

**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 room 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: