

**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: 27 Quarter End: 11/30/2015 Final Report? No
 Contact Person: Matthew Elder Telephone Number: 678-518-8053 E-mail: Matthew.Elder@gwinnettcountry.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	34,686.08	933.00	562,230.02	933.00	563,163.02	82.46%
001-B-I	2,036,663.15	2,036,370.65	292.50	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	0.00	12,000.00	45,000.00	12,000.00	57,000.00	84.44%
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	0.00	45,000.00	198,701.17	45,000.00	243,701.17	99.20%
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	246.74	0.00	226,601.86	0.00	226,601.86	96.81%
Totals	3,901,338.19	3,171,384.45	729,953.74	34,932.82	57,933.00	3,703,673.34	57,933.00	3,761,606.34	96.42%

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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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 (NSP) did not dispose of any properties during the reporting period (September 1, 2015 – November 30, 2015). The program acquired one low-income property and currently has one property undergoing rehabilitation.

The NSP program generated \$119,079.54 in program income during the reporting period. The program also expended all of the program income funding that was received during the last quarter. Gwinnett County NSP has generated and expended a total of \$3,735,862.86 in program income grant to date.

During this reporting period Gwinnett County had one low-income property listed for sale. Grant to date the program has acquired and rehabilitated 31 single-family homes and 23 multi-family housing units, and assisted 29 households to purchase a home.

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.

On September 10, 2015 Gwinnett County NSP held a stakeholder's meeting. The NSP stakeholders were presented a revised version of the Gwinnett County NSP Policy and Procedures Manual and updates on Program Correspondence, Property Reservations, Appraisals, Environmental Reviews, Program Reporting and Finances.

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.

Gwinnett County NSP is currently operating smoothly and has not encountered any problems or delays. The staff continues to monitor both the programs product and finances in order to identify any discrepancy and correct before they become a problem.

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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"/>	<input type="text"/>	<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"/>	<input type="text"/>	<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	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="0"/>
Cumulative	<input type="text" value="54"/>	<input type="text" value="54"/>	<input type="text"/>	<input type="text" value="52"/>

PROJECTS COMPLETED THIS

	<u>Projects Completed</u>
This Quarter	<input type="text" value="0"/>
Cumulative	<input type="text" value="52"/>

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
 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 _____