



# 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 Implementation Plan

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

Project Number: \_\_\_\_\_

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

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

Protégé: \_\_\_\_\_

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

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

Protégé Amount: \_\_\_\_\_

**Statement of Commitment:** Both Mentor and Protégé are committed to providing an adequate amount of resources and effort to execute the plan below. Mentor and Protégé acknowledge the Implementation Plan is a joint plan and agree to meet at least quarterly to verify compliance with this Plan.

**1. How do the Mentor and Protégé intend to work together on the designated project?**  
*Address contractual relationship, general roles and informal teaming arrangements.*

**2. How will the specific, quantitative goals in the Annual Business Plan and MPP Agreement be implemented via the work on the project?** *Address general goals here and specific goals in question 9.*

**3. How will the team focus on developing protégé's business and implementing the actions necessary to obtain results reflected in the Mentor-Protégé Agreement?** *Identify milestones, thresholds, or other indicators team that would indicate success is being achieved.*



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**4. Proposed manpower and resources from both the Mentor and the Protégé is required for the project.** *Address key personnel, equipment/materials, and insurance/bonding. Address special arrangements where applicable.*

Mentor:

Protégé:

Subcontractors:

Special Arrangements:

**5. What scope of work to be performed by each participant of the MPP team?**

a. Description of Mentor's responsibilities:

b. Description of Protégé's responsibilities on project:

c. Description of responsibilities that will be completed as a team:

**6. What is the anticipated duration (in months) of each major phase of the project? During which phases will the Protégé be utilized?**



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**7. How will the team comply with and maintain the focus on the requirements of the program for the duration of the project?**

**8. What are the team's specific, quantitative goals and milestones for the current project?**

**9. Outline of Regularly Scheduled meeting between Mentor and Protégé (Progress reporting).**

**10. Define payment schedule and financial terms identifying milestones for initial, progress and final payments.**



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**11. List the Subcontractors that will be used on this project, as well as the information requested below: (The Subcontractor(s) listed below will NOT consist of your Protégé.)**

Subcontractor's Name	Telephone	Address	Who will they report to?	Contract Amount	MPP, MBE, WBE, SBE	Percentage of Contract

**12. What percentage of the project is being implemented by the Protégé? Must equate to a minimum of 20% of total contract amount.**

Protégé Contract Value: \_\_\_\_\_

Percentage of Contract: \_\_\_\_\_ (Minimum of 20% of total contract amount is required)



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## **MENTOR-PROTEGE IMPLEMENTATION PLAN SIGNATURE SHEET**

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

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

ATTEST:

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

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

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

ATTEST:

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

### **RECOMMENDED FOR APPROVAL:**

EXECUTED by the Department of Utilities & Engineering, Compliance Division on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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