Third Appendix

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]