

# 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] \_\_\_\_\_