

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
 QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Recipient Name: Henry County Report No: 26 Quarter End: 2/28/2018 Final Report? No  
 Grant Number: 11-ns-6006 E-mail: ssagnot@co.henry.ga.us Final Report:   
 Contact Person: Shamman 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
6006-001-B-H	426,013.89	121,663.88	304,350.01			304,350.01		304,350.01	71.44%
6006-001-B-I	1,020,597.84	721,614.38	298,983.46			-192,845.84		-192,845.84	-18.90%
6006-013-A-H	64,500.00	64,500.00	0.00			0.00		0.00	0.00%
6006-013-A-I	57,500.00	57,500.00	0.00			0.00		0.00	0.00%
6006-14A-B-H	152,542.90	74,256.25	78,286.65			78,286.65		78,286.65	51.32%
6006-14A-B-I	331,489.99	331,489.99	0.00			0.00		0.00	0.00%
6006-21A-X	77,828.38	29,540.09	48,288.29			48,288.29		48,288.29	62.04%
Totals	2,130,473.00	1,400,564.59	729,908.41			238,079.11		238,079.11	11.17%

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
				3		3				0000

Trade Codes: 1 = New Construction 2 = Education/Training 3 = Other Racial/Ethnic Codes: 1 = White 2 = Black 3 = Native American 4 = Hispanic 5 = Asian

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
QUARTERLY EXPENDITURES AND PROGRESS REPORT

Return Page 1 Page 3 Additional Contracts

Final Report No

Recipient Name: Henry County

Grant Number: 11-ns-6006

Report No: 26

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.

All NSP homes are sold. There has not been any activity.

[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]

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS  
QUARTERLY EXPENDITURES AND PROGRESS REPORT

Return Page 1 Page 2 Additional Contracts Final Report No  
Recipient Name: Henry County Grant Number: 11-ns-6006 Report No: 26 Quarter End: 2/28/2018 Final Report:

SECTION VIII: Performance Measurement

All Grants

LEVERAGE THIS GRANT

This Quarter	Public	Private
Cumulative		

CDBG and CDBG Stimulus - People

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 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	Total Units
Cumulative	67	67	67	67	67

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.*  
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 *W. Johnson* Title of Official *County Manager* Date *3.2.18*