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| **BOARD AGENDA ITEM** | | | | | **No.** |  |
| **FOR AGENDA:** | Click here to enter a date. | | | | | |
| **TO:** | **MEMBERS OF THE COUNTYWIDE OVERSIGHT BOARD** | | | | | |
| **FROM:** | Click here to enter text. | | | | | |
| **SUBJECT:** | **Amend the Recognized Obligation Payment Schedule for** Click here to enter text. **for the Successor Agency to the Redevelopment Agency of the City of** Click here to enter text. | | | | | |
| **RECOMMENDATION(S):** | | | | | | |
| That the Oversight Board Approve an Amendment to the Recognized Obligation Payment Schedule (ROPS) for the period of Click here to enter text. for the Successor Agency to the Redevelopment Agency of the City of Click here to enter text. | | | | | | |
| **BACKGROUND INFORMATION:** | | | | | | |
| Specific to each Successor Agency ROPS. | | | | | | |
| **DISCUSSION:** | | | | | | |
| Specific to each Successor Agency ROPS. | | | | | | |
| **ATTACHMENT(S):** | | **☒** |  | | | |
| Exhibit A Resolution  Exhibit B Amended ROPS Click here to enter text.  Exhibit C Department of Finance Letter  Exhibit D Annual ROPS Click here to enter text. | | | | | | |
| **SBCOB Counsel Concurrence:** | | | | Choose an item. | | |