

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
 QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Recipient Name: Henry County Grant Number: 11-ns-6006 Report No: 28 Quarter End: 8/31/2018 Final Report? No
 Contact Person: Shannon Sagnot Telephone Number: 770-288-7525 E-mail: ssagnot@co.henry.ga.us Final Report:

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	1,213,443.68	-192,845.84			-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	1,892,393.89	238,079.11			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

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

Return Page 1 Page 3 Additional Contracts
GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT

Final Report No
Final Report:

Report No. 28 Quarter End: 8/31/2018

Grant Number: 11-ns-6006

Recipient Name: Henry County

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.

[Empty reporting area 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.

N/A

[Empty reporting area 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 area 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 Report No: 28 Quarter End: 8/31/2018 Final Report: _____

Grant Number: 11-ns-6006

SECTION VIII: Performance Measurement

All Grants

CDBG and CDBG Stimulus - People

LEVERAGE THIS GRANT

This Quarter	Public	Private
	Cumulative	Cumulative

TOTAL PEOPLE THIS GRANT

This Quarter	People	People
	L/M	L/M
Cumulative	Cumulative	Cumulative

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS GRANT

This Quarter	Units Owner	Units Rental	Units Buyer	Total Units
	Cumulative	Cumulative	Cumulative	Cumulative

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

TOTAL FIT+FTE JOBS THIS GRANT

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

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS GRANT

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

Temporary Jobs - All Grants

TEMPORARY JOBS THIS GRANT

This Quarter	People
	Cumulative

PROJECTS COMPLETED THIS GRANT

This Quarter	Projects Completed
	Cumulative

PERFORMANCE
 This certifies that
NO Accomplishments occurred during this quarter.

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 [Signature] Title of Official _____ Date _____

Signature of County Manager [Signature] Title of Official County Manager Date 9-11-18