

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS QUARTERLY EXPENDITURES AND PROGRESS REPORT

Final Report? No

SECTION I: GENERAL INFORMATION

Recipient Name: Gwinnett County Grant Number: 08-NS-5063 Report No: 30 Quarter End: 8/31/2016 Final Report: _____
 Contact Person: Matthew Elder Telephone Number: 678-518-6053 E-mail: Matthew.Elder@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	682,960.50	467,679.93		0.00	0.00	563,163.02	0.00		
001-B-I	2,036,663.15	2,036,370.15		0.00	0.00	2,036,663.15	0.00		
013-A-H	67,500.00	0.00		0.00	0.00	67,500.00	0.00		
013-A-I	90,000.00	45,000.00		0.00	0.00	90,000.00	0.00		
14A-B-H	245,657.73	115,429.45		0.00	0.00	245,357.17	0.00		
14A-B-I	544,477.14	448,393.03		0.00	0.00	544,477.14	0.00		
21A	234,079.67	58,511.39		120.02	0.00	228,542.46	0.00		
Totals	3,901,338.19	3,171,383.95	729,954.24	120.02	0.00	3,775,702.94	0.00	3,775,702.94	96.78%

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

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SECTION IV: Work in Progress

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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.

The Gwinnett NSP office did not acquire any NSP1 properties utilizing DCA funds but did dispose of four properties during the previous reporting period of 09/01/2013 through 11/30/2013. The Gwinnett NSP office will continue to work with the Neighborhood Stabilization Program Trust to acquire more properties.

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

The Gwinnett NSP office added additional responsibility to its housing specialist role. In addition to being responsible for property acquisition, rehabilitation, and disposition the housing specialist now performs the homebuyer intake interview with every client. This allows the program to have one point of contact for the entire process and ensures consistent communication from the program to all involved parties.

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 NSP office is still focused on acquiring properties to meet its 25% set aside National Objective. The challenge remains finding properties that are both affordable to develop and that are in areas that will be the best fit for a low-income buyer.

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SECTION VIII: Performance Measurement

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All Grants

LEVERAGE THIS GRANT

	Public	Private
This	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>

CDBG and CDBG Stimulus - People

TOTAL PEOPLE THIS

	People	People L/M
This	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS

	Units Owner	Units Rental	Units Buyer	Total Units
This	<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 L/M	Retained	Retained L/M	Lost: Created	Lost: Retained
This	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

	Units Acquired	Units Rehab	Units Construct	Units Sold
This	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
Cumulative	<input type="text" value="55"/>	<input type="text" value="55"/>	<input type="text"/>	<input type="text" value="32"/>

PROJECTS COMPLETED THIS

	Projects Completed
This	<input type="text" value="0"/>
Cumulative	<input type="text" value="55"/>

PERFORMANCE CERTIFICATION

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

GRANT ADMINISTRATOR

This Quarterly Report is complete.

Date 9/20/2016

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 9/19/2016