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.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
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	Authorized Signature:
Print/Type Name:	Print/Type Name:
Date:	Date: