

NEW HAMPSHIRE VOCATIONAL REHABILITATION (VR)
TIER 1 & TIER 2: BUSINESS DEVELOPMENT SYSTEM
BOOKKEEPING COLLABORATION AGREEMENT

The purpose of this form is to facilitate a shared understanding and future collaboration in maintaining sound bookkeeping and accounting practices to track and report on Self-Employment / Venture Development (SE/VD) revenue progress over the first six months of operation.

Completing this form satisfies Section viii of the Tier 1, and Section 6.c of the Tier 2 New Hampshire Vocational Rehabilitation Self-Employment Policy, which requires that evidence be in place at the time of submitting a Tier 1 Business Proposal or Tier 2 Business Plan to convey that a professional, reliable bookkeeping system is or will be in place at time of launch to track revenue performance objectives.

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VR Counselor Name _____ Office: _____
(Please print)

VR Customer Name: _____ (Please print)	Date Submitted: _____
Name of Business: _____	
Name of Bookkeeper: _____	Telephone: _____
Business Name (If applicable): _____	
Address: _____	
E-Mail: _____	Website: _____
Is this person professionally employed as a bookkeeper? _____ Yes _____ No _____ N/A	
Bookkeeping Services Fee Per Month: \$ _____ Bookkeeping System (e.g., QuickBooks): _____	
VR Customer: My initials below authorize VR Counselor/Consultant to contact the bookkeeper listed above to verify this information. VR Customer Initials: _____	

VR Counselor/Consultant: Bookkeeper information verified. _____ Yes _____ No Date: _____

Comment (if applicable): _____

Basis for Collaboration

VR Customer understands that as a precondition to receiving funding support under the VR Tier 1 or Tier 2 Business Development program, bookkeeping records must be maintained on a regular basis and reviewed each month for the first six months of operation with the VR Counselor and/or authorized VR Consultant. Progress will be tracked using the VR Bookkeeping Performance Tracking Form attached.

VR Customer: _____ Date Signed: _____
(Signature)

VR Counselor: _____ Date Signed: _____
(Signature)

**NEW HAMPSHIRE VOCATIONAL REHABILITATION (VR) / TIER 1 & TIER 2: BUSINESS DEVELOPMENT SYSTEM
BOOKKEEPING PERFORMANCE TRACKING FORM**

VR Customer Name _____ Bookkeeper Name _____
 SE Business Name _____ Bookkeeper Phone/Email _____
 VR Counselor Name _____ VR Office _____

Instructions:

1. Prior to business launch, use the Profit & Loss forecast from the Self-Employment Tier 1 or Tier 2 proposal / plan to fill in the revenue and expense "Budget" columns below for the first six months of operation
2. Each month for six months following business launch, enter "Actual" performance data in the corresponding column and discuss variations with your VR Counselor/Consultant to make any necessary adjustments in your business activities to support desired outcomes moving forward
3. Each month, both parties initial respectively and date the bottom column of that month to convey that discussions transpired

	Month 1		Month 2		Month 3		Month 4		Month 5		Month 6	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Revenue												
Expenses												
Total Revenues												
Total Expenses												
Net Profit / Loss												
Initial Each Month												
Date Reviewed												