

Section: Georgia Page: 1 Additional Contracts: Final Report: No
Recipient Name: Gwinnett County Grant Number: 11-ns-6004 Report No: 04 Quarter End: 8/31/2012 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 the reporting period (June 1 – August 31, 2012), Gwinnett County utilized NSP3 funds to purchase eight (8) homes in the designated NSP3 target area. As of August 31, 2012 no program income had been generated for Gwinnett's DCA NSP3 program

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.

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SECTION VIII: Performance Measurement

All Grants

LEVERAGE THIS GRANT

This Quarter Public Private
 Cumulative

CDBG and CDBG Stimulus - People

TOTAL PEOPLE THIS
 This Quarter People LMI
 Cumulative

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS
 This Quarter Units Units Units Total
 Owner Rental Buyer Units
 Cumulative

CDBG and CDBG Stimulus - EIP Jobs (do not include ARRA jobs)

TOTAL FT+FTE JOBS THIS
 This Quarter Created LMI Retained LMI Lost: Created Retained
 Cumulative

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS

This Quarter Units Units Units Units
 Acquired Rehab Construct Sold
 Cumulative 8 8 0 0

PROJECTS COMPLETED THIS

This Quarter Projects Completed
 Cumulative 0

TEMPORARY JOBS THIS GRANT

This Quarter People
 Cumulative

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

GRANT
 This Quarterly Report is NOT complete.
 Date

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

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Title of Official

Director of Financial Services

Date

10/2/12

DCA 2009 v.2.0