

2110 Report
JOB CORPS CONTRACT CENTER FINANCIAL REPORT

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:

<p>8. Student Years (SYs) Produced,Contract Year To Date (CYTD)</p> <p>a. Current Contracted Capacity</p> <p>b. Curr Month Average OBS</p> <p>c. Capacity Percent Current Month</p> <p>d. Planned SY, CYTD</p> <p>e. Actual SY,CYTD</p> <p>f. Capacity Percent, CYTD</p>	<p>10. Expected Underrun if OBS is less than 98.0%</p> <p>a. Expected Savings per SY not Delivered (block 9a x 15%)</p> <p>b. SY Shortfall, CYTD (block 8d less 8e)</p> <p>c. Minimum Expected Underrun (a x b)</p> <p>d. Reported Variance (pg2, ln30)</p> <p>e. Underrun Deficit (c -d, blank if c<d)</p>
<p>9. Student Year Cost (in Dollars)</p> <p>a. Planned for CYTD</p> <p>b. Actual Cost/SY, CYTD</p>	<p>11. Signature of Authorized Contractor Representative</p> <p>a. Signature _____ Date</p> <p>b. Typed Name/Title:</p>

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E. CONTRACTOR OBLIGATIONS	(a) Vouchered Reimbursable	(b) Unvouchered Reimbursable	(c) Unvouchered Accts Payable	(d) Undelivered Commitments	(e) Total Obligations (a + b + c + d)	(f) Contract Funding	(g) % Funding Obligated	(h) Contract Value	(i) % Value Obligated
<u>Expense Categories</u>	<u>Expense</u>	<u>Expense</u>	<u>Accts Payable</u>	<u>Commitments</u>	<u>(a + b + c + d)</u>	<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 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%	\$0	0%

Percent performance period completed..... 8.5%

F. VOUCHER RECONCILIATION	(a)	(b)	(c)	
Cumulative Vouchered thru this Period Per Voucher # Dated:	<u>Operating Expense</u>	<u>Facility Cnst And Rehab (CRA)</u>	<u>Total</u>	<u>Explain "Difference"</u>
12 Cumulative Vouchered	\$0	\$0	\$0	
13 Difference with Sec E, Col (a).....	\$0	\$0	\$0	

G. ADJUSTMENTS TO EXPENSE	(a)	(b)	(c)	
	<u>Operating Expense</u>	<u>Facility Cnst and Rehab (CRA)</u>	<u>Total</u>	<u>Explain "Other Adjustments"</u>
14 Total Expense (Reimbursable Expense plus Unvouchered Accounts Payable)	\$0	\$0	\$0	
15 Less Adjustments				
(a) Pre-paid	\$0	\$0	\$0	
(b) Ops Inventory Change	\$0	na	\$0	
(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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