

### **APPLICATION & NOTIFICATION TIMELINE**

APPLICATION AVAILABLE JANUARY 7, 2019 • FINAL APPLICATION DUE FEBRUARY 1, 2019  
APPLICANTS NOTIFIED BY APRIL 25, 2019

### **REQUIREMENTS FOR MENTEES / SUPPLIER QUALIFICATIONS**

1. **Applicant / Participant must be the Owner, CEO, or President of the company. No Exceptions!**
2. Applicant must currently be a paid, active DA4S Member.
3. Applicant must agree to attend the 2019 and 2020 DA4S East and West Coast Conferences, with a consideration of sponsorship.
4. Applicant must agree to maintain a paid, active membership throughout the mentorship program. Membership Renewals take place in January of each year.
5. Applicant must be in business a minimum of 2 years.
6. Applicant must commit to the time requirements to meet your mentoring plan with assigned mentor.
7. Applicant must commit to attend the following mentorship meetings (in-person if required):
  - a) Mentorship Kick-Off event at the East Coast Conference (June 5, 2019) – In-Person
  - b) Mid-Year Check-Ins with Mentorship committee – Teleconferences
  - c) Mentorship Meeting at West Coast Conference (Feb. 2020) – In-Person
  - d) Graduation at East Coast Conference (2020) – In-Person
8. Applicant must sign waiver of liability located at the end of the application and submit with application.
9. Applicant may participate in a Mentorship Program a maximum of 2 years, but not consecutively.
10. Applicant must be in a fiscally sound position currently.

### **Program Commitments for Mentor & Mentee**

- 1 year starting at EC19 Conference and ending at EC20 Conference
- Exclusive Kick-off event at the EC19 Conference on Wednesday, June 5, 2019
- Conference Calls in August/November 2019
- Face to Face Meeting at the West Coast Conference in Feb. 2020
- Close out of program at East Coast Conference in 2020
- 1 Face to Face meeting & at minimum 3 conference calls required for Mentor/Protégé pairs within the course of this one-year program. (Pairs schedule this according to their calendars)
- Goals to be met during program. (Goals are discussed and set by each pair)

### **Framework – Quarterly + Deliverables**

*(Failure to meet deliverables in a timely fashion may result in a Mentee being removed from the Program)*

1. **June–July:** Finalize objectives, submit goals, schedule initial meeting during this timeframe, plan out meetings for the rest of the term.
2. **August–November:** Share progress w/Mentorship Committee (Sept), Schedule Check-in (Oct).
3. **December–February:** Share progress (Feb. 2020 West Coast Conference)/ Prepare to finalize open actions.
4. **April–May:** Close-out plan; turn in final goals for Mentorship Metrics; complete survey.



# MENTORSHIP PROGRAM 2019-2020 INFORMATION & APPLICATION

NAME OF COMPANY:

NAME OF PERSON TO BE MENTORED:

TITLE:

EMAIL:

CELL PHONE #:

WORK PHONE #:

LOCATION OF BUSINESS:

WEBSITE:

YEARS IN BUSINESS:

**DIVERSITY OWNERSHIP CLASSIFICATION:** (Please check all applicable)

MBE     WBE     LGBT     DISABLED     SMALL BUSINESS     WOMEN-OWNED SMALL BUSINESS

SMALL DISADVANTAGED BUSINESS     VETERAN-OWNED SMALL BUSINESS

SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS     HISTORICALLY UNDERUTILIZED SMALL BUSINESS

**1. BRIEF DETAILED DESCRIPTION OF SERVICES/PRODUCTS YOUR COMPANY PROVIDES:**

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**2. LIST 3 REASONS WHY YOU FEEL YOUR COMPANY SHOULD BE INCLUDED IN OUR MENTORSHIP PROGRAM:**

*(Please limit responses to 1 page or less. Attach sheet if needed.)*

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**3. BUSINESS BACKGROUND:**

**A. ANNUAL REVENUE PRIOR 3 YEARS; TOTAL FTEs CURRENTLY EMPLOYED.**

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**B. SPECIFY TYPES OF LIFE SCIENCE COMPANIES AND REGIONS OF SUPPORT.**

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**C. LIST CORE AREAS OF STRENGTH.**

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**4. OBJECTIVES AND DELIVERABLES DESIRED:**

**A. IDENTIFY 2-3 DETAILED OBJECTIVES YOU WISH TO ACCOMPLISH DURING THE MENTORSHIP PROGRAM.**

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**B. HOW WILL YOU MEASURE SUCCESSFUL ACHIEVEMENT OF OBJECTIVES?**

*Please specify deliverables.*

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**C. WHAT DO YOU EXPECT FROM YOUR CORPORATE MENTOR? (be specific)**

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All applicants who wish to participate in the Mentorship Program must sign and acknowledge the following Liability Disclaimer to be eligible to participate in the Mentorship Program.

Diversity Alliance for Science, Inc. (DA4S) does not provide liability insurance for the protection of individuals, groups, organizations, businesses, employees or others who may participate in the Mentorship Program.

In consideration for your participation in said Mentorship Program, the individual, group, organization, business, employee, or other, does hereby release and forever discharge DA4S, and its officers, board, and employees, jointly and separately from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the Mentorship Program.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected damages, loss and liability and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or state providing substance that releases shall not extend to claims, demands, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waived.

I hereby agree on behalf of my heirs, executors, administrators, and any assigned, to indemnify DA4S and its officers, board, and employees, jointly and separately from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the Mentorship Program.

It is further understood and agreed that said participation in the Mentorship Program is not to be construed as an admission of any liability and acceptance of assumption of responsibility by DA4S, its officers, board, and employees, jointly and separately, for all damages and expenses for which DA4S, its officers, board and employees, become liable as a result of any alleged act of the participant.

I acknowledge that I have read and accept the terms of this Disclaimer.

Full Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_