

**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: 17 Quarter End: 5/31/2013 Final Report: _____

Contact Person: Shannon Candler Telephone Number: 678-518-6038 E-mail: shannon.candler@gwinnettcountry.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 (4117)	467,679.93	467,679.93	0.00			467,679.93		467,679.93	100.00%
001-B-I (4100)	2,404,390.62	2,037,420.65	366,969.97			2,037,713.15		2,037,713.15	84.75%
013-A-H									
013-A-I (4116)	112,500.00	45,000.00	67,500.00			67,500.00		67,500.00	60.00%
14A-B-H (4119)	115,429.45	115,429.45	0.00			114,399.85		114,399.85	99.11%
14A-B-I (4114)	567,258.52	448,393.03	118,865.49			518,877.14		518,877.14	91.47%
21A (1001 and	234,079.67	57,461.49	176,618.18	164.14		86,230.57		86,230.57	36.84%
Totals	3,901,338.19	3,171,384.55	729,953.64	164.14		3,292,400.64		3,292,400.64	84.39%

SECTION III: CONTRACTS AND SUBCONTRACTS FOR THIS QUARTER

Contractor/ Subcontractor Name	Address	City, State, Zip	Prime Contractor ID Number	Sec 3	Sub Contractor ID Number	Sec 3	Total Amt. of Contract/ Subcontract	CDBG Part Contract/ Subcontract	Trade/ Race Codes	Women Owned
				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>

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: 0

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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 reporting period (3/1/13-5/31/13) the Gwinnett County NSP office acquired two new properties. Our office continues to work with the National Community Stabilization Trust in an effort to effectively and efficiently locate properties within our target area.

During the reporting period (3/1/13-5/31/13) the Gwinnett County NSP1 program received no additional program income. Quarterly program income expenditures were \$532,701.32 and pending obligations of \$38,012.14 leaving program income fully obligated.

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

This reporting period (3/1/13-5/31/13) was the first reporting period where all of the new NSP procedural changes were in place. The early returns appear to have had a positive effect for both the NSP office and the developers. The procedures have worked to streamline the process and make it easier to identify homes that will qualify for the program.

The internal budget controls put in place by our Financial Status Report (FSR) system continues to monitor our budget v. our expenditures and ensure that we are on track to meet all of our National Objectives.

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.

The Gwinnett County NSP1 program is under close monitoring as the amount of grant funds has already been fully obligated and the remaining amount of program income continues to decrease. This has put an onus on the developers to find properties with lower costs in a highly competitive market place. Through the use of the National Community Stabilization Trust though it appears as though we will be able to overcome these problems and identify more qualified homes.

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SECTION VIII: Performance Measurement

All Grants

LEVERAGE THIS GRANT

Public Private

This Quarter	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>

CDBG and CDBG Stimulus - People

TOTAL PEOPLE THIS

People L/M

This Quarter	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS

Units Units Units Total
Owner Rental Buyer Units

This Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

TOTAL F/T+FTE JOBS THIS

Created Created Retained Retained Lost: Lost:
L/M L/M L/M Created Retained

This Quarter	<input type="text"/>					
Cumulative	<input type="text"/>					

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

Units Units Units Units
Acquired Rehab Construct Sold

This Quarter	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cumulative	<input type="text" value="21"/>	<input type="text" value="21"/>	<input type="text"/>	<input type="text" value="19"/>

PROJECTS COMPLETED THIS

Projects Completed

This Quarter	<input type="text" value="0"/>
Cumulative	<input type="text" value="21"/>

Temporary Jobs - All Grants

TEMPORARY JOBS THIS GRANT

People

This Quarter	<input type="text"/>
Cumulative	<input type="text"/>

PERFORMANCE CERTIFICATION

All accomplishments for this quarter have been reported accurately.

GRANT ADMINISTRATION

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 _____