RESOLUTION NO. 20  -

**RESOLUTION OF THE SAN BERNARDINO COUNTYWIDE OVERSIGHT BOARD APPROVING THE successor agency to the redevelopment agency of** **[INSERT ENTITY NAME]’s recognized obligation payment schedule and administrative budget for fiscal year 20  -**

On [Day], [Month DD], 20   on motion of San Bernardino Countywide Oversight Board Member      , duly seconded by San Bernardino Countywide Oversight Board Member       and carried, the following resolution is adopted by the San Bernardino Countywide Oversight Board, State of California.

WHEREAS, California Health and Safety Code (HSC) section 34179(e) requires all action items of the San Bernardino Countywide Oversight Board be accomplished by resolution; and

WHEREAS, HSC section 34177 requires the San Bernardino Countywide Oversight Board to approve the Recognized Obligation Payment Schedule (ROPS) and administrative budget; and

WHEREAS, pursuant to HSC section 34177(o), the deadline for submitting the ROPS for Fiscal Year \_\_\_ to the Department of Finance is February 1, 20  .

NOW, THEREFORE, the San Bernardino Countywide Oversight Board hereby resolves, determines and orders as follows:

Section 1. The foregoing recitals are true and correct.

Section 2. The Successor Agency to the Redevelopment Agency of [Entity Name]’s ROPS and administrative budget for Fiscal Year 20  -   in the form presented in Attachment “A”, attached hereto and incorporated herein by this reference, together with such changes thereto as may be approved by the San Bernardino Countywide Oversight Board, are hereby approved.

Section 3. The ROPS for Fiscal Year \_\_\_\_ in the form presented in Attachment “” shall be transmitted to the Department of Finance, with a copy submitted concurrently to the San Bernardino Countywide Oversight Board.

This resolution shall take effect from and after the date of its passage and adoption.

 PASSED AND ADOPTED by the San Bernardino Countywide Oversight Board, State of California, by the following vote:

 AYES: OVERSIGHT BOARD MEMBER:

 NOES: OVERSIGHT BOARD MEMBER:

 ABSENT: OVERSIGHT BOARD MEMBER:

\* \* \* \* \*

STATE OF CALIFORNIA )

 ) ss.

SAN BERNARDINO COUNTY )

 I, **LYNNA MONELL**, Secretary to the San Bernardino Countywide Oversight Board, State of California, hereby certify the foregoing to be a full, true and correct copy of the record of the action taken by the Countywide Oversight Board, by vote of the members present, as the same appears in the Official Minutes of said Board at its meeting of [Month DD], 20  .

 LYNNA MONELL

Secretary to the San Bernardino Countywide Oversight Board

 By