

Sample Report Form

Regular Monthly Meetings

Protégé Report Form

Protégé: _____ Sponsor's
Mentor: _____ Representative: _____
Mentor: _____ Date: _____
Svc. Provider: _____ Period: _____

1. Working Capital:

- * Current Assets Less
- * Current Liabilities: _____
- * Accounts Receivable: _____
 - Over 60 Days: _____
- * Accounts Payable: _____
 - Over 30 Days: _____

2. Capacity:

- * Depreciated Value of
Equipment Owned or Leased: _____
 - Monthly Debt Service: _____
 - Total Debt: _____
- * Total Payroll for Current Month: _____
 - Preceding Month: _____
 - Estimate for Following Month: _____
 - Payroll Taxes and
Fringe Benefits: _____ [Whether Paid]
- * Total Material Expensed: _____
- * Total Overhead Expensed: _____
- * Net Profit: _____
- * Bank Line of Credit: _____ [Yes or No]
 - Amount: _____

3. Bonding:

- * Surety Company _____ [Name]
- * Limit Per Project: _____
- * Aggregate Limit: _____
- * Amount Currently Available: _____

4. Insurance:

* Current Certificates (for
Workers Compensation,
General Liability, Etc.) _____ [Yes or No] _____

5. Value of Current and Future Work:

* Work in Progress: _____

* Backlog: _____

6. Transition:

* Number of Months in Program: _____

* Projected Date of Transition: _____

* On Schedule: _____ [Yes or No] _____