Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification Form

NC Name:	Meeting Date:
Budget Fiscal Year:	**Agenda Item No:**
Board Motion and/or Public Benefit Statement (CIP and NPG):	

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the roon until after the vote is complete.

Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Totals							

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature	Second Signer's Signature
Print/Type Name:	Print/Type Name:
Date:	Date: