**REPORT/RECOMMENDATION TO THE SAN BERNARDINO COUNTYWIDE**

**OVERSIGHT BOARD AND RECORD OF ACTION**

**Month DD, YYYY**

**FROM**

ENTER NAME, Enter Title, Enter Department

**SUBJECT**

..Title

Enter Subject

..End

**RECOMMENDATION(S)**

..Recommendation

Enter recommendation(s) here:

1. See “San Bernardino Countywide Oversight Board Item Instructions” for language to be used for each type of item in order for this document to be processed.
2. Items requiring Countywide oversight board approval are:
   1. Long Range Property Management Plan Amendment (Requires Resolution and Worksheet)
   2. Disposition of Property Per LRPMP (Requires Resolution, Appraisal and document showing Taxing Entity Share)
   3. Expenditure of Bonds Proceeds (Requires Resolution and Agreement)
   4. Issuance and Sale of Tax Allocation Bonds (Requires Resolution, Purchase Agreement, Savings Report, Indenture of Trust, Escrow Agreement)
   5. Loan Repayment from Successor Agency to City/Entity (Requires Resolution, Agreement Re reinstatement of Loans, Loan Agreement and Cash Flow Forecast)
   6. Receipt of Department of Finance Informational Reports

(Presenter: Enter Name, Title, Agency, Phone Number of presenter)

..Body

**BACKGROUND INFORMATION**

This section should start with citing the appropriate California Health & Safety Code Section. This section should also state whether the approved item is required to be sent to the Department of Finance (DOF), County Auditor-Controller Tax Collector and/or any other entities. First paragraph should explain the “Why” for this item.

This section should also include the item’s necessity. *How does this action further the Successor Agency dissolution? What is the dollar amount net effect?*

Additional background information may be required as appropriate.

The last paragraph of this section should state the recommendation.

**ATTACHMENTS**

Attachment A – Resolution

Attachment B – (*add Attachments by name as appropriate)*

**REVIEW BY OTHERS**

This item has been reviewed by Auditor-Controller/Treasurer/Tax Collector on Month DD, YYYY and San Bernardino Countywide Oversight Board Legal Counsel on Month DD, YYYY.