[](http://www.dof.ca.gov/)

FINAL AND CONCLUSIVE DETERMINATION REQUEST FORM

**Instructions:** Please fill out this form in its entirety to request the Department of Finance (Finance) to provide a final and conclusive determination on an approved enforceable obligation. See Finance’s Redevelopment Dissolution [webpage](http://www.dof.ca.gov/Programs/Redevelopment/Final_And_Conclusive/) for *conditions that must be met* for final and conclusive determinations. Additional supporting documents may be included with the submittal of this form as justification related to the enforceable obligation, including documents that may have been previously submitted.Upon completion, email a PDF version of this document (including any attachments) to:

[Redevelopment\_Administration@dof.ca.gov](mailto:Redevelopment_Administration@dof.ca.gov)

The subject line should state “[Agency Name] Final and Conclusive Determination Request”. Finance will contact the requesting agency upon receipt for any additional information that may be necessary. Questions related to the final and conclusive determination process should be directed to (916) 322-2985 or by email to [Redevelopment\_Administration@dof.ca.gov](mailto:Redevelopment_Administration@dof.ca.gov).

According to Health and Safety Code (HSC) Section 34177.5 (i), if an enforceable obligation provides for an ***irrevocable commitment of revenue*** and where allocation of such revenues is expected to occur over time, the Successor Agency may petition Finance to provide written confirmation that its determination of such enforceable obligation as approved in a Recognized Obligation Payment Schedule (ROPS) is final and conclusive, and reflects Finance’s approval of subsequent payments made pursuant to the enforceable obligation.

**GENERAL INFORMATION:**

Agency Name**:**

ROPS Period**:**

Date of Finance’s Determination/Approval Letter:

**detail of request**

Summary of Enforceable Obligation:

ROPS Line Number:

Project Name:

Contract/Agreement Execution and Termination Date:

Payee:

Funding Source:

Total Outstanding Debt or Obligation:

Total Due During Fiscal Year:

Six Month Total:

Summary of Request

* Background/History (Provide relevant background/history, if applicable)

* Justification for Request (Provide additional attachments to this form, as necessary)

**Agency Contact Information**

Name:       Name:

Title:       Title:

Phone:       Phone:

Email:       Email:

Date:       Date:

Form DF-FC (11/8/18)