

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS CDBG QUARTERLY EXPENDITURES AND PROGRESS REPORT

DRAFT

Recipient Name _____ Grant Number: _____ Report No: _____ Dates: _____ thru _____

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

Use this section to provide a brief description of any problems or delays encountered or anticipated.

SECTION VII: TECHNICAL ASSISTANCE

During this period, have you experienced a need for, or do you anticipate a need for technical assistance. Describe the nature of the assistance required.

SECTION VIII: PERFORMANCE MEASUREMENT

TOTAL HOUSING THIS GRANT

	Units Owner	Units Rental	Units Buyer	Total Units
This Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL JOBS THIS GRANT

	Created	Created L/M	Retained	Retained L/M
This Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL PEOPLE THIS GRANT

	People	People L/M
*This Quarter	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>

*Number of People
Data Sheets Attached

PERFORMANCE CERTIFICATION

This is to certify that no Accomplishments occurred during this Quarter. **No Accomplishments**

CERTIFICATION

This is to certify that the data and other information provided in this Report is correct, based on official accounting system and 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 _____ Date _____