



# CITY OF COLUMBIA

Office of Business Opportunities Compliance  
1401 Main Street 4<sup>th</sup> Floor | Columbia, South Carolina 29201  
Phone: 803-545-3950

## MENTOR PROTÉGÉ PROGRAM Implementation Plan- Protégé Project

### Project Type: Protégé Only

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

Protégé Amount: \_\_\_\_\_

Project Name: \_\_\_\_\_

Protege % of Total Contract: \_\_\_\_\_

Project #: \_\_\_\_\_

Mentor Amount (If Applicable): \_\_\_\_\_

Protégé (Prime): \_\_\_\_\_

Mentor % of Total Contract (If Applicable): \_\_\_\_\_

Mentor: \_\_\_\_\_

Duration of the Project: \_\_\_\_\_

Project Contract Amount: \_\_\_\_\_

**Statement of Commitment:** For Protégé Only, the Mentor-Protégé Team may work together with the Protégé receiving a minimum of 51% of the contract. The Protégé is committed to providing an adequate amount of resources and effort to execute the plan below.

A completed Business Information Records (BIR) form is required, and will be reviewed along with this Implementation Plan. **The information recorded in the BIR must be consistent with the Implementation Plan.**

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

**2. How does the work performed in this project relate to the goals identified in your MPP Team Agreement and Business Plan?**



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**3. Please include any subcontractors that will be utilized.**

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

**6. What service will the Mentor be providing on this project? (if applicable)**

**7. List bonding capacity and insurance coverage, etc.**

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



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## 9. Other Comments.

## IMPLEMENTATION PLAN SIGNATURE SHEET

*MPP participants acknowledge that any change orders/contract amendments to this project will require a completed Implementation Plan Addendum for each change order/contract amendment made to the project.*

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 \_\_\_\_\_ (Protégé Firm) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Corporate SEAL

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Firm Name: \_\_\_\_\_

ATTEST:  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

**If Applicable:**  
EXECUTED by \_\_\_\_\_ (Mentor Firm) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Corporate SEAL

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Firm Name: \_\_\_\_\_

ATTEST:  
By: \_\_\_\_\_  
Title: \_\_\_\_\_



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**RECOMMENDED FOR APPROVAL:**

EXECUTED by the Office of Business Opportunities - Compliance on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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