



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 MENTOR 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) |
| COC Centralized Bidder Registration Number # _____ | |



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1. Provide a brief summary about the company, including the company profile, general and specialized operational areas of expertise, historical and recent activities and accomplishments in support of M/W/SBE's, operating history, etc. (Attach additional sheets as needed):

2. Describe how the company will provide the necessary time and resources to ensure a successful mentor-protégé relationship. Additionally, indicate areas of business in which the company is able to offer guidance and training, such as business planning, scheduling, records management, project planning, financing, market analysis, etc. (Attach additional sheets as needed):



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3. Why you want to participate in the Program. (Attach additional sheets as needed):

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

5. List major contract awards with the City of Columbia and other public and private entities for the past 5 years, indicating the scope of your work. (Attach additional sheets as needed):

6. 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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7. 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. Please designate which of the following division(s) your Firm will work within.

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.)**

***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: