|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Text  Description automatically generated | Exhibit B: School-to-Work County Mentorship Program  **Monthly Tracking and Reporting** | | | | |
| **Mentor / Mentee Country Information** | | | | | |
| **Mentor** | | | **Mentee** | | |
| Mentor’s County | | | Mentee’s County | | |
| Mentor’s Name | | | Mentee’s Name | | |
| Mentor’s Contact Email | | | Mentee’s Contact Email | | |
| Mentor’s Contact Phone (with area code) | | | Mentee’s Contact Phone (with area code) | | |
| **Mentorship Objectives (to be completed by the Mentor County)** | | | | | |
| **Objective** | | **Time (Hours)** | | | **Total ($200 per hour)** |
| General meeting | |  | | |  |
| Resource sharing | |  | | |  |
| Financial guidance | |  | | |  |
| Contractual guidance | |  | | |  |
| Meeting development and presentation\* | |  | | |  |
|  | | Total time: hours | | | Total Payment: $ |
| \* Note: When preparing a workshop, presentation, or developing statewide meetings for all counties, list the Mentee County as “All Counties” and include the DVR Transition Program Manager as the “Mentee County” contact information. Send to DVR for signature | | | | | |
| **Assistance and Support Service Areas (to be completed by Mentee County)** | | | | | |
| As the Mentee County, I attest that the Mentor County provided assistance and support in the following School-to-Work subject areas: | | | | | |
| Staffing  Training and resources  Transportation  Communication  Workgroup and School-to-Work  Office space / Location  Indirect costs participation  Website  Transition Resource  Resource and marketing  School to Work direct  Fair / Event Planning development service  Contract development  Data collection and reporting  Vendor relations  Billing and invoicing  Other: | | | | | |
| Mentee County Coordinator / Designee Signature Date | | | | Printed Name | |