

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT

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Recipient Name: Gwinnett County Grant Number: 08-ns-5063 Report No: 11 Quarter End: 11/30/2011 Final Report: Final Report No

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.

Total program income received is \$1,725,901.00. Total program income spent or obligated is \$1,725,700.66

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 6 (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	
Cumulative	

CDBG and CDBG Stimulus - People

TOTAL PEOPLE THIS

People	People
L/M	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 FT+FTE JOBS THIS

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

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

Units Acquired	Units Rehab	Units Construct	Units Sold
This Quarter	0	0	0
Cumulative	44	35	33

PROJECTS COMPLETED THIS

Projects Completed

This Quarter	0
Cumulative	11

PERFORMANCE
 This certifies that
All accomplishments for this quarter have been reported accurately.

GRANT
 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 Maria Woods Title of Official _____ Date _____