

**EXHIBIT B**

**Administrative Budget  
Successor Agency  
January 1 - June 30, 2013**

	Successor Agency Jan-June
Personnel Costs	366,867
Personnel Count	7.35
City Department Services	449,844
City Indirect Cost Allocation	520,950
Operating Expenses	2,178
Prof & Specialized Services	18,818
<b>Total Administrative Budget</b>	<b>1,358,657</b>

**Successor Agency Contact Information**

Name of Successor Agency: \_\_\_\_\_  
County: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_  
Primary Contact Title: \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact E-Mail Address: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_  
Secondary Contact Title: \_\_\_\_\_  
Secondary Contact Phone Number: \_\_\_\_\_  
Secondary Contact E-Mail Address: \_\_\_\_\_

**SUMMARY OF RECOGNIZED OBLIGATION PAYMENT SCHEDULE**

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

Name of Successor Agency:

		Total Outstanding Debt or Obligation
<b>Outstanding Debt or Obligation</b>		\$ -
<b>Current Period Outstanding Debt or Obligation</b>		<b>Six-Month Total</b>
A	Available Revenues Other Than Anticipated RPTTF Funding	0
B	Enforceable Obligations Funded with RPTTF	0
C	Administrative Allowance Funded with RPTTF	0
D	Total RPTTF Funded (B + C = D)	0
Total Current Period Outstanding Debt or Obligation (A + B + C = E) <i>Should be same amount as ROPS form six-month total</i>		\$ -
E	Enter Total Six-Month Anticipated RPTTF Funding	
F	Variance (D - E = F) <i>Maximum RPTTF Allowable should not exceed Total Anticipated RPTTF Funding</i>	\$ -
<b>Prior Period (January 1, 2012 through June 30, 2012) Estimated vs. Actual Payments (as required in HSC section 34186 (a))</b>		
G	Enter Estimated Obligations Funded by RPTTF <i>(Should be the same amount as RPTTF approved by Finance, including admin allowance)</i>	
H	Enter Actual Obligations Paid with RPTTF	
I	Enter Actual Administrative Expenses Paid with RPTTF	
J	Adjustment to Redevelopment Obligation Retirement Fund (G - (H + I) = J)	0
K	<b>Adjustment to RPTTF</b>	\$ -

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





