

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT

Recipient Name: Gwinnett County

Grant Number: 08-ns-5063

Report No: 09 Quarter End: 5/31/2011

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.

There were no additional properties purchased, and five home sales this period, generating \$802,293.14 in program income. A total of \$1,547,416.00 in program income has been collected, and \$1,065,972.76 has been spent.

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
 Cumulative

CDBG and CDBG Stimulus - People
 TOTAL PEOPLE THIS
 People LM
 This Quarter
 Cumulative

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS

Units Units Units Total
 Owner Rental Buyer Units

This Quarter
 Cumulative

CDBG and CDBG Stimulus - EIP Jobs (do not include ARRA jobs)
 TOTAL FT+FTE JOBS THIS
 Created LM Retained LM Lost: Lost:
 Created Retained

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

Units	Units	Units	Units
Acquired	Rehab	Construct	Sold
This Quarter	5		5
Cumulative	29	34	34

PROJECTS COMPLETED THIS

Projects Completed
This Quarter
Cumulative
5
13

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 _____