## CITY OF EL PASO, TEXAS AGENDA ITEM AGENDA SUMMARY FORM

DEPARTMENT:
AGENDA DATE:
CONTACT PERSON NAME AND PHONE NUMBER:
DISTRICT(S) AFFECTED:
STRATEGIC GOAL:
SUBJECT:
BACKGROUND/DISCUSSION:
PRIOR COUNCIL ACTION: Has the Council previously considered this item or a closely related one?
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?