

Successor Agency Contact Information

Name of Successor Agency:	City of Fountain Valley Successor Agency
County:	Orange
Primary Contact Name:	Sherri Holman, Treasurer/Finance Dir.
Primary Contact Title:	10200 Slater Avenue
Address:	Fountain Valley, CA 92708
Contact Phone Number:	714-593-4501
Contact E-Mail Address:	sherri.holman@fountainvalley.org
Secondary Contact Name:	Jim Simon
Secondary Contact Title:	RSG (Consultant)
Secondary Contact Phone Number:	714-316-2120
Secondary Contact E-Mail Address:	jsimon@webrsg.com

SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE

Filed for the January 1, 2013 to June 30, 2013 Period

Name of Successor Agency: City of Fountain Valley Successor Agency

	Total Outstanding Debt or Obligation
Outstanding Debt or Obligation	\$ 37,990,641
Current Period Outstanding Debt or Obligation	Six-Month Total
A Available Revenues Other Than Anticipated RPTTF Funding	-
B Enforceable Obligations Funded with RPTTF	1,049,489
C Administrative Allowance Funded with RPTTF	155,956
D Total RPTTF Funded (B + C = D)	1,205,445
Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>	\$ 1,205,445
E Enter Total Six-Month Anticipated RPTTF Funding <i>(Obtain from county auditor-controller)</i>	4,858,624
F Variance (D - E = F) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$ 3,653,179
Prior Period (January 1, 2012 through June 30, 2012) Estimated vs. Actual Payments (as required in HSC section 34186 (a))	
G Enter Estimated Obligations Funded by RPTTF <i>(Should be the lesser of Finance's approved RPTTF amount including admin allowance or the actual amount distributed)</i>	5,306,826
H Enter Actual Obligations Paid with RPTTF	5,988,635
I Enter Actual Administrative Expenses Paid with RPTTF	274,081
J Adjustment to Redevelopment Obligation Retirement Fund (G - (H + I) = J)	-
K Adjusted RPTTF <i>(The total RPTTF requested shall be adjusted if actual obligations paid with RPTTF are less than the estimated obligation amount.)</i>	\$ 1,205,445

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.

Name Title

Signature Date

