



# CITY OF COLUMBIA

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

## MENTOR-PROTÉGÉ PROGRAM

### PROTÉGÉ APPLICATION FOR CONSTRUCTION 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)
COC Centralized Bidder Registration Number  # _____	



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

<ul style="list-style-type: none"><li><input type="checkbox"/> Business Plan</li><li><input type="checkbox"/> Implementation and Action Plans</li><li><input type="checkbox"/> Organization Structure</li><li><input type="checkbox"/> Market Analysis</li><li><input type="checkbox"/> Operations' Assessment</li><li><input type="checkbox"/> Reading &amp; Interpreting Contract Plans &amp; Specifications</li><li><input type="checkbox"/> Scheduling &amp; Purchasing</li><li><input type="checkbox"/> Construction Equipment &amp; Materials</li><li><input type="checkbox"/> Obtaining Permits &amp; Sub-Contracts</li><li><input type="checkbox"/> Prompt Payment Procedures</li><li><input type="checkbox"/> Records &amp; Contract Management</li><li><input type="checkbox"/> Troubleshooting &amp; Delay Avoidance</li><li><input type="checkbox"/> Personnel Management</li><li><input type="checkbox"/> Preparing &amp; Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns, etc.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Project Planning &amp; Scheduling</li><li><input type="checkbox"/> Accounting Records Preparation &amp; Maintenance</li><li><input type="checkbox"/> Cost Accounting</li><li><input type="checkbox"/> Bonding &amp; Insurance</li><li><input type="checkbox"/> Banking Services</li><li><input type="checkbox"/> Job Cost &amp; Work in Progress</li><li><input type="checkbox"/> Payrolls (federal ,state fringe Benefits, etc.)</li><li><input type="checkbox"/> Competitive Marketplace Overhead</li><li><input type="checkbox"/> Analysis of Major Fixed &amp; Variable Cost Components</li><li><input type="checkbox"/> Quality Takeoffs and Estimating</li><li><input type="checkbox"/> Post Award Bid Assessment of Successful &amp; Unsuccessful Bidders</li><li><input type="checkbox"/> Technical Assistance - specify</li></ul>
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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 Safety Program? 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 2 type project divisions. Please designate which of the following division(s) your Firm will work within.

### Project Divisions

- 1. Water Line (WL) Division Projects - Water Line projects that would require a **WL License** which includes construction work on water mains, water service lines, sewer mains, sewer lines, and sewer manholes.**
- 2. Water Plant (WP) Division Projects - Water Plant projects that would require a **WP License** which includes all classifications and sub classifications necessary for the construction of water treatment and wastewater treatment facilities, water storage tanks , lift stations, pumping stations and appurtenances to water storage tanks, lift stations, and pumping stations**

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**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 Bonding coverage**
- D. Proof of WP and/or WL License**

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

**Return completed applications to the Department of Utilities & Engineering, Compliance Division.**



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Subject to the approval of the Department of Utilities & Engineering, Compliance Division, this Agreement is entered into and effective as of this \_\_\_ day of, 20\_\_.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Approved:

City of Columbia, Department of Utilities & Engineering, Compliance Division.

By: \_\_\_\_\_

Title: \_\_\_\_\_

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