

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT**

SECTION I: GENERAL INFORMATION

Final Report? No

Recipient Name: Gwinnett County Grant Number: 08-ns-5063 Report No: 05 Quarter End: 6/30/2010 Final Report: _____
 Contact Person: William Kingsbury Telephone Number: 770-822-5424 E-mail: william.kingsbury@gwinnettcounty.com

SECTION II: FINANCIAL INFORMATION

A. Activity Number	B. Amount Revised Budgeted	C. Cumulative Amount Drawdown	D. Cumulative Balance (B - C)	E. Expended This Quarter	F. Obligated End of Quarter	G. Cumulative Expended to Date	H. Cumulative Obligated to Date	I. Cumulative Total to Date (G + H)	J. Cumulative Percentage
001-B-H	635,573.00	467,679.93	167,893.07	551,891.90		551,891.90		551,891.90	86.83%
001-B-I	1,718,400.00	1,376,353.75	342,046.25	7,626.00		1,383,979.75		1,383,979.75	80.54%
013-A-H	12,150.00		12,150.00						0.00%
013-A-I	32,851.00		32,851.00	90,000.00		90,000.00		90,000.00	273.96%
14A-B-H	114,750.00		114,750.00	339,920.51	119,336.38	339,920.51	119,336.36	459,256.87	400.22%
14A-B-I	310,250.00	9,150.00	301,100.00	350,959.55	96,808.69	360,109.55	96,808.69	456,918.24	147.27%
21A (Admin)	180,253.00		180,253.00	32,717.74	147,535.26	32,717.74	147,535.26	180,253.00	100.00%
Totals	3,004,227.00	1,853,183.68	1,151,043.32	1,373,115.70	363,680.33	2,758,619.45	363,680.31	3,122,299.76	103.93%

SECTION III: CONTRACTS AND SUBCONTRACTS FOR THIS QUARTER

Contractor/ Subcontractor Name	Address	City, State, Zip	Prime Contractor		Sub Contractor		Total Amt. of Contract/ Subcontract	CDBG Part Contract/ Subcontract	Trade/ Race Codes	Wome Own
			ID Number	Sec 3	ID Number	Sec 3				

Trade Codes: 1 = New Construction, 2 = Education/Training, 3 = Other

Racial/Ethnic Codes: 1 = White, 2 = Black, 3 = Native American, 4 = Hispanic, 5 = Asian

Total Contracts/Subcontracts:

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SECTION IV: Work in Progress

Use this section to provide a brief narrative description of work in progress during the reporting period. Use the Project Implementation Schedule included in your application as the basis for reporting.

During the quarter, the multi-family project with 23 assigned DCA units neared completion. At the end of May the project was reported to be 95.52% complete, and tenants have begun moving in. These 23 units serve families with incomes no greater than 50% of the AMI.

Four of the ten homes purchased with the NSP funds have been sold, and the remainder are either complete or near completion. These homes, all in one subdivision, have been purchased by homebuyers with incomes no greater than 120% of the AMI.

SECTION V: Other Supporting Efforts

Use this section to provide a description of all other supporting efforts that have begun, been partially implemented, or completed during this period. Use quantifiable data whenever possible. Use the information from DCA 8 (Budget Analysis) as the basis for reporting.

SECTION VI: Problems Encountered / Technical Assistance Needed

Use this section to provide a brief description of any problems or delays encountered or anticipated, or any technical assistance needed from DCA.

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SECTION VIII: Performance Measurement

All Grants

LEVERAGE THIS GRANT

	Public	Private
This Quarter		\$708,630.00
Cumulative		\$708,603.00

CDBG and CDBG Stimulus - People

TOTAL PEOPLE THIS

	People	L/M
This Quarter		
Cumulative		

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS

	Units Owner	Units Rental	Units Buyer	Total Units
This Quarter				
Cumulative				

CDBG and CDBG Stimulus - EIP Jobs (do not include ARRA jobs)

TOTAL F/T+FTE JOBS THIS

	Created	Retained	Lost:	Lost:
	L/M	L/M	Created	Retained
This Quarter				
Cumulative				

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

	Units Acquired	Units Rehab	Units Construct	Units Sold
This Quarter				
Cumulative	10	10		4

PROJECTS COMPLETED THIS

	Projects
This Quarter	4
Cumulative	4

PERFORMANCE CERTIFICATION

This certifies that

All accomplishments for this quarter have been reported accurately.

GRANT ADMINISTRATOR

This Quarterly Report is NOT complete.

Date _____

CERTIFICATION

The signature of the Certifying Official below certifies that the data and other information provided in this Report (including Pages 1 and 2 of the Quarterly Report and the Project Activity and Completion as applicable), whether submitted in paper form or on-line, is correct, based on official accounting system and other records, and that expenditures and obligations shown have been made for the purpose of and in accordance with applicable Grant Terms and Conditions.

Signature of Certifying Official _____

Title of Official _____

Date _____