Office of the City Clerk Administrative Services Division						a settle des	OF 105 48G)
Neighborhood Council (NC) Funding Progra	am					city of Iq	
Board Action Certification (BAC) Form						The The	WART THE
NC Name:	Meeting Date:						
Budget Fiscal Year:	Agenda Item No:						
Board Motion and/or Public Benefit Statement (CIP and NPG):							
statement (en unu in e).							
Method of Payment: (Select One)	☐ Check	☐ Credit Card					
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 n meeting was held in accordance with all l meeting where a quorum of the Board was	aws, policies, and proced						
Authorized Signature	Authorized Signature:						
Print/Type Name:	Print/Type Name:						
Date:	Date:						