**BOARD VOTE TEMPLATE**

Below is a template to record your neighborhood’s vote for participating the Strengthening the Health of Neighborhoods Program. Please submit along with your application.

Meeting Date:

Attendees:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Votes:

In Favor (how many?):

Against (how many?):

**Signature:**

 Signature:

Board Secretary’s Printed Name: