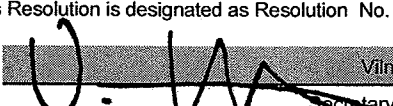


NYCHA 005.015 (12/08) BOARD RESOLUTION		NEW YORK CITY HOUSING AUTHORITY		1. RESOLUTION NUMBER <u>09</u> - <u>4</u> / <u>1</u> - <u>5</u> YEAR MONTH DAY ITEM NO.	
TO: Vilma Huertas, Secretary				(This is Page 1 of <u>1</u> Pages, plus <u>0</u> Pages of Attachments)	
2. FROM: Yianna Pavlakos		TITLE Acting Deputy General Manager		DEPARTMENT/OFFICE Executive	
3. TYPE OF RESOLUTION <u>Original</u>			4. DEVELOPMENT(S) <u>NON-Development</u>		
5. TYPE OF ACTION REQUESTED <u>Miscellaneous</u> <u>Other (Describe in # 10)</u>			6. NAME OF VENDOR/CLIENT/OTHER <input checked="" type="checkbox"/> N/A		
7. AMOUNT <input checked="" type="checkbox"/> N/A		8. BUDGET APPROVAL <u>Not Applicable</u>			
9. SUBJECT OF RESOLUTION (To Appear on Calendar) Authorization to submit a Capital Fund Annual Statement to the United States Department of Housing and Urban Development					
10. DESCRIPTION OF RESOLUTION (To Appear on Calendar) <p>Authorization is requested to submit a Capital Fund Annual Statement Parts I & II (the "Annual Statement") to the United States Department of Housing and Urban Development (HUD) for projects to receive funding under the American Recovery and Reinvestment Act (the "Recovery Act"). The submission of an Annual Statement is required pursuant to Public and Indian Housing (PIH) Notice 2009-12.</p> <p>It is also requested that the Members authorize the Chair to execute any additional or ancillary documents to the Annual Statement needed to receive funding under the Recovery Act.</p>					
11. RECOMMENDATION TO AWARD <u>Not Applicable</u>		12. NO. OF BID/RFP PACKAGES DISTRIBUTED <input checked="" type="checkbox"/> N/A NO. OF BIDS/PROPOSALS RECEIVED			
13. COST ESTIMATE DATE <input checked="" type="checkbox"/> N/A		14. TYPE OF BUSINESS <u>Not Applicable</u>		15. SECTION 3 HIRING PLAN <u>Not Required</u>	
16. CONTRACT NUMBER OR PURCHASE ORDER NUMBER <input checked="" type="checkbox"/> N/A		17. TYPE OF CONTRACT <u>Not Applicable</u>		18. EXEMPTION CERTIFICATE ATTACHED <u>Not Applicable</u>	
19. CONTRACT PERIOD YEARS MONTHS DAYS FROM NOTICE TO PROCEED <input checked="" type="checkbox"/> N/A			20. OPINION OF COUNSEL (Attached) <u>Not Applicable</u>		
21. CHANGE ORDER NO. PRIOR CHANGE TOTAL		ORIGINAL CONTRACT PRICE % OF ORIGINAL THIS CHANGE \$		PROCEED ORDER NO. % OF ORIGINAL <input checked="" type="checkbox"/> N/A	
22. AUTHORIZED DEPARTMENT REPRESENTATIVE James Scanlon		TITLE Program Director		TELEPHONE NO. (212) 306-3927	
23. DATE OF SUBMISSION <u>03/27/09</u>					
TO BE COMPLETED BY THE SECRETARY: <p>Resolved: A quorum being present, the Members of the Authority present, having considered the calendared proposal whose particulars appear herein, hereby Approve <u>Unanimously</u> the recommendation made above, and authorize the appropriate officers of the Authority to take such action as may be required in accordance with the terms of the recommendation.</p> <p>This Resolution is designated as Resolution No. <u>09</u> - <u>4</u> / <u>1</u> - <u>5</u></p>					
 Vilma Huertas Secretary				<u>4/1/2009</u> Date	