

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

SECTION I: GENERAL INFORMATION

Recipient Name: Gwinnett County Grant Number: 11-ns-8004 Report No: 17 Quarter End: 11/30/2015 Final Report? No
 Contact Person: Shannon Candler Telephone Number: 678-518-8038 E-mail: shannon.candler@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
6004-001-B-H	520,850.74	300,451.95	220,398.79	0.00	0.00	442,261.56	0.00	442,261.56	84.91%
6004-001B-I	1,220,225.62	1,012,544.35	207,681.27	0.00	0.00	1,214,271.95	0.00	1,214,271.95	99.51%
6004-14A-B-H	338,574.47	81,010.00	257,564.47	0.00	0.00	296,853.24	0.00	296,853.24	87.68%
6004-14A-B-I	791,610.47	514,565.87	277,044.60	0.00	85,923.50	633,090.55	85,923.50	719,014.05	90.83%
6004-013-A-H	135,000.00	22,500.00	112,500.00	0.00	0.00	135,000.00	0.00	135,000.00	100.00%
6004-013-A-I	278,000.00	157,500.00	120,500.00	0.00	7,500.00	270,000.00	7,500.00	277,500.00	99.82%
6004-21A-X	209,633.70	94,163.83	115,469.87	0.00	0.00	185,588.65	0.00	185,588.65	88.53%
Totals	3,493,895.00	2,182,736.00	1,311,159.00	0.00	93,423.50	3,177,065.95	93,423.50	3,270,489.45	93.61%

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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Report No: 17

Quarter End: 11/30/2015

Final Report: _____

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 this reporting period (September 1, 2015 – November 30, 2015) the Gwinnett County Neighborhood Stabilization Program (NSP) did not sell or acquire any properties. Currently there is one property undergoing rehabilitation.

During the reporting period the program generated \$240,566.00 in program income and expended \$95,708.89. Gwinnett County NSP has generated \$3,276,594.36 in program income and expended \$2,852,392.20 grant to date.

On September 10, 2015 updated NSP policy and procedures were implemented and as a result the due diligence process is now more efficient effective both staff and developers. To date, the NSP Program has acquired and rehabilitated 36 single-family homes and assisted 33 households to purchase, rehabilitated homes as income-eligible buyers.

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

Gwinnett County staff facilitated a NSP stakeholder meeting on September 10, 2015. The presentation contained an overview of the recent changes to the NSP policy and procedures such as; email correspondence, property reservations, environmental review, appraiser, property inspector, bi-weekly reporting, and current financial snapshot of the program. Additionally the stakeholders were informed of that Gwinnett County NSP is anticipating grant closeout by December 31, 2016.

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 NSP is continuing to operating smoothly and has not encountered any problems or delays. The NSP staff continues to monitor both the programs product and finances in order to identify potential problems before they become issues.

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SECTION VIII: Performance Measurement

All Grants

LEVERAGE THIS GRANT

	<u>Public</u>	<u>Private</u>
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="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cumulative	<input type="text" value="35"/>	<input type="text" value="35"/>	<input type="text" value="0"/>	<input type="text" value="33"/>

PROJECTS COMPLETED THIS

	Projects Completed
This Quarter	<input type="text" value="0"/>
Cumulative	<input type="text" value="33"/>

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 _____