



CITY OF COLUMBIA

Office of Business Opportunities Compliance
 1401 Main Street, 4th Floor | Columbia, South Carolina 29201
 Phone: 803-545-4185

PROTEGE APPLICATION Construction & 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:
	Fax Number:
<i>For tracking purposes only, please check one:</i>	
<input type="checkbox"/> Asian American Male	<input type="checkbox"/> Asian American Female
<input type="checkbox"/> African American Male	<input type="checkbox"/> African American Female
<input type="checkbox"/> Hispanic American Male	<input type="checkbox"/> Hispanic American Female
<input type="checkbox"/> Native American Male	<input type="checkbox"/> Native American Female
<input type="checkbox"/> Native Hawaiian/Pacific Islander Male	<input type="checkbox"/> Native Hawaiian/Pacific Islander Female
<input type="checkbox"/> Non-Minority Female	<input type="checkbox"/> Not Applicable
Form of business (Corporation; Partnership, etc.):	Date Business Established:
Owner Name and Title:	Number of full-time employees:
Contact Name:	
E-mail Address:	Insurance Company:
Number of current part-time employees:	Phone Number:
Coverage Amount:	Type of Coverage:
Bonding Company: (Construction Services only)	Agent Name - Phone Number:
(Provide copy of policy)	
\$ Single:	\$ Aggregate:
Completed Work with City of Columbia: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registrations: <input type="checkbox"/> WL <input type="checkbox"/> WP <input type="checkbox"/> PE	
Certifications: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/> LBE <input type="checkbox"/> Other	
Certification Number (s):	
Certifying Entity (i.e. SCDOT, SBA, etc.):	
Licenses (w/ Classifications):	
<input type="checkbox"/> Gen. Construction Manager <input type="checkbox"/> BD <input type="checkbox"/> General Contractor <input type="checkbox"/> UB5 <input type="checkbox"/> Engineer <input type="checkbox"/> Architect	

CAPABILITIES IN EACH AREA (check all that apply)

GENERAL PE RLS WL WP **WASTEWATER COLLECTION**

- Surveying
- Civil Site Design
- Easements
- CAD Work
- AutoCAD Civil 3D Experience
- Wastewater Modeling
- GIS Mapping
- Utility Coordination and Planning
- Geotechnical Services for Structures
- Geotechnical Services for Pipe Lines
- Material Testing
- Hazardous Materials Testing
- Permitting – If yes, enter types: Click here to enter text.

- Gravity Sewer
- Force Main
- Pipeline Design
- Pipeline Rehabilitation
- MACP/PACP Certification
- Construction Admin for Pipe Lines
- Utility Coordination/SUE Services

WATER TREATMENT

- Water Lines
- High Pressure Pumps
- Booster Pump Stations
- Construction Admin for Pipe Lines
- Raw Water Intake
- Electrical Design

WATER DISTRIBUTION **STORM WATER**

- Water Lines
- Elevated Tanks
- Booster Pump Stations
- Construction Admin for Pipe Lines
- Utility Coordination/SUE Services

- Watershed Assessments
- Channel Sections
- Stream Restoration
- Water Quality/Quantity
- Green Infrastructure & LEED
- SWPPP & NPDES Compliance

WASTEWATER TREATMENT PLANT & PUMP STATION DESIGN

- Pump Station Design
- Wastewater Process Design
- Industrial Process Design
- Electrical Design
- Structural Design
- Architectural Design
- HVAC Design
- Retaining Wall Design
- Storm water Design/Analysis
- Material Testing for Pipelines
- Construction Admin for Structures
- Construction Admin for Pumps/Process
- Shop Drawing Review/O&M Review
- O&M Manual Writing
- Road/Pavement Design
- Utility Coordination/SUE Services
- PE/RLS on Staff

OTHER

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<input type="checkbox"/> 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:

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

2. What objectives do you want to obtain?

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

4. What percentage of your contracting is with the Public Sector ___ %, Private Sector ___ %?
(Identify Federal, Airports, Mass Transportation, etc.):

5. (Professional Services Only) Do you have an established fee estimating plan? Explain.

6. (Construction Services Only) Do you have an established safety Program? Explain.

7. List major projects of the business for the last two (2) years and indicate your role (i.e. Prime Contractor, Joint Venture or Sub Contractor). Use additional sheets if necessary.

References may be required.

8. 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:

9a. (Construction Services Only)

Of the two project divisions below indicate which ones you intend to form a Mentor Protégé Program Team:

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.

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

Two Project Divisions

1. Water Line (WL)
2. Water Plant (WP)

CONSTRUCTION SERVICES

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

9b. (Professional Services Only)

Of the five project divisions below indicate which ones you intend to form a Mentor Protégé Program Team:

Five Project Divisions

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

PROFESSIONAL SERVICES

Mentors are limited to one (1) Team in place at any time within each of the five project divisions. Protégés may have two (2) teams in place at any time within each of the five project divisions.

Submit all the documents listed below WITH APPLICATION:

- A. Current 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 Bonding Coverage (Construction Only)
- E. Proof of WP and /or WL License (Construction Only)

*Additional information may be requested at any time.

Return completed applications to the Office of Business Opportunities - Compliance.

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

 Protege Signature

 Print Name

 Title

 Firm Name

 Date

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

 By

 Title

 Date