U.S DEPARTMENT OF LABOR	2110 Rep JOB CORPS CONTRACT CENTE		EMPLOYMENT AN	Imber: 1205-0219 Expires: xx/xx/xxx D 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,Cont	ract Year To Date (CYTD)	10. Expe	cted Underrun if OBS is less than	98.0%
a. Current Contracted Capacity			pected Savings per SY not Delivered ck 9a x 15%)	
b. Curr Month Average OBS			Shortfall, CYTD k 8d less 8e)	
c. Capacity Percent Current Month		-	nimum Expected Underrun (a x b)	
d. Planned SY, CYTD		d. Re	ported Variance (pg2, In30)	
e. Actual SY,CYTD		e. Un	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 Repres	sentative
a. Planned for CYTD			a. Signature	
				Date
b. Actual Cost/SY, CYTD		b. Ty	oed 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 120 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).

U.S DEPARTMENT OF LABOR

EMPLOYMENT AND TRAINING ADMINISTRATION

JOB CORPS CONTRACT CENTER FINANCIAL REPORT

Α.	Center	Name
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B. Contractor Name

C. Period End Date

Internal Monthly Budget:

D. Contract Number

E. Basis For Planned Expense, CYTD Prorated 2181:

F. Contract Year Begins:

Ends:

G. NET CENTER OPERATIONS EXPENSE Expense Categories	(a) Current Month <u>Actua</u> l	(b) Annual <u>Budget</u>	(c) Planned <u>Expense-CYTD</u>	(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

EMPLOYMENT AND TRAININGADMINISTRATION

JOB CORPS CONTRACT CENTER FINANCIAL REPORT

A. Center Name	B.	Contractor Name		D. Contract Number		
E. NET CENTER ACTU	AL EXPENSE - ALL CATEGO	PRIES	(a) Current Month	(b) Contract Yr <u>to Date</u>	(c) Cum Thru Prior Year	(d) Cumulative Fm Inception
1 Net Center Operation			\$0	<u>****</u> \$0	<u>\$0</u>	\$0
2 Construction/Facility			\$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/Me	al Allowance		\$0	\$0	\$0	\$0
7 Outreach/Admissions	;		\$0	\$0	\$0	\$0
8 Career Transition Ser	vices		\$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) (b) Current Contract	(c)	ues (d) (e htract Average fo		(g) (h) Add Prior Contract Inventory	(i) (j) Number Contract Value Months Amount for

F. Inventory Activity	(a) Current <u>Month</u>	(b) Contract <u>Cumulative</u>	(c) Current <u>Month</u>	(d) Contract <u>Cumulative</u>	(e) Average for <u>Contract</u>	Cumulative Net Inventory <u>Change</u>	Add Prior Contract <u>Carryover</u>	Inventory <u>On Hand</u>	Number Months <u>On Hand</u>	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

U.S DEPARTMENT OF	LABOR
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EMPLOYMENT AND TRAINING ADMINISTRATION

JOB CORPS CONTRACT CENTER FINANCIAL REPORT

A. Center Name	B.	B. Contractor Name			C. Period End Date				D. Contract Number		
E. CONTRACTOR OBLIGATIONS	(a)	(b		(d)	(e)	(f)	(g)	(h)	(i)		
	Vouchered Reimbursable	Unvoucheree Reimbursable		Undelivered	Total Obligations	Contract	% Funding	Contract	% Value		
Expense Categories	<u>Expense</u>	Expens	e Accts Payable	Commitments	<u>(a + b + c + d</u>)	Funding	Obligated	Value	Obligated		
1 Net Center Operations	\$0	\$	i0 \$0	\$0	\$0	\$0	0 %	\$0	0%		
2 Construction/Facility Rehab	\$0	\$	\$0 \$0	\$0	\$0	\$0	0 %	\$0	0%		
3 Equipment/Furniture	\$0	\$	i0 \$0	\$0	\$0	\$0	0 %	\$0	0%		
4 GSA Vehicles Rental	\$0	\$	i0 \$0	\$0	\$0	\$0	0 %	\$0	0%		
5 VST	\$0		50 \$0	\$0	\$0	\$0	0 %	\$0	0%		
6 Student Transport/Meal Allowanc	\$0		50 \$0	\$0 \$0	\$0 \$0	\$0	0 %	\$0 \$0	0%		
7 Outreach/Admissions	\$0 \$0		50 \$0	\$0 \$0	\$0 \$0	\$0 \$0	0 %	\$0 \$0	0%		
	• -			• -	• -	+ -					
8 Career Transition Services	\$0		50 \$0	\$0	\$0	\$0	0 %	\$0	0%		
9 Other	\$0		i0 \$0	\$0	\$0	\$0	0 %	\$0	0%		
10 Other	\$0	,	i0 \$0	\$0 \$0	\$0	\$0	0 %	\$0 \$0	0%		
11 Grand Total	\$0	\$	i0 \$0	\$0	\$0	\$0		\$0			
						Percent perfo	rmance period o	completed	8.5%		
F. VOUCHER RECONCILIATION		(a)	(b)	(c)							
Cumulative Vouchered thru this Peri	od	Operating	Facility Cnst And	(0)							
Per Voucher # Dated:		Expense	<u>Rehab (CRA)</u>	<u>Total</u>	Explain "Difference						
12 Cumulative Vouchered		\$0	\$0	\$C							
13 Difference with Sec E, Col (a)		\$0	\$0	\$0	1						
		(a)	(b)	(c)						
G. ADJUSTMENTS TO EXPENSE		Operating	Facility Cnst and								
14 Total Expense (Reimbursable Exp plus Unvouchered Accounts Paya		<u>Expense</u> \$0	Rehab (CRA) \$0	<u>Tota</u> \$		<u>djustments"</u>					
15 Less Adjustments											
(a) Pre-paids		\$0	\$0	\$)						
(b) Ops Inventory Change		\$0	na	\$							
(c) Other/Plug (explain)		\$0	\$0	\$							
(d) Total of a+b+c		\$0	\$0	\$	0						
16 Equals Net Expense (Page3, In 11)	\$0	\$0	\$	0						

EMPLOYMENT AND TRAINING ADMINISTRATION

JOB CORPS CONTRACT CENTER FINANCIAL REPORT

A. Center Name

B. Contractor Name

C. Period End Date

D. Contract Number