

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Recipient Name: Henry County Report No: 36 Quarter End: 2/28/2018 Final Report? No
 Grant Number: 08-ns-5065 E-mail: ssagnot@co.henry.ga.us Final Report:
 Contact Person: Shaman Sagnot Telephone Number: 770-288-7525

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
5065-001-B-H	1,677,582.36	1,424,566.62	253,015.74			253,015.74		253,015.74	15.08%
5062-001-B-I	3,572,589.32	3,480,973.32	91,616.00			91,616.00		91,616.00	2.56%
5065-004-D-I	0.00	0.00	0.00			0.00		0.00	
5065-013-A-H	129,743.83	123,000.00	6,743.83			6,743.83		6,743.83	5.20%
5065-013-A-I	120,343.83	114,500.00	5,843.83			5,843.83		5,843.83	4.86%
5065-14A-B-H	229,413.01	163,014.66	66,398.35			66,398.35		66,398.35	28.94%
5065-14A-B-I	384,800.71	345,598.18	39,202.53			39,202.53		39,202.53	10.19%
5065-21A-X	337,049.03	226,744.47	110,304.56			110,349.56		110,349.56	32.74%
Totals	6,451,522.09	5,878,397.25	573,124.84			573,169.84	0.00	573,169.84	8.88%

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

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.

All NSP homes sold.

[Empty reporting box for Section IV]

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

Same as Above

[Empty reporting box for Section V]

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.

N/A

[Empty reporting box for Section VI]

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SECTION VIII: Performance Measurement

All Grants

CDBG and CDBG Stimulus - People

LEVERAGE THIS GRANT

This Quarter	Public	Private
Cumulative		

TOTAL PEOPLE THIS GRANT

This Quarter	People	L/M
Cumulative		

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS GRANT

This Quarter	Units Owner	Units Rental	Units Buyer	Total Units
Cumulative				

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

TOTAL FT+FTE JOBS THIS GRANT

This Quarter	Created L/M	Retained L/M	Lost: Created	Lost: Retained
Cumulative				

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS GRANT

This Quarter	Units Acquired	Units Rehab	Units Construct	Units Sold
Cumulative	229	229		229

PROJECTS COMPLETED THIS GRANT

This Quarter	Projects Completed
Cumulative	229

Temporary Jobs - All Grants

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.

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 [Signature]

Title of Official County Manager Date 3/2/18