

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) 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 Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Table with 8 columns: Board Member's First and Last Name, Board Position, Yes, No, Abstain, Absent, Ineligible, Recused. Multiple empty rows for data entry.

Board Quorum: Total:

We, the authorized signers 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.

Authorized Signature: [Signature] Authorized Signature: [Signature]

Print/Type Name: Print/Type Name:

Date: Date: