

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):  
 \_\_\_\_\_

Method of Payment: (Select One)  Check  Credit Card  Board Member Reimbursement

**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 First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
<b>Quorum:</b>	<b>Total:</b>						

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: \_\_\_\_\_