

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS NSP QUARTERLY EXPENDITURES AND PROGRESS REPORT

Recipient Name: Gwinnett County Grant Number: 11-ns-6004 Report No: 15 Quarter End: 5/31/2015 Final Report: _____

SECTION IV: Work in Progress

Final Report? No

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.

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

Final Report? No

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"/> | <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

| | Units Acquired | Units Rehab | Units Construct | Units Sold |
|--------------|----------------|-------------|-----------------|------------|
| This Quarter | 0 | 3 | 0 | 4 |
| Cumulative | 49 | 49 | 0 | 46 |

PROJECTS COMPLETED THIS

| | Projects Completed |
|--------------|--------------------|
| This Quarter | 4 |
| Cumulative | 46 |

PERFORMANCE CERTIFICATION

This certifies that

All accomplishments for this quarter have been reported accurately.

GRANT

ADMINISTRATOR
This Quarterly Report is complete.

Date Completed: 6/18/2015

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

Title of Official _____

Date 6/12/2015