



CITY OF COLUMBIA

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

EXISTING PROTÉGÉ TO MENTOR APPLICATION Construction and 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: (Professional Services Only)
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	
Professional License # _____ (Provide copy of License)	

CAPABILITIES IN EACH AREA (check all that apply)

GENERAL

PE RLS WL WP

- 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.](#)

WASTEWATER COLLECTION

- 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

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

STORM WATER

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

WASTEWATER TREATMENT PLANT & PUMP STATION DESIGN

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pump Station Design <input type="checkbox"/> Wastewater Process Design <input type="checkbox"/> Industrial Process Design <input type="checkbox"/> Electrical Design <input type="checkbox"/> Structural Design <input type="checkbox"/> Architectural Design <input type="checkbox"/> HVAC Design <input type="checkbox"/> Retaining Wall Design <input type="checkbox"/> Storm water Design/Analysis | <ul style="list-style-type: none"> <input type="checkbox"/> Material Testing for Pipelines <input type="checkbox"/> Construction Admin for Structures <input type="checkbox"/> Construction Admin for Pumps/Process <input type="checkbox"/> Shop Drawing Review/O&M Review <input type="checkbox"/> O&M Manual Writing <input type="checkbox"/> Road/Pavement Design <input type="checkbox"/> Utility Coordination/SUE Services <input type="checkbox"/> PE/RLS on Staff |
|---|---|

OTHER

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):

3. Why do you want to participate in the program, as a Mentor. (Attach additional sheets as needed):

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

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

6. List major water and sewer contract awards and amounts outside of the City of Columbia for the past five (5) years, indicating projects, scopes of work, amounts, and clients. (Attach additional sheets as needed):

7. 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:

8a. (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.

8b. (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 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.

9. Since 2014, how long have you been a protégé in the Mentor Protégé Program?
(Must have at least four years of Protégé experience with active projects within the MPP Program)

10. Please list at least three or more Columbia Water projects you have completed.
(Project Number, Project Name, Completion Date, and a Brief Description of the Project)

Columbia Water Review/ Approval Signature:

Please circle one: Approved as a Mentor / Not Approved as a Mentor

Notes: _____

Columbia Water Inspector Signature

Date

Notes: _____

Columbia Water Director Signature

Date

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.)**

***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___.

Mentor Signature

Firm Name

Title

Date

Print Name

Approved:
City of Columbia, Office of Business
Opportunities - Compliance

By:

Title:

Date:
