



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 Implementation Plan- Protégé Project

Project Type: Protégé Only or Protégé Lead (Circle One)

Date: _____ Project Number: _____
Protégé: _____ Project Name: _____
Mentor: _____ Duration of the Project: _____
Project Contract Amount: _____ Protégé Amount: _____

*If Protégé Lead project, a minimum 51% of contract to Protege.

Statement of Commitment: The Protégé is committed to providing an adequate amount of resources and effort to execute the plan below.

1. What skills has the Protégé learned from their Mentor that will be utilized on this project?

2. What specific goals and milestones do you have for this project?

3. List proposed manpower and resources required for the project. List primary point of contact.



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4. What is the anticipated duration (in months) of each major phase of the project?

5. List the Subcontractors that will be used on this project, as well as the information requested below: (The Subcontractor(s) listed below will NOT consist of your Protégé.)

Subcontractor's Name	Telephone	Address	Who will they report to?	Contract Amount	MPP MBE, WBE, SBE	Percentage of Contact

6. What capacity will the Mentor be used on this project?

7. List bonding capacity and insurance coverage, etc. (if applicable)



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8. Do you currently have your WL or WP License (if applicable)?

9. Other Comments.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed by their proper officials thereunto duly authorized as of the dates below indicated:

EXECUTED by _____(Protege Firm) this _____ day of _____ 20____.
Corporate SEAL

By: _____
Title: _____

ATTEST:
By: _____
Title: _____

RECOMMENDED FOR APPROVAL:

EXECUTED by the Department of Utilities & Engineering, Compliance Division on this _____ day of _____, 20____.

By: _____
Title: _____