



CITY OF COLUMBIA

Office of Business Opportunities Compliance
1401 Main Street 4th 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: _____