

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

**DEPARTMENT:** Mayor and Council

**AGENDA DATE:** 09/26/2023

**CONTACT PERSON NAME AND PHONE NUMBER:**

Rep. Chris Canales, 915-212-0008

**DISTRICT(S) AFFECTED:** All Districts

**STRATEGIC GOAL:**

Goal 1 - Cultivate an Environment Conducive to Strong Economic Development

Goal 4 - Enhance El Paso's Quality of Life Through Recreational, Cultural & Educational Environments

**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.**

Discussion and action requesting that the Mayor send a letter on behalf of the City of El Paso to the Texas Historical Commission in support of the National Register of Historic Places nomination of the proposed Downtown El Paso Historic District, the boundaries of such as originally proposed by El Paso County on June 29, 2020.

**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?**

In the Fall of 2020, the Texas Historical Commission forwarded to the National Parks Service a El Paso's County's nomination of the proposed Downtown El Paso Historic District to the National Register of Historic Places. This item would authorize the Mayor to send a letter on behalf of the City of El Paso to express the City's support for the nomination moving forward.

**PRIOR COUNCIL ACTION:**

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

December 14, 2020 City Council Work Session Meeting – Item EX4 (File # 20-49): Texas Historical Commission request for opinion regarding the nomination of the Downtown El Paso Historic District nomination to the national Register of Historic Places.

**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

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

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