

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. NET CENTER ACTUAL EXPENSE - ALL CATEGORIES				
Expense Categories	(a) Current Month	(b) Contract Yr to Date	(c) Cum Thru Prior Year	(d) Cumulative Fm Inception
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	-----Receipts-----		-----Issues-----			(f) Cumulative Net Inventory Change	(g) Add Prior Contract Carryover	(h) Inventory On Hand	(i) Number Months On Hand	(j) Contract Value Amount for Inventory Change
	(a) Current Month	(b) Contract Cumulative	(c) Current Month	(d) Contract Cumulative	(e) Average for Contract					
	12 Clothing	\$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 + 18)).....	na
22 Contract Value per Lastest Mod.....	na
23 Variance (line 21 - 22).....	na

H. Center Operations Expense - Reconciliation of 2181 Prior Year Cum with 2110 Data (for Contract Years 2 and Above):

24 Cumulative Cost thru Prior Year (line 1, col 3).....	na
25 Prior Year Cum per Approved 2181.....	na
26 Variance (line 24 - 25).....	na

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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	
Percent performance period completed.....									8.5%

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

G. ADJUSTMENTS TO EXPENSE	(a) Operating Expense	(b) Facility Cnst and Rehab (CRA)	(c) Total	Explain "Other Adjustments"
14 Total Expense (Reimbursable Expense plus Unvouchered Accounts Payable)	\$0	\$0	\$0	
15 Less Adjustments				
(a) Pre-pays	\$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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