



## GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS NSP QUARTERLY EXPENDITURES AND PROGRESS REPORT

Recipient Name: Gwinnett County      Grant Number: 08-ns-5063      Report No: 19      Quarter End: 11/30/2013      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.

The Gwinnett NSP office did not acquire any NSP1 properties utilizing DCA funds but did dispose of four properties during the previous reporting period of 09/01/2013 through 11/30/2013. The Gwinnett NSP office will continue to work with the Neighborhood Stabilization Program Trust to acquire more properties.

### 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.

The Gwinnett NSP office added additional responsibility to its housing specialist role. In addition to being responsible for property acquisition, rehabilitation, and disposition the housing specialist now performs the homebuyer intake interview with every client. This allows the program to have one point of contact for the entire process and ensures consistent communication from the program to all involved parties.

### 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 NSP office is still focused on acquiring properties to meet its 25% set aside National Objective. The challenge remains finding properties that are both affordable to develop and that are in areas that will be the best fit for a low-income buyer.

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

Recipient Name: Gwinnett County Grant Number: 08-ns-5063 Report No: 19 Quarter End: 11/30/2013 Final Report: \_\_\_\_\_

**SECTION VIII: Performance Measurement**

Final Report? No

**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="0"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="4"/>
Cumulative	<input type="text" value="24"/>	<input type="text" value="24"/>	<input type="text" value="0"/>	<input type="text" value="24"/>

**PROJECTS COMPLETED THIS**

	<u>Projects Completed</u>
This Quarter	<input type="text" value="4"/>
Cumulative	<input type="text" value="24"/>

**PERFORMANCE CERTIFICATION**

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

**GRANT ADMINISTRATOR**

*This Quarterly Report is complete.*

Date Completed: 12/27/2013

**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 12/26/2013