OMB Control Number: 1205-0219 Expires: 02/28/2013

U.S DEPARTMENT OF LABOR

2110 Report

JOB CORPS CONTRACT CENTER FINANCIAL REPORT

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

Public Burden Statement - Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information, which is required to obtain or retain benefits (29 USC 2881), is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Job Corps. Room N-4507, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0219).

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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 Actual	(b) Annual Budget	(c) Planned Expense-CYTD	(d) Actual Expense-CYTD	(e) Variance (c-d)	(f) Variance Threshold	(g) Cum Expense From Inception
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

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

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--------- (a) Current Month	(b) Contract Cumulative	----------Issues---------- (c) Current Month	(d) Contract Cumulative	(e) Average for Contract	(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
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

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 Expense Categories	(a) Vouchered Reimbursable Expense	(b) Unvouchered Reimbursable Expense	(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
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 Cumulative Vouchered thru this Period Per Voucher # Dated:	(a) Operating Expense	(b) Facility Cnst And Rehab (CRA)	(c) Total	Explain "Difference"
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-paids	$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, ln 11).....	$0	$0	$0	

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