

**APPROVING THE CALCUALTION OF THE 2011 FY OPERATING FUND SUBSIDY
FEDERAL FISCAL YEAR FROM JANUARY 1, 2011 TO DECEMBER 31, 2011**

WHEREAS, the Board of Commissioners of the Housing Authority of the City of Millville, a public body created and organized to and in accordance with the provisions of the Laws of the State of New Jersey, have reviewed the Calculation of the Operating Fund Subsidy for the Federal Fiscal Year beginning **January 1, 2011**;

AND WHEREAS, the financial plans are reasonable in that:

- a) All regulatory and statutory requirements have been met.
- b) The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations.
- c) They do not provide for federal funding subsidy in excess of that established in accordance with the performance funding developed by HUD

WHEREAS, all proposed changes and expenditures will be consistent with the provisions of the law and the annual contributions;

NOW THEREFORE, BE IT RESOLVED BY THE COMMISSIONERS OF THE HOUSING AUTHORITY OF THE CITY OF MILLVILLE that the Calculation of the Operating Fund Subsidy be approved and submitted to the Department of Housing and Urban Development for their review and approval.

Brian Tomlin

Paula Ring

Larry Miller

James Parent

Dianne McCarthy

DATE: _____

Attest:

Paul F. Dice, Secretary

Application for Federal Assistance SF-424 Version 02

<p>*1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>*If Revision, select appropriate letter(s):</p> <p>* Other (Specify)</p>
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<p>*3. Date Received:</p>	<p>4. Application Identifier: NJ069</p>
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<p>5a. Federal Entity Identifier: NJ069</p>	<p>*5b. Federal Award Identifier: NJ069</p>
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State Use Only:

<p>6. Date Received by State:</p>	<p>7. State Application Identifier:</p>
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8. APPLICANT INFORMATION:

*** a. Legal Name:** Millville Housing Authority

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 22-1764311</p>	<p>*c. Organizational DUNS: 020060513</p>
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d. Address:

***Street1:** 1153 Holly Berry Lane
Street 2:
***City:** Millville
County: Cumberland
***State:** NJ
Province:
Country: USA ***Zip/ Postal Code:** 08332-4051

e. Organizational Unit:

<p>Department Name:</p>	<p>Division Name:</p>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. **First Name:** Paul
Middle Name:
***Last Name:** Dice
Suffix:

Title: Executive Director

Organizational Affiliation:

***Telephone Number:** (856) 825-8860 **Fax Number:** (856) 825-5283

***Email:** pdice@millvillehousing.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: L. Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.850

CFDA Title:

Low Rent Public Housing

*12. Funding Opportunity Number: 9999

*Title: 9999

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Millville, Cumberland County, New Jersey

*15. Descriptive Title of Applicant's Project:

Public Housing project administration and maintenance under the Operating Fund Program (24CFR990)

Attach supporting documents as specified in agency instructions.