

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Final Report? No

Recipient Name: Gwinnett County Grant Number: 11-ns-6004 Report No: 14 Quarter End: 2/28/2015 Final Report: _____
 Contact Person: Shannon Candler Telephone Number: 678-518-6038 E-mail: shannon.candler@gwinnettcouy.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
6004-001-B-H	520,850.74	300,451.95		-175.00	2,285.00	442,261.56	2,285.00		
6004-001B-I	1,220,225.62	1,012,544.35		-27,680.09	0.00	1,213,985.33	0.00		
6004-14A-B-H	338,574.47	81,010.00		175.00	54,154.63	236,728.44	54,154.63		
6004-14A-B-I	791,610.47	514,565.87		18,910.15	258,000.00	533,632.02	258,000.00		
6004-013-A-H	135,000.00	22,500.00		0.00	30,500.00	90,000.00	30,500.00		
6004-013-A-I	278,000.00	157,500.00		0.00	67,500.00	180,000.00	67,500.00		
6004-21A-X (1001	209,633.70	94,163.83		18,470.60	34,439.29	175,194.41	34,439.29		
Totals	3,493,895.00	2,182,736.00	1,311,159.00	9,700.66	446,878.92	2,871,801.76	446,878.92	3,318,680.68	94.99%

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

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS NSP QUARTERLY EXPENDITURES AND PROGRESS
REPORT

Recipient Name: Gwinnett CountyGrant Number: 11-ns-6004Report No: 14Quarter End: 2/28/2015

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.

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.

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS NSP QUARTERLY EXPENDITURES AND PROGRESS REPORT

Recipient Name: Gwinnett County Grant Number: 11-ns-6004 Report No: 14 Quarter End: 2/28/2015 Final Report: _____

SECTION VIII: Performance Measurement

Final Report? No

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

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

	Units Acquired	Units Rehab	Units Construct	Units Sold
This Quarter	<input type="text" value="1"/>	<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cumulative	<input type="text" value="49"/>	<input type="text" value="49"/>	<input type="text" value="0"/>	<input type="text" value="42"/>

PROJECTS COMPLETED THIS

	Projects Completed
This Quarter	<input type="text" value="0"/>
Cumulative	<input type="text" value="42"/>

PERFORMANCE CERTIFICATION

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

GRANT

This Quarterly Report is complete.

Date Completed: 3/27/2015

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 3/27/2015