

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

SECTION I: GENERAL INFORMATION

Recipient Name: Gwinnett County Grant Number: 08-ns-5063 Report No: 29 Quarter End: 5/31/2016 Final Report? No
 Contact Person: Matthew Elder Telephone Number: 678-518-6053 E-mail: Matthew.Elder@gwinnettcounty.com Final Report: _____

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	215,280.57	400.00	0.00	563,163.02	0.00	563,163.02	82.46%
001-B-I	2,036,663.15	2,036,370.15	293.00	0.00	0.00	2,036,663.15	0.00	2,036,663.15	100.00%
013-A-H	67,500.00	0.00	67,500.00	22,500.00	0.00	67,500.00	0.00	67,500.00	100.00%
013-A-I	90,000.00	45,000.00	45,000.00	0.00	0.00	90,000.00	0.00	90,000.00	100.00%
14A-B-H	245,657.73	115,429.45	130,228.28	46,656.00	0.00	245,357.17	0.00	245,357.17	99.88%
14A-B-I	544,477.14	448,393.03	96,084.11	0.00	0.00	544,477.14	0.00	544,477.14	100.00%
21A	234,079.67	58,511.39	175,568.28	638.50	0.00	228,422.44	0.00	228,422.44	97.58%
Totals	3,901,338.19	3,171,383.95	729,954.24	70,194.50	0.00	3,775,582.92	0.00	3,775,582.92	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"/>

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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.

The Gwinnett County Neighborhood Stabilization Program did not acquire any properties during the reporting period (March 1, 2016 - May 31, 2016). The two properties that were reported as undergoing rehab in the last reporting period were sold to eligible low-income homebuyers. The program does not currently have any properties in its inventory.

The NSP program generated \$208,748.65 in program income during the reporting period and expended a total of \$83,643.00 in program income. Gwinnett County has generated a total of \$3,838,485.65 program income to date and expended a total of \$3,817,855.33.

To date, the program has acquired and rehabilitated 32 single-family and 23 multi-family housing units.

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.

Due to the lack of current inventory the Gwinnett County NSP program is focused on identifying new property acquisitions for the NSP 1 grant.

Based on current projections there is enough funding available to acquire, rehab, and resell one low-income property before this grant is ready for closeout.

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.

There are not currently any issues that have been encountered by the Gwinnett County NSP staff. The staff continues to work diligently with both the County's Finance Department and DCA to update draws and continue preparing for closeout by the end of the year.

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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	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="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>
Cumulative	<input type="text" value="55"/>	<input type="text" value="55"/>	<input type="text" value="0"/>	<input type="text" value="55"/>

PROJECTS COMPLETED THIS

Projects Completed

This Quarter	<input type="text" value="2"/>
Cumulative	<input type="text" value="55"/>

Temporary Jobs - All Grants

TEMPORARY JOBS THIS GRANT

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

PERFORMANCE CERTIFICATION
 This certifies that

All accomplishments for this quarter have been reported accurately.

GRANT ADMINISTRATOR
This Quarterly Report is NOT complete.

Date Completed: _____

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 _____