

A Step-by-Step Guide To Apply for Capacity Building Mentorship Program

Go to program website:

<https://www.capacitymentorship.com/>

* Chrome browser is recommended

Click on Apply

Choose “Apply to the program” option

Step 1: **Register to create a log-in profile**

- Click on Mentor or Protégé Criteria icon
- Review the Criteria & Expectations
- Scroll to the bottom of page and click on “Register”
- Complete the form click **submit**
- *You will be re-directed to the “profile” page once all fields have been completed*



Email *

jcheng@cityoftacoma.org

Business Name *

WoW Consulting & Management

First Name *

Jessica

Last Name *

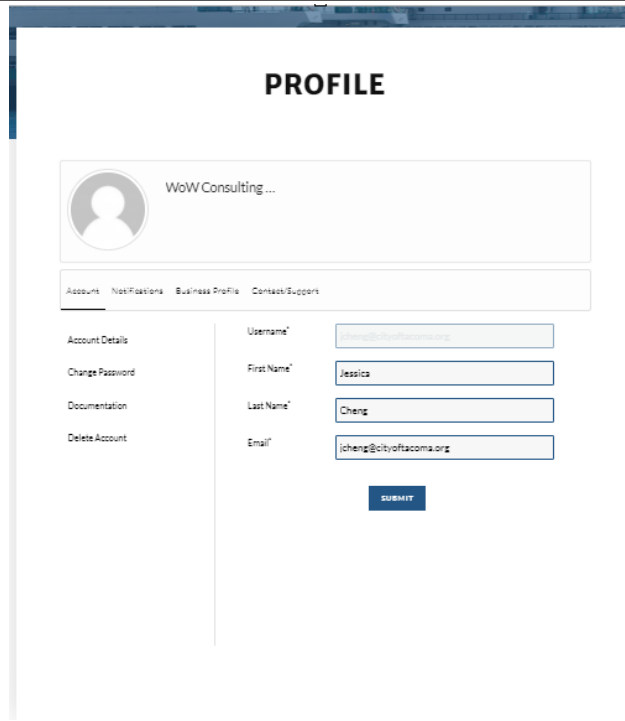
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CREATE ACCOUNT

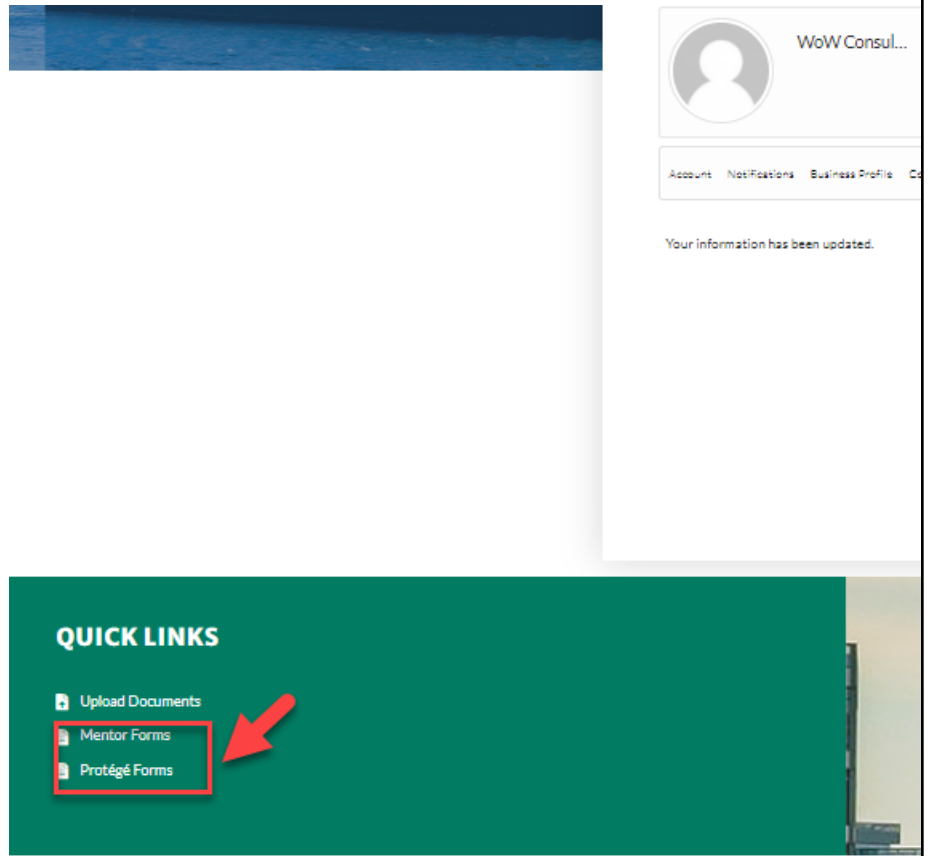
Step 1.1 Complete your profile

- Fill out all sections under Account
- Click “submit”
- Click on Business Profile
 - Fill out all fields and click “submit”



Step 2 Fill out Mentor or Protégé Application Forms

- Click on either Mentor Forms or Protégé Forms to start the application



Step 2.1: Review the Criteria & Expectation & sign

- Then scroll to the bottom of page and sign the form if you agree to the criteria and expectation listed.

Name of Business *

Name *
First Last

Date *
MM / DD / YYYY

Signature *

Please sign this form to note your interest in being considered a Mentor for the Capacity Building Mentorship Program.

Step 2.2: Fill out the Contact Information section (* means required fields)

CONTACT INFORMATION

Email *

Business Name *

Business Address
Address Line 1 *

Address Line 2

City * State or Region *
Country Zip *

Business Phone *

Business Fax

Contact Person(s) *

Business Hours *

Business Website

2.3: Fill out the Business Profile section

BUSINESS PROFILE

1) Principal Line of Business *

2) Please provide a brief description of the products and/or services provided by your business. *

3) What is your company vision/mission statement? *

4) Please check the area(s) in which your business covers: *

- 01 - Business Planning
- 02 - Bonding and Insurance
- 03 - Banking Services
- 04 - Competitive Market Place
- 05 - Business Marketing Plans
- 06 - Project Planning/Meeting
- 07 - Quality Assurance
- 08 - Inventory Control
- 09 - Business Writing Skills
- 10 - Bookkeeping/Accounting
- 11 - Business Permits
- 12 - Business Presentation Skills
- 13 - Business Technology
- 14 - Human Resources
- 15 - Business Financial Planning
- 16 - Construction Management
- 17 - Business Legal Issues
- 18 - Bidding
- 19 - Plan Reading/Interpreting
- 20 - Business Market Analysis

2.4: Fill out Program Goals Next

PROGRAM GOALS

5) Is your company currently participating in any other programs as a mentor? *

- Yes
- No
- Other

6) Is it important that the protégé(s) you are paired with mission/vision statement aligns with your current vision/mission statement? *



7) Describe your company's goal(s) in becoming a Mentor through the program. *

8) Are you willing to attend a mandatory 'Mentor Orientation' session conducted by representative(s) of the sponsoring agency's program? *

9) Are you willing to enter into a written agreement, including confidentiality provisions, with a protégé outlining the goals and objectives of your potential Mentor-Protégé relationship through the sponsoring agency, CBMP? *

10) Which areas would you want your Protégé expertise to be in? Please check all that applies.

- 01 - Business Planning
- 02 - Bonding and Insurance
- 03 - Banking Services
- 04 - Competitive Market Place
- 05 - Business Marketing Plans
- 06 - Project Planning/Meeting
- 07 - Quality Assurance
- 08 - Inventory Control
- 09 - Business Writing Skills

<p>2.5 Fill out Market Self Identification</p> <ul style="list-style-type: none">Click on the segmentation map to determine your business market fit & segment	<p>Instructions:</p> <p>STEP 1: Please click on the segmentation map to answer the following questions. The document will open in a new browser window.</p> <p>SEGMENTATION MAP </p> <p>STEP 2: Referencing the Segmentation Map, select the protégé business tier level you wish to mentor.</p>
<p>3.0 Accept & complete the agreement</p> <ul style="list-style-type: none">Check the “I accept” box and submit	<p>Business Owner or Authorized Representative Agreement Confirmation</p> <p>Representative's Name *</p> <input type="text"/> <p>Representative's Title *</p> <input type="text"/> <p>Date *</p> <input type="text"/> <p>Disclosure *</p> <p><small>As evidence of my authorization below and being an owner of authorized representative of the business identified within this document, I understand that participation in the Capacity Building Mentorship Program is voluntary and my participation is neither a guarantee of a contract opportunity nor a promise of business. I also understand the the program's intent is to foster positive long-term business relationships. I, the undersigned, on behalf of the business participating in the program, agree that the business and all of its employees, officials, and agents shall conduct themselves at all times in accordance with the highest business ethics and</small></p> <p><input type="checkbox"/> I accept.</p> <p></p> <p><input type="button" value="PREV"/> <input type="button" value="SUBMIT"/></p>
<p>4.0 Confirmation</p> <ul style="list-style-type: none">Once the application has been completed, signed and submitted, a confirmation page will be displayed.A confirmation email will be sent to the email on file.	<p>MENTOR APPLICATION</p> <p>Please ensure that you have read and signed the Mentor Expectations Form before submitting this application.</p> <p>← MENTOR EXPECTATION FORM</p> <p>Thank you for your submission to the Capacity Building Mentorship Program. This form is available for download in your Profile under Form Downloads.</p>