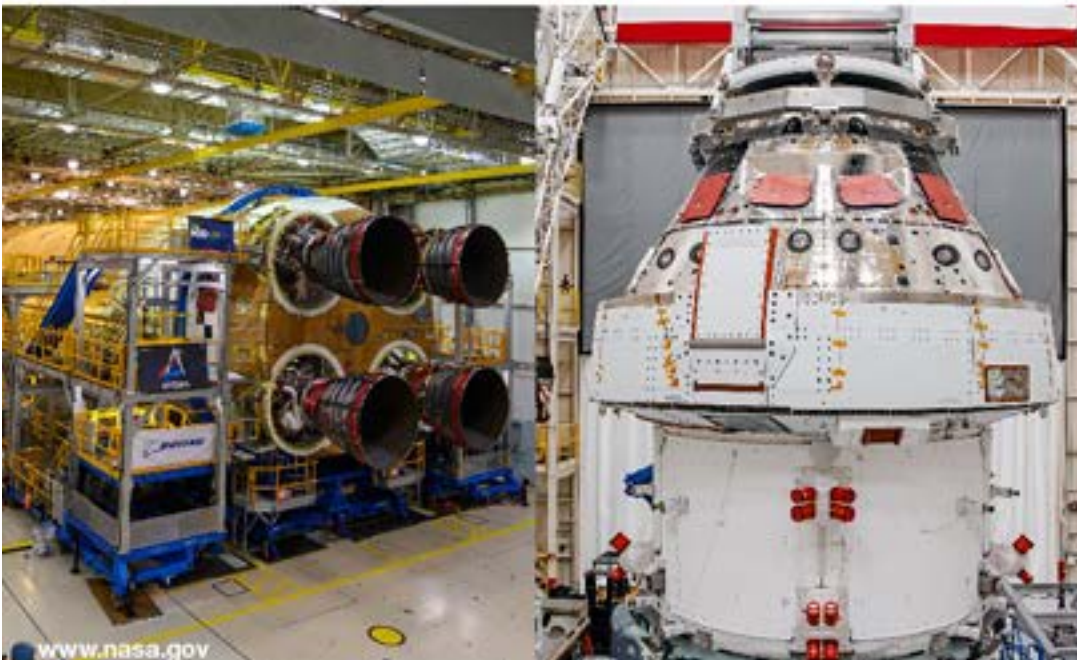




Office of
Small Business Programs (OSBP)
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New Agreement Checklist



Mentor:

Protégé:

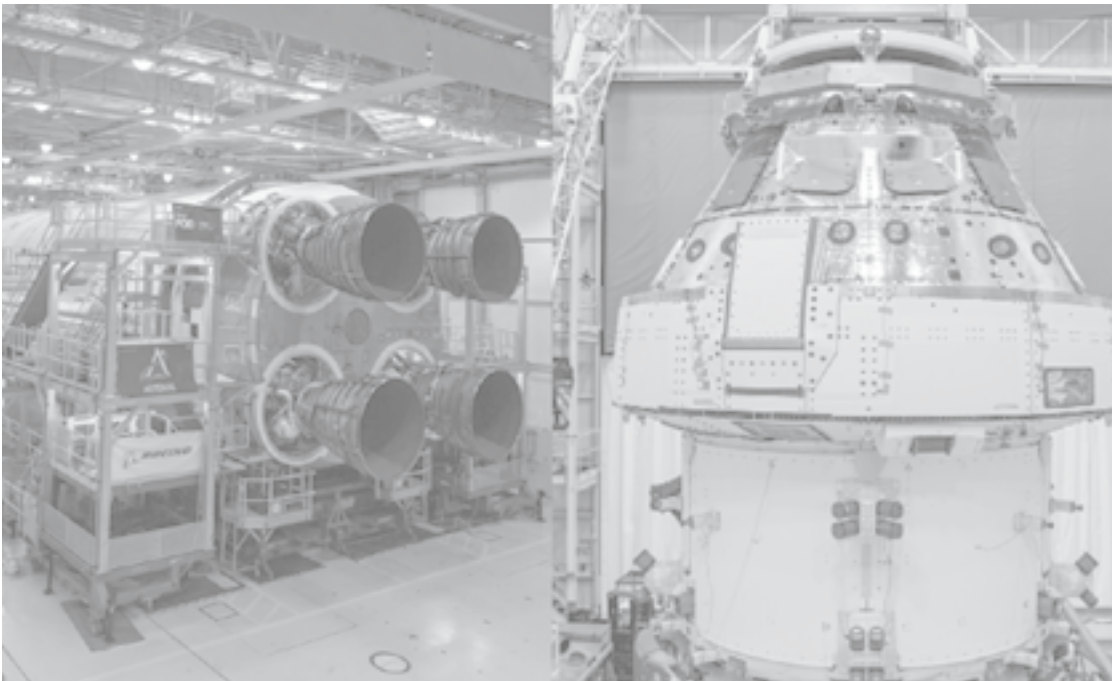
Contract No.:

MPA Received Date:

As of January 2020

The Space Launch System rocket core stage assembled with all four RS-25 engines that will fly on the Artemis I mission at NASA's Michoud Assembly Facility in New Orleans, LA.

The Orion spacecraft for NASA's Artemis I mission at Plum Brook Station in Sandusky, OH.



A-4. New Agreement Checklist

New Agreement Information

Mentor: _____

Protégé: _____

Sponsoring NASA Center: _____

Mentor DUNS Number: _____ [Agreement-A3]

Protégé DUNS Number: _____ [Agreement-A8]

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)	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A20]
SBS Endorsement Letter	<input type="checkbox"/>	<input type="checkbox"/>		[Attachment]
COR Endorsement Letter	<input type="checkbox"/>	<input type="checkbox"/>		[Attachment]
CO Endorsement Letter	<input type="checkbox"/>	<input type="checkbox"/>		[Attachment]

Mentor Eligibility	Yes	No	Comments	Reference
New Mentor?	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A3]
Previously Approved Mentor?	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A3]
Does Mentor have at least one (1) Subcontracting Plan negotiated with NASA?	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A4]
Mentor currently suspended or debarred from contracting with Federal Government?	<input type="checkbox"/>	<input type="checkbox"/>		[SAM]

Protégé Eligibility	Yes	No	Comments	Reference
Protégé currently suspended or debarred from contracting with Federal Government?	<input type="checkbox"/>	<input type="checkbox"/>		[SAM]
Small Disadvantaged Business	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
8(a) Expiration Date	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
Veteran-Owned Small Business (VOSB)	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
Service-Disabled Veteran–Owned Small Business (SDVOSB)	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
Woman-Owned Small Business (WOSB)	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
HUBZone Certified Small Business	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
Historically Black College and University (HBCU)	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
Minority Serving Institution (MSI)	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
NASA SBIR/STTR Phase II Company	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]
AbilityOne Program Company	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P2]

Protégé Information	Yes	No	Comments	Reference
Industry (i.e., R&D, Services, Manufacturing)	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P1]
Primary NAICS	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P3]
Additional NAICS	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P3]
Additional NAICS	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P3]
Additional NAICS	<input type="checkbox"/>	<input type="checkbox"/>		[Protégé App.–P3]
Percentage Owned by Mentor (Not more than 10%)	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A8]
Total HBCU/MI, PTAC, or SBDC Cost \$_____ and _____% (Cannot exceed 20%)				
	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A2]
ODC Cost (\$\$) & (%) (Not to exceed 10% of Direct Labor Cost)	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A2]
MPA Has Value to NASA	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A15]
Termination Procedures for Both Parties (Addressed on Organization/Co. Letterhead)	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A16]
Mentor Will Comply with Reporting/ Review Requirements (Addressed on Organization/Co. Letterhead)	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A17]
Protégé Will Comply with Reporting/ Review Requirements (Addressed on Organization/Co. Letterhead)	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A17]

Technical and Cost Proposal	Yes	No	Comments	Reference
Align with the MPA	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A15]
Contains Work Break Structure	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A13]
Has a Milestones Chart?	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A13]
Has a Technical Proposal?	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A11]
Total Hours _____	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A13]
Total Dollars _____	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A13]
Has a Cost Proposal?	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A12]
Technical Transfer % against Direct Labor Dollars: _____%	<input type="checkbox"/>	<input type="checkbox"/>		[Attachment to A13 of the Agreement]
Technical Transfer % against Direct Labor Hours: _____%	<input type="checkbox"/>	<input type="checkbox"/>		
Business Development % against Direct Labor Dollars: _____%	<input type="checkbox"/>	<input type="checkbox"/>		[Attachment to A13 of the Agreement]
Business Development % against Direct Labor Hours: _____%	<input type="checkbox"/>	<input type="checkbox"/>		

Agreement Approval	Yes	No	Comments	Reference
Firm Name/Address/Phone #/POC Mentor and Protégé	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A3/A19]
Description of Developmental Assistance	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A10]
Milestones for Developmental Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A13]
Metrics for Developmental Assistance Plan	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A13]
Past and Estimated Subcontracts to Protégé(s)	<input type="checkbox"/>	<input type="checkbox"/>		[Agreement–A9]
Estimate of Cost \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		[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	
Technical Assistance Provided	
Business Assistance Provided	

SBS Approval SBS Disapproval

Reviewed By: _____ PM Concurrence: _____

Signature: _____ Signature: _____

Date: _____

Date: _____