**U.S DEPARTMENT OF LABOR** 

# 2110 Report JOB CORPS CONTRACT CENTER FINANCIAL REPORT

OMB Control Number: 1205-0219 Expires: 6/30/09

**EMPLOYMENT AND TRAINING ADMINISTRATION** 

1. Center Name	2. Contractor Name			3a. Report Period End Date
4. Contract Number	5. Latest Contract Mod Number	6a. Approved Budget No.	6b Pending Proposal Date	7. Duration of Contract (Month, Day, Year)
				Begins:
				Ends:
8. Student Years (SYs ) Produced,Contract Ye	ar To Date (CYTD)	10. Exped	cted Underrun if OBS is less than	98.0%
a. Current Contracted Capacity			pected Savings per SY not Deliver ck 9a x 15% )	red
b. Curr Month Average OBS			Shortfall, CYTD k 8d less 8e )	
c. Capacity Percent Current Month		· ·	imum Expected Underrun ( a x b	)
d. Planned SY, CYTD		d. Rep	ported Variance (pg2, ln30)	
e. Actual SY,CYTD		e. Und	derrun Deficit ( c -d, blank if c <d)< td=""><td></td></d)<>	
f. Capacity Percent, CYTD				
9. Student Year Cost (in Dollars)		11. Signa	ture of Authorized Contractor Re	presentative
a. Planned for CYTD		a. Signa	ture	
				Date
b. Actual Cost/SY, CYTD		b. Тур	ped Name/Title:	

U.S DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION

#### JOB CORPS CONTRACT CENTER FINANCIAL REPORT

A. Center Name B. Contractor Name C. Period End Date D. Contract Number

E. Basis For Planned Expense, CYTD Prorated 2181:

Internal Monthly Budget:

F. Contract Year Begins:

Ends:

G. NET CENTER OPERATIONS EXPENSE  Expense Categories	(a) Current Month <u>Actual</u>	(b) Annual <u>Budget</u>	(c) Planned Expense-CYTD	(d) Actual <u>Expense-CYTD</u>	(e) Variance <u>(c-d)</u>	(f) Variance <u>Threshold</u>	(g) Cum Expense <u>From Inception</u>
1 Academic Personnel Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
2 Other Academic Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
3 Voc Personnel Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
4 Other Voc Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
5 Social Skills Personnel Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
6 Other Social Skills Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
7 Food	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
8 Clothing	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
9 Support Service Personnel Exp	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
10 Other Support Service Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
11 Medical Personnel Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
12 Other Medical Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
13 Child Care Personnel Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
14 Other Child Care Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
15 Admin Personnel Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
16 Other Administrative Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
17 Indirect Administrative Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
18 Facilities Maint Personnel Exp	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
19 Other Facilities Maint Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
20 Security Personnel Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
21 Other Security Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
22 Communications	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
23 Utilities and Fuel	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
24 Facility Lease Cost	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
25 Insurance	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
26 Motor Vehicle Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
27 Travel and Training	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
28 Contractor's Fee	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
29 FECA Chargeback (CCC)	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0
30 Net Center Operations Expense	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0

#### JOB CORPS CONTRACT CENTER FINANCIAL REPORT

A. Center Name B. Contractor Name C. Period End Date D	D. Contract Number
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E. NET CENTER ACTUAL EXPENSE - ALL CATEGORIES  Expense Categories	(a) Current <u>Month</u>	(b) Contract Yr <u>to Date</u>	(c) Cum Thru <u>Prior Year</u>	(d) Cumulative <u>Fm Inception</u>
1 Net Center Operations	\$0	\$0	\$0	\$0
2 Construction/Facility Rehab	\$0	\$0	\$0	\$0
3 Equipment/Furniture	\$0	\$0	\$0	\$0
4 GSA Vehicles Rental	\$0	\$0	\$0	\$0
5 VST	\$0	\$0	\$0	\$0
6 Student Transport/Meal Allowance	\$0	\$0	\$0	\$0
7 Outreach/Admissions	\$0	\$0	\$0	\$0
8 Career Transition Services	\$0	\$0	\$0	\$0
9 Other	\$0	\$0	\$0	\$0
10 Other	\$0	\$0	\$0	\$0
11 Grand Total	\$0	\$0	\$0	\$0

F. Inventory Activity	Rece (a) Current <u>Month</u>	eipts (b) Contract <u>Cumulative</u>	(c) Current <u>Month</u>	lssues (d) Contract <u>Cumulative</u>	(e) Average for <u>Contract</u>	(f) Cumulative Net Inventory <u>Change</u>	(g) Add Prior Contract <u>Carryover</u>	(h) Inventory <u>On Hand</u>	(i) Number Months <u>On Hand</u>	(j) Contract Value Amount for Inventory Change
12 Clothing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
13 Food	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
14 EducationalVoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	•	\$0
15 Med/Dental	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
16 Fuel Oil/Propane	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
17 Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	•	\$0
18 Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0

G. Center Operations Expense - Reconciliation of Contract value with 2110 Data (for Contract Years 2 and Above):	
19 Cumulative Cost thru Prior Year (line 1, col c)	na
20 Annual Budget for Current Year (page 2)	na
21 Implied Contract Value (line 19 + 20 + 18j)	na
22 Contract Value per Lastest Mod	na
23 Variance (line 21 - 22)	na

26 Variance (line 24 - 25).....

na

## JOB CORPS CONTRACT CENTER FINANCIAL REPORT

A. Center Name	В.	Contractor N	lame		C. Period End Date				D. Contract Number		
E. CONTRACTOR OBLIGATIONS	(a) Vouchered	Unvoucher		(d)	(e)	(f)	(g)	(h)	(i		
Farmania Octobratica	Reimbursable	Reimbursal		Undelivered	Total Obligations	Contract	% Funding	Contract	% Valu		
Expense Categories	Expense	Expen		Commitments	(a + b + c + d)	Funding	<u>Obligated</u>	<u>Value</u>	Obligated		
1 Net Center Operations	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
2 Construction/Facility Rehab	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
3 Equipment/Furniture	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
4 GSA Vehicles Rental	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
5 VST	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
6 Student Transport/Meal Allowanc	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
7 Outreach/Admissions	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
8 Career Transition Services	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
9 Other	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
10 Other	\$0		\$0 \$0	\$0	\$0	\$0	0%	\$0	0%		
11 Grand Total	\$0		\$0 \$0	\$0	\$0	\$0		\$0			
						Percent perfo	rmance period o	completed	8.5%		
F. VOUCHER RECONCILIATION		(a)	(b)	(c)	ı						
Cumulative Vouchered thru this Peri	od	Operating	Facility Cnst And			- "					
Per Voucher # Dated:		<u>Expense</u>	Rehab (CRA)	<u>Total</u>		<u>ə "</u>					
12 Cumulative Vouchered		\$0	\$0	\$0							
13 Difference with Sec E, Col (a)	•••	\$0	\$0	\$0							
		(a)	(b)	(0	)						
G. ADJUSTMENTS TO EXPENSE		Operating Expense	Facility Cnst and Rehab (CRA)	Tota	I Explain "Other A	\diustments"					
14 Total Expense (Reimbursable Expense Unvouchered Accounts Paya		\$0	\$0	\$		tajastinents					
15 Less Adjustments	ible )										
(a) Pre-paids		\$0	\$0	\$	0						
(b) Ops Inventory Change		\$0	na	\$							
(c) Other/Plug (explain)		\$0	\$0	\$	)						
(d) Total of a+b+c		\$0	\$0	\$	)						
16 Equals Net Expense (Page3, In 11	)	\$0	\$0	\$	)						

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