

Recipient Name: Gwinnett County Grant Number: 08-ns-5063 Report No: 36 Quarter End: 2/28/2018 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 (NSP) did not acquire any properties, however, one low-income property sold during the reporting period (December 1, 2017 – February 28, 2018). The NSP program generated \$13,500.00 in program income and did not expend any program funds during the reporting period. Gwinnett County has generated a total of \$4,114,519.000 in program income to date and expended a total of \$4,038,451.83. To date, the program has acquired and rehabilitated 33 single-family and 23 multi-family housing units. It also provided homebuyer assistance to 33 income-eligible participants.

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.

Based on the current projections there is insufficient funding available to acquire, rehab, and then sell the properties before the 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.

Currently, Gwinnett County staff has not encountered any issues. 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

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 GRANT

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 GRANT

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 GRANT

Created L/M 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"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS GRANT

Units Acquired Units Rehab Units Construct Units Sold

This Quarter	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cumulative	<input type="text" value="56"/>	<input type="text" value="56"/>	<input type="text" value="0"/>	<input type="text" value="33"/>

PROJECTS COMPLETED THIS GRANT

Projects Completed

This Quarter	<input type="text" value="0"/>
Cumulative	<input type="text" value="56"/>

Temporary Jobs - All Grants

TEMPORARY JOBS THIS GRANT

People

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

PERFORMANCE CERTIFICATION

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

GRANT CERTIFICATION

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

Mania B. Woods

Title of Official

CFO/Director of Financial Services

Date

3-27-18