## GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS QUARTERLY EXPENDITURES AND PROGRESS REPORT

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SECTION I: GENERAL	L INFORI	MATION							Einel E	Report? Yes
Recipient Name: Fulton County  Contact Person: Dawn Butter			Grant Number: 08-ns-5051 Telephone Number: 404-612-0746			Report No; 60	Quarter	End: 2/28/2024		Report? <u>Yes</u> :02/07/2024
						E-mail: da	wn.butler@fulton			
SECTION II: FINANCE	AL INFO	RMATION						, gg		
A. Activity Number	Am Rev	B. cunt vised geted	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	487	,962.25	487,962.25	0.00			487,962.25		487,962.25	100.00%
001-B-I	551	,430.35	551,430.35	0.00			551,430,35		551,430.35	100.00%
013-A-H	18	,000.00	18,000.00	0.00			18,000.00		18,000.00	100.00%
013-A-I	14	,000.00	14,000.00	0.00			14,000.00		14.000.00	100.00%
14A-B-H	107	,613.56	107,613.56	0.00	7"		107,613.56		107,613.56	100.00%
14A-B-I	47	,082.84	47,082.84	0.00			47,082.84		47,082,84	100.00%
21A (Admin)	64	,291.58	64,291.58	0.00			64,291.58		64,291.58	100.00%
Totals	1,290	,380.58	1,290,380.58	0.00			1,290,380.58	*	1,290,380.58	100.00%
SECTION III: CONTRA Contractor/ Subcontractor Nam		ID SUBC	ONTRACTS FOR		tate, Zip	Prime Contractor ID Number	Sub Sec Contracto 3 ID Numbe	r sec Cor	Amt. of CDBG Pa stract/ Contract contract Subcontra	/ Race w
Trade Codes: 1 = New Total Contract				, 3 = Other	Racial/Ethr	nic Codes: 1 = Whit	e, 2 = Black, 3 = N	ative American, 4	l = Hispanic, 5 = Asi	

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				Final Report Ye:
Recipient Name: Fulton County	Grant Number: 08-ns-5051	Report No: 60	Quarter End: 2/28/2024	Final Report: 02/07/2024
SECTION IV: Work in Progress			<del></del>	
Use this section to provide a brief narrative describasis for reporting.	ption of work in progress during the reporting	g period. Use the Project	Implementation Schedule included	f in your application as the
Fulton County has remitted \$99,053,05 in program inco proceeds from Habitat for Humanity which will be disbu	ome funds and released back to DCA the \$157,56 ursed directly to DCA.	2.28 remaining in State NSP	funds. In addition, the City of Roswell	continues to collect mortgage
SECTION 14 Out - O - 11 - FM	**************************************			
SECTION V: Other Supporting Efforts Use this section to provide a description or all other possible. Use the information from DCA 8 (Budget	or summing emote that have been a	partially implemented, or o	completed during this period. Use o	quantifiable data whenever

Closeout remittances and reports have been submitted to DCA. The final report is the last requirement for closeout.

## 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.

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Recipient Name: Fulton County	Grant Number:08-ns-5051	Report No: 60 Quarter End: 2/28/2024 Final Report: 02/07/2024					
SECTION VIII: Performance Measurement		Report No: 60 Quarter End: 2/28/2024 Final Report: 02/07/2024					
All Grants		CDBG and CDBG Stimulus - People					
LEVERAGE THIS	GRANT	•					
Public	Private	TOTAL PEOPLE THIS GRANT					
This Quarter		People L/M					
Cumulative		This Quarter					
		Cumulative					
CDBG and CDBG Stimulus - Housing	CDBG ar	nd CDBG Stimulus - EIP Jobs (do not include ARRA jobs)					
TOTAL HOUSING THIS		TOTAL F/T+FTE JOBS THIS GRANT					
Units Units Units Owner Rental Buyer	Total Units	Created Retained Lost: Lost: Created L/M Retained L/M Created Retained					
This Quarter	This Qua						
Cumulative	Cumula	tive					
NSP - Housing / Projects		Temporary Jobs - All Grants					
HOUSING ACCOMPLISHMENTS	THIS PROJECTS CON	IPLETED THIS TEMPORARY JOBS THIS GRANT					
Units Units Units	Units Projects Co						
Acquired Rehab Construct This Quarter	t Sold This Quarter	This Quarter					
Cumulative 13 13	Cumulative 13	13 Cumulative					
PERFOR CEDITION This certi		GRANT ADMINISTRATOR This Quarterly Report is NOT complete.					
NO Accomplishments occ	urred during this quarter.	Date					
CERTIFICATION The signature of the Certifying Official below certifies Activity and Completion as applicable), whether submobligations shown have been made for the purpose of Signature of Certifying Official	that the data and other information provided i itted in paper form or on-line, is correct, base f and in accordance with applicable Grant Ter  Title of Offi	n this Report (including Pages 1 and 2 of the Quarterly Report and the Project d on official accounting system and other records, and that expenditures and ms and Conditions.  Date 2 9 2					