

**CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: Parks and Recreation

AGENDA DATE: August 12, 2024

PUBLIC HEARING DATE: N/A

CONTACT PERSON NAME AND PHONE NUMBER: Pablo Caballero, (915) 212-0092

DISTRICT(S) AFFECTED: ALL

STRATEGIC GOAL: Goal 4 - Enhance El Paso's Quality of Life through Recreational, Cultural and Educational Environments

SUBGOAL: 4.3 Establish technical criteria for improved quality of life facilities

SUBJECT:

APPROVE a resolution / ordinance / lease to do what? OR AUTHORIZE the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

A presentation on the preliminary assessment of dedicated outdoor pickleball courts and the identified sites across the City of El Paso.

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Department was directed to provide an update on the preliminary assessment of dedicated outdoor pickleball courts and the identified sites across the City of El Paso.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

July 2nd, 2024 - Discussion and action to direct the Interim City Manager and City Attorney to implement both interior and exterior pickleball courts throughout recreation centers of the City of El Paso. Including parks that have existing amenities for these activities.

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

N/A

REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:

Report any contributions or donations made to City Council of an accumulated total of \$500 or more. Report the name of the elected official and the amount.

NAME	AMOUNT (\$)

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD: _____

(If Department Head Summary Form is Initiated by Purchasing, client department should sign also)