

**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: 19 Quarter End: 5/31/2016 Final Report? No
 Contact Person: Shannon Candler Telephone Number: 678-518-6038 E-mail: shannon.candler@gwinnettoounty.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	78.00		442,339.56		442,339.56	84.93%
6004-001-B-I	1,227,519.79	1,012,544.35	214,975.44	156.00		1,214,427.95		1,214,427.95	98.93%
6004-14A-B-H	338,574.47	81,010.00	257,564.47	-178.00	41,899.23	296,675.24	41,899.23	338,574.47	100.00%
6004-14A-B-I	784,316.30	514,565.87	269,750.43	-156.00		632,934.55		632,934.55	80.70%
6004-013-A-H	135,000.00	22,500.00	112,500.00	0.00		135,000.00		135,000.00	100.00%
6004-013-A-I	278,000.00	157,500.00	120,500.00	0.00		270,000.00		270,000.00	97.12%
6004-21A-X	209,633.70	94,163.83	115,469.87	0.00		185,588.65		185,588.65	88.53%
Totals	3,493,895.00	2,182,736.00	1,311,159.00	-100.00	41,899.23	3,176,965.95	41,899.23	3,218,865.18	92.13%

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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Grant Number: 11-ns-6004

Report No: 19

Quarter End: 5/31/2016

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.

The Gwinnett County Neighborhood Stabilization Program did not acquire any properties during the reporting period (March 1, 2016 - May 31, 2016). One property was donated to a local non-profit organization for use as rental housing, the program also has one property currently undergoing rehab.

The NSP program did not generate any program income during the reporting period, but expended a total of \$22,450.00. Gwinnett County has generated \$3,411,978.56 in Program Income grant to date, and expended a total of \$3,044,004.10.

All grant expenditures this month were the result of expenditure transfers that were needed to correct internal financial information that was discovered during a recent reconciliation session.

To date, the program has acquired and rehabilitated 36 single-family homes, and provided homebuyer assistance to 33 income-eligible program participants, two additional properties have been donated to a non-profit for use as rental housing.

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 limited inventory that the Gwinnett County NSP program currently has in the NSP 3 grant, the program is focused on identifying potential properties for acquisition.

Based on current projections there is enough funding available to acquire, rehab, and resell 4 properties 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

	<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

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

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS

	<u>Units Owner</u>	<u>Units Rental</u>	<u>Units Buyer</u>	<u>Total Units</u>
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

	<u>Created</u>	<u>Created L/M</u>	<u>Retained</u>	<u>Retained L/M</u>	<u>Lost: Created</u>	<u>Lost: Retained</u>
This Quarter	<input type="text"/>					
Cumulative	<input type="text"/>					

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

	<u>Units Acquired</u>	<u>Units Rehab</u>	<u>Units Construct</u>	<u>Units Sold</u>
This Quarter	0	1	<input type="text"/>	1
Cumulative	36	36	<input type="text"/>	35

PROJECTS COMPLETED THIS

	<u>Projects Completed</u>
This Quarter	1
Cumulative	35

Temporary Jobs - All Grants

TEMPORARY JOBS THIS GRANT

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

PERFORMANCE CERTIFICATION
This certifies that

All accomplishments for this quarter have been reported accurately.

GRANT ADMINISTRATION
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 _____