GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Recipient Name: Cobb County
Grant Number: 08-ns-5056
Report No: 11
Quarter End: 11/30/2011
Final Report? No
Final Report:
Contact Person: Nick Autorina
Telephone Number: 770-528-4600
E-mail: nautorina@cobbcountycdbg.com

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	1,615,605.78	1,615,605.78	0.00	0.00		1,615,605.78		1,615,605.78	100.00%
001-B-I	195,272.25	195,272.25	0.00	0.00		195,272.25		195,272.25	100.00%
013-A-H	0.00	0.00	0.00	0.00		0.00		0.00	
013-A-I	6,106.15	6,106.15	0.00	0.00		6,106.15		6,106.15	100.00%
14A-B-H	0.00	0.00	0.00	0.00		0.00		0.00	
14A-B-I	19,838.96	19,838.96	0.00	0.00		19,838.96		19,838.96	100.00%
21A (Admin)	0.00	0.00	0.00	0.00		0.00		0.00	
Totals	1,836,823.14	1,836,823.14	0.00	0.00		1,836,823.14		1,836,823.14	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
Walton NSP, LLC	2181 Newmarket Parkway	Marietta, GA 30067	GA	☑		☐			3	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

Total Contracts/Subcontracts: 1

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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.

During Q3-11, Cobb NSP expended all remaining NSP1 funds for the acquisition of a mulitfamily project (Orchard Mill) located at 1800 Mulkey Road Austell, GA.

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

All efforts have been focused on the acquisition of a multifamily project and all remaining NSP1 funds have been expended. This project is located in a HUD designated high priority area of greatest need and will serve low income individuals at 50% or below AMI.

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.

None.

Reference No. 12341

Scanned Date: _____

Return Page 1 Page 2 Additional Contracts

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Final Report No

Recipient Name: Cobb County Grant Number: 08-ns-5056 Report No: 11 Quarter End: 11/30/2011 Final Report:

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	0	0	0
Cumulative	4	3	0	3

PROJECTS COMPLETED THIS GRANT

	Projects Completed
This Quarter	0
Cumulative	4

PERFORMANCE CERTIFICATION
This certifies that

All accomplishments for this quarter have been reported accurately.

GRANT ADMINISTRATOR
This Quarterly Report is complete.

Date *12/29/2011*

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 _____ Title of Official *Timothy D. Lee, Chairman Cobb County Board of Commissioners* Date 1/5/12

COUNTY GEORGIA BOARD OF COMMISSIONERS 1831

DCA 2009 v.2.0

APPROVED
PER MINUTES OF
COBB COUNTY
BOARD OF COMMISSIONERS
1/13/09

12/29/2011