GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Final Report? No

Recipient Name: Atlanta, City of Grant Number: 08-ns-5054 Report No: 20 Quarter End: 2/28/2014 Final Report:

Contact Person: Valerie Bernardo Telephone Number: 404-330-6598 E-mail: vbernardo@atlantaga.gov

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
001-B-H	889,765.74	784,537.73				784,537.73	105,228.01		
001-B-I	1,562,082.72	1,486,562.34				1,486,562.34	75,520.38		
002-B-H	13,400.00	1,050.00				1,050.00	12,350.00		
002-B-I	10,799.11	1,050.00				1,050.00	9,749.11		
004-A-H	32,105.00	31,915.00				31,915.00	190.00		
004-A-I	146,150.00	115,676.00				115,676.00	30,474.00		
013-A-H	10,000.00	2,000.00				2,000.00	8,000.00		
013-A-I	172,850.00	148,450.00				148,450.00	24,400.00		
14A-B-H	244,912.18	48,095.05				48,095.05	196,817.13		
14A-B-1	667,465.25	284,833.88				284,833.88	382,631.37		
21 Admin	238,787.00	161,535.05				161,535.05	77,251.95		
Totals	3,988,317.00	3,065,705.05	922,611.95			3,065,705.05	922,611.95	3,988,317.00	100.00%

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
Sovereign Construction	23 Clay Street	Atlanta, GA 30317		☐	26-4605426	☐		2,600.00	1	2	☐
Southeast Real Estate	455 Grayson Hwy	Lawrenceville, GA 30045		☐	58-2359563	☐		1,050.00	3	1	☐
Appraisal Group of Atlanta	2657 Lenox Road, Unit 136	Atlanta, GA 30324		☐	26-0417512	☐		2,100.00	3	2	☒
Stryant Construction &	P. O. Box 1831	Forest Park, GA 30298	GCLT-	☐		☐		90,724.60	1	1	☐

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

ORGIA DEPARTMENT OF COMMUNITY AFFAIRS NSP QUARTERLY EXPENDITURES AND PROGRESS REPO

Recipient Name: Atlanta, City of Grant Number: 08-ns-5054 Report No: 20 Quarter End: 2/28/2014 Final Report:

Final Report? No

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.

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

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.

EORGIA DEPARTMENT OF COMMUNITY AFFAIRS NSP QUARTERLY EXPENDITURES AND PROGRESS REPOR

Recipient Name: Atlanta, City of Grant Number: 08-ns-5054 Report No: 20 Quarter End: 2/28/2014 Final Report:

Final Report? No

SECTION VIII: Performance Measurement

All Grants

LEVERAGE THIS GRANT

	Public	Private
This Quarter		
Cumulative		

CDBG and CDBG Stimulus - People

TOTAL PEOPLE THIS GRANT

	People	People L/M
This Quarter		
Cumulative		

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS GRANT

	Units Owner	Units Rental	Units Buyer	Total Units
This Quarter				
Cumulative				

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

TOTAL F/T+FTE JOBS THIS GRANT

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

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS GRANT

	Units Acquired	Units Rehab	Units Construct	Units Sold
This Quarter	0	18	0	3
Cumulative	122	69	3	38

PROJECTS COMPLETED THIS GRANT

	Projects Completed
This Quarter	
Cumulative	

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

GRANT ADMINISTRATOR
This Quarterly Report is complete.
Date Completed: *3/27/2014*

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 James Shelby Title of Official _____ Date 3/27/2014