

# MEET AND CONFER REVIEW REQUEST FORM

**Instructions:** Please fill out this form in its entirety to initiate a Meet and Confer review. Additional supporting documents should be included with the submittal of this form as justification for the disputed item(s). Upon completion, use the Redevelopment Agency Dissolution Application (RAD App) to upload the Meet and Confer Review Request Form and all supporting documents. The RAD App is located at [SA RAD App](https://esd.dof.ca.gov/rad/#/sa-main)

The subject line should state “[Agency Name] Meet and Confer Request.” Upon receipt and determination the request is valid and complete, the Department of Finance (Finance) will contact the requesting agency within ten business days to schedule a date and time for the Meet and Confer meeting.

To be valid, all Meet and Confer review requests must be specifically related to a current Annual Recognized Obligation Payment Schedule (ROPS) determination made by Finance and be submitted **within five business days** of the date of Finance’s determination letter per Health and Safety Code Section 34177 (o). Items which are the subject of litigation disputing Finance’s previous or related determinations are ineligible for a Meet and Confer review.

The Meet and Confer Guidelines are located on Finance’s website. Failure to follow the guidelines will result in disqualification of the Meet and Confer review. For questions related to the Meet and Confer review contact Finance at (916) 322-2985 or

Redevelopment\_Administration@dof.ca.gov.

**Agency:**

**ROPS Period:**

**Date of Finance’s Determination Letter:**

**Type of Meet and Confer Meeting:**

Due to the Corona Virus, only conference calls are available this year.

**[ ]**  Conference Call

**detail of request**

1. Summary of Disputed Issue(s) *(List only the item number and description from the ROPS. Do not include items which are the subject of litigation disputing Finance’s previous or related determinations.)*

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

1. Justification *(Must be specific and include attachments/documentation to support the Agency’s position. Please reference each attachment to the specific line item listed above that it supports.)*

**Agency Contact Information**

Name:       Name:

Title:       Title:

Phone:       Phone:

Email:       Email:

**Meeting Attendees**

Attendee #1 Attendee #2

Name:       Name:

Title:       Title:

Phone:       Phone:

Email:       Email:

Attendee #3 Attendee #4

Name:       Name:

Title:       Title:

Phone:       Phone:

Email:       Email:

**Department of Finance Use Only**

REQUEST TO MEET AND CONFER DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APPROVED \_\_\_ DENIED \_\_\_

REQUEST APPROVED/DENIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

MEET AND CONFER DATE/TIME/LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEET AND CONFER MEETING CONFIRMED: \_\_\_ YES DATE CONFIRMED: \_\_\_\_\_\_\_\_\_\_\_\_

DENIAL NOTICE PROVIDED: \_\_\_ YES DATE AGENCY NOTIFIED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form DF-MC (Revised 04/10/20)