

## 2024 DRIVE PROGRAM MENTEE APPLICATION

<b>Company Name:</b> <i>Please Print or Type:</i>		
<b>Company Representative:</b>		
<b>Company Website:</b>		
<b>Company Street Address (no P.O. Box):</b>		
<b>City:</b>	<b>County:</b>	<b>State and Zip Code:</b>
<b>Representative Work Phone:</b>	<b>Representative Mobile:</b>	<b>Representative Email:</b>
<b>Business Focus Example:</b> Engineering/Architecture/Surveying or other: <b>Please list specific services here:</b>		

### Check the categories where you need assistance.

- |   |   |
|---|---|
| <input type="checkbox"/> Business development                                     | <input type="checkbox"/> Implementing industry best practices |
| <input type="checkbox"/> Operational process and strategies (short and long term) | <input type="checkbox"/> Project and Program Management       |
| <input type="checkbox"/> Resource development (staff/teaming etc.)                | <input type="checkbox"/> Organization Structure               |
| <input type="checkbox"/> Project management skills/techniques                     | <input type="checkbox"/> Networking                           |
| <input type="checkbox"/> Technical assistance/training (RFP preparation)          | <input type="checkbox"/> Other (Please Explain)               |

### How did you hear about us?

Social Media	Industry Conference
Program Participant	Other

**When was the company established?** \_\_\_\_\_

**Current number of employees** \_\_\_\_\_

**Date of DBE Certification** \_\_\_\_\_

1. As you understand this is not a program to guarantee a TxDOT contract, please state why you want to participate in the Mentor-Mentee Program (attach additional sheets if necessary).

2. DRIVE is a two-year program. After such a commitment, what expectations would you have upon completion?

*The undersigned affirms that he or she is authorized to submit the firm's response to this DRIVE Program request and execute a relationship between the firm, and the PEPS Division DRIVE Program. By signing and submitting this response the firm certifies that it understands the terms and conditions of the DRIVE Program.*

**FIRM'S AUTHORIZED REPRESENTATIVE NAME:**

**TITLE:**

**AUTHORIZED REPRESENTATIVE'S SIGNATURE:**

**DATE:**

The PEPS Division through the DRIVE Program is committed to increasing the participation of disadvantaged business enterprises (DBEs) through the implementation of the Diverse Relationships for Informative Value Exchange (DRIVE) Program.

**APPLICATION SUBMITTAL AND INQUIRIES :** Should be sent, via e-mail to Director of DRIVE Program at [PEPS\\_DRIVE@txdot.gov](mailto:PEPS_DRIVE@txdot.gov)

\*Applications are not rolled over. If your firm is not selected for the current program cycle, a new application will need to be submitted for the next program cycle.