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

2. Contractor Name			3a. Report Period End Date
5. Latest Contract Mod Number	6a. Approved Budget No.	6b Pending Proposal Date	7. Duration of Contract (Month, Day, Year) Begins:
			Ends:
r To Date (CYTD)	a. Exp (block b. SY (block c. Min d. Rep	pected Savings per SY not Delive ck 9a x 15%) Shortfall, CYTD k 8d less 8e) himum Expected Underrun (a x b ported Variance (pg2, In30)	red
	a. Signa	ture	•
	5. Latest Contract Mod Number	5. Latest Contract Mod Number To Date (CYTD) 10. Experiment Sudget No. 10. Experiment Sudget No. 11. Signa a. Signa	5. Latest Contract 6a. Approved 6b Pending Mod Number Budget No. Proposal Date

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>	Issues (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.	B. Contractor Name			C. Period End Date				D. Contract Number			
E. CONTRACTOR OBLIGATIONS	(a) Vouchered	(b) Unvouchere		(d)	(e)	(f)	(g)	(h)	(i			
	Reimbursable	Reimbursabl	e Unvouchered	Undelivered	Total Obligations	Contract	Ū	Contract	% Value			
Expense Categories	<u>Expense</u>	<u>Expens</u>	e Accts Payable	Commitments	(a+b+c+d)	<u>Funding</u>	<u>Obligated</u>	<u>Value</u>	<u>Obligated</u>			
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 Allowance	\$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%			
11 Grand Total	\$0	\$	·	\$0	\$0	\$0		\$0				
						Percent perfo	rmance period c	ompleted	8.5%			
F. VOUCHER RECONCILIATION		(a)	(b)	(c)	1							
Cumulative Vouchered thru this Peri	od	Operating I	Facility Cnst And									
Per Voucher # Dated:		Expense	Rehab (CRA)	<u>Total</u>		<u>9"</u>						
12 Cumulative Vouchered		\$0	\$0	\$0								
13 Difference with Sec E, Col (a)	•••	\$0	\$0	\$0	1							
		(a)	(b)	(0)							
G. ADJUSTMENTS TO EXPENSE		Operating Expense	Facility Cnst and Rehab (CRA)	Tota	<u>I Explain "Other A</u>	diustments"						
14 Total Expense (Reimbursable Exp		\$0	\$0	<u>1012</u>	-	<u>kujustinients</u>						
plus Unvouchered Accounts Paya 15 Less Adjustments	ible)											
(a) Pre-paids		\$0	\$0	\$	0							
(b) Ops Inventory Change		\$0	na	\$								
(c) Other/Plug (explain)		\$0	\$0	\$	0							
(d) Total of a+b+c		\$0	\$0	\$	0							
16 Equals Net Expense (Page3, In 11)	\$0	\$0	\$	0							

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