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

Recipient Name: Gwinnett County Grant Number: 08-ns-5063 Report No: 10 Quarter End: 8/31/2011 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 of \$1,723,274.14 has been generated through the end of this quarter. \$178,485.00 was generated this quarter.

**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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Return Page 1 Page 2 Additional Contracts      Recipient Name: Gwinnett County      Grant Number: 08-ns-5063      Report No: 10      Quarter End: 8/31/2011      Final Report: No  
 Final Report: \_\_\_\_\_

**SECTION VIII: Performance Measurement**

**All Grants**

**LEVERAGE THIS GRANT**

This Quarter	Public	Private
Cumulative		

**CDBG and CDBG Stimulus - People**

**TOTAL PEOPLE THIS**

This Quarter	People	People
Cumulative	L/M	L/M

**CDBG and CDBG Stimulus - Housing**

**TOTAL HOUSING THIS**

This Quarter	Units Owner	Units Rental	Units Buyer	Total Units
Cumulative				

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

**TOTAL F/T+PTE JOBS THIS**

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

**NSP - Housing / Projects**

**HOUSING ACCOMPLISHMENTS THIS**

This Quarter	Units Acquired	Units Rehab	Units Construct	Units Sold
Cumulative	0	1	1	1
	44	33	33	33

**PROJECTS COMPLETED THIS**

**Projects Completed**

This Quarter	1
Cumulative	11

**PERFORMANCE**  
This certifies that

**All accomplishments for this quarter have been reported accurately.**

**GRANT**

**This Quarterly Report is complete.**

Date 9/30/2011

**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 \_\_\_\_\_



