Office of the City Clerk						eches ()	08
Administrative Services Division						Jo Santa	
Neighborhood Council (NC) Funding Progr Board Action Certification (BAC) Form	ram					The Constitution of the Co	WADER THE
NC Name:	Meeting Date:						
Budget Fiscal Year:	Agenda Item No:						
Board Motion and/or Public Benefit Statement (CIP and NPG):			, 0				
Method of Payment: (Select One)	☐ Check				Board Member Reimbursement		
Recused Board Member	s must leave the room pri		e Count sion and may no	t return to the ro	oom until a	fter the vote is compl	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absen		Recused
Board Member 31 H3t drid 203t Harne	Bourd Fosition	163	110	/ Nostain	710301	it mengiole	necasea
Doord Occommo							
Board Quorum:	Total:		4 4h a 1 - C		lata for the		An and the Co
We, the authorized signers of the above in meeting was held in accordance with all limeeting where a quorum of the Board was	laws, policies, and proced						
Authorized Signature Gina Ma	Authorized Signature: Valeris Contreras						
Print/Type Name:	Print/Type Name:						
Date:			Date:				