been set	
Trust and confidentiality have been established	
<input type="checkbox"/> Mentor <input type="checkbox"/> Mentee listens well and is responsive (Indicate person being evaluated)	
Progress has been observed over the past six months in areas chosen for development	
Barriers encountered during mentoring process have been resolved	
Topics to be discussed over the next six months have been defined	
Program is meeting expectations	
Mentoring relationship should continue	
Additional comments:	