



CITY OF COLUMBIA

Office of Business Opportunities
 Compliance Division
 P.O. Box 147 | Columbia, South Carolina 29217
 Phone: 803-545-3049 Fax: 803-545-4130

MENTOR-PROTÉGÉ PROGRAM PROTÉGÉ APPLICATION FOR PROFESSIONAL SERVICES

Please Print

Legal Business Name:	d/b/a (if different):
Business Address:	Mailing Address (if different):
State Tax I.D. or Social Security No:	Business Phone:
MBE / WBE / SBE / Other - Certification Number: _____	Fax Number:
Source: (i.e. SCDOT, SBA, etc.)	Tracking Purposes only: Self-identify the ownership of firm (Circle one) Women Owned / Minority-African Am. / Minority-Hispanic / Other-_____
Form of business (Corporation; Partnership, etc):	Specialty Area:
Owner Name and Title:	Date Business Established:
Contact Name	
E-mail Address:	Number of full-time employees:
Number of current part-time employees:	Name of Insurance Company:
Agent:	Phone Number:
Coverage Amount:	Type of Coverage:
Bonding Company: (Provide copy of policy)	Agent Name - Phone Number:
\$ Single:	\$ Aggregate:
Licensed Gen. or Mech. Contractor / Architect / Engineer / Construct. Mgr. (Title 40, Chapter 11, SC Code of Laws) (Circle ones applicable)	Professional License # _____ (Provide copy of License)



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Check the categories of skill sets where your firm needs assistance:

<ul style="list-style-type: none"><input type="checkbox"/> Business Plan<input type="checkbox"/> Implementation and Action Plans<input type="checkbox"/> Organization Structure<input type="checkbox"/> Market Analysis<input type="checkbox"/> Operations' Assessment<input type="checkbox"/> Reading & Interpreting Contract Plans & Specifications<input type="checkbox"/> Scheduling & Purchasing<input type="checkbox"/> Construction Equipment & Materials<input type="checkbox"/> Obtaining Permits & Sub-Contracts<input type="checkbox"/> Prompt Payment Procedures<input type="checkbox"/> Records & Contract Management<input type="checkbox"/> Troubleshooting & Delay Avoidance<input type="checkbox"/> Personnel Management<input type="checkbox"/> Preparing & Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns, etc.	<ul style="list-style-type: none"><input type="checkbox"/> Project Planning & Scheduling<input type="checkbox"/> Accounting Records Preparation & Maintenance<input type="checkbox"/> Cost Accounting<input type="checkbox"/> Bonding & Insurance<input type="checkbox"/> Banking Services<input type="checkbox"/> Job Cost & Work in Progress<input type="checkbox"/> Payrolls (federal ,state fringe Benefits, etc.)<input type="checkbox"/> Competitive Marketplace Overhead<input type="checkbox"/> Analysis of Major Fixed & Variable Cost Components<input type="checkbox"/> Quality Takeoffs and Estimating<input type="checkbox"/> Post Award Bid Assessment of Successful & Unsuccessful Bidders<input type="checkbox"/> Technical Assistance - specify
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Please advise of any other areas in which your firm needs assistance:



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1. State why you want to participate in the Mentor/Protégé Program (Attach additional sheet (s) if necessary):

2. What benefits do you want to obtain?

3. What business specialties do you want to learn or enhance in this program/project?



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4. What percentage of your contracting is in government __ %, Private __ %? Identify Federal, Airports, Mass Transportation, etc.):

5. Do you have an established fee estimating plan? Explain.

6. List major projects of the business for the last two years and indicate your role (i.e. Prime Contractor, Joint Venture or Sub Contractor). Use additional sheets if necessary.

References may be required.

7. Designate and List the individual(s) from the company with binding authority to enter the Mentor Protégé Agreement and any other City of Columbia contracts :



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8. Of the Five Project Divisions below indicate which ones you intend to form a Mentor Protégé Program Team:

Mentors and Protégés are limited to one (1) Team in place at any time within each of the 5 type project divisions:

5 Project Divisions

- 1. Water Treatment**
- 2. Waste Water Treatment**
- 3. Water Distribution**
- 4. Waste Water Collection**
- 5. Storm Water**

Submit all the documents listed below:

- A. City of Columbia Business License**
- B. Submit financial compilations from a CPA for the three (3) most recent tax years specifically highlighting gross revenues from the firm's water and sewer projects.**
- C. Proof of Professional License (General Contractor, Engineer, etc.)**
- D. Proof of operating in required counties for a minimum of one year.**

***Additional information may be requested at any time.**

Return completed applications to the Office of Business Opportunities, Compliance Division.



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Department of Utilities and Engineering
Compliance Division
P.O. Box 147 | Columbia, South Carolina 29217
Phone: 803-545-3049 Fax: 803-545-4130

Subject to the approval of the Office of Business Opportunities, Compliance Division, this Agreement is entered into and effective as of this ___ day of, 20__.

Protégé Signature

Print Name

Title

Date

Approved:
City of Columbia, Office of Business
Opportunities, Compliance Division.

By: _____

Title: _____

Date: _____