

000000SUCCESSOR AGENCY CONTACT INFORMATION

Successor Agency

ID:

County:

Successor Agency:

Primary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Address

City

State

Zip

Phone Number

Email Address

Secondary Contact

Honorific (Ms, Mr, Mrs)

First Name

Last Name

Title

Phone Number

Email Address

000000SUCCESSOR AGENCY CONTACT INFORMATION

166

Mendocino

Mendocino County

Tammi
Weselsky
Deputy Chief Executive Officer
501 Low Gap Road, Room 1010
Ukiah
CA
95482
707-463-4441
weselsky@co.mendocino.ca.us

Carmel J.
Angelo
Chief Executive Officer
707-463-4441
angeloc@co.mendocino.ca.us

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

Filed for the July 1, 2013 to December 31, 2013 Period


Name of Successor Agency: **MENDOCINO COUNTY (MENDOCINO)**

Outstanding Debt or Obligation	Total
Total Outstanding Debt or Obligation	\$0

Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	\$0
B Enforceable Obligations Funded with RPTTF	\$0
C Administrative Allowance Funded with RPTTF	\$30,000
D Total RPTTF Funded (B + C = D)	\$30,000
E Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$30,000
F Enter Total Six-Month Anticipated RPTTF Funding	\$607,000
G Variance (F - D = G) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$577,000

Prior Period (July 1, 2012 through December 31, 2012) Estimated vs. Actual Payments (as required in HSC section 34186 (a))	
H Enter Estimated Obligations Funded by RPTTF (<i>lesser of Finance's approved RPTTF amount including admin allowance or the actual amount distributed</i>)	\$107,100
I Enter Actual Obligations Paid with RPTTF	\$90,100
J Enter Actual Administrative Expenses Paid with RPTTF	\$17,000
K Adjustment to Redevelopment Obligation Retirement Fund (H - (I + J) = K)	\$0
L Adjustment to RPTTF (D - K = L)	\$30,000

Certification of Oversight Board Chairman:
 Pursuant to Section 34177(m) of the Health and Safety code,
 I hereby certify that the above is a true and accurate Recognized
 Obligation Payment Schedule for the above named agency.

Kyle C Knopp	ACEO
_____ Name	_____ Title
/s/ 	2/22/2013
_____ Signature	_____ Date

MENDOCINO COUNTY (MENDOCINO)
RECOGNIZED OBLIGATION PAYMENT SCHEDULE (ROPS 13-14A) -- Notes (Optional)
July 1, 2013 through December 31, 2013

Item #	Notes/Comments
1	
2	
3	
3	See description on line #3 - Administrative cost associated with closing out the Successor Agency for Mendocino County, submitting a Findings of Completion request, Property Mangement Plan and other required document to wrap up the function of the Agency. Also, includes approved legal fees and administrative fees associated with the sale of the only resource - a surplus parcel of land valued at \$4,000.
4	