CITY OF EL PASO, TEXAS AGENDA ITEM AGENDA SUMMARY FORM



DEPARTMENT:	
AGENDA DATE:	
CONTACT PERSON NAME	PHONE NUMBER:
2nd CONTACT PERSON	PHONE NUMBER:
3rd CONTACT PERSON	PHONE NUMBER:
DISTRICT(S) AFFECTED:	
STRATEGIC GOAL:	
SUBGOAL:	
SUBJECT:	

COMMUNITY AND STAKEHOLDER OUTI	REACH:	
REPORTING OF CONTRIBUTION OR DO	NATION TO CITY COUNCIL:	
NAME	AMOUNT (\$)	DATE
BACKGROUND / DISCUSSION:		
PRIOR COUNCIL ACTION:		
AMOUNT AND SOURCE OF FUNDIN	<u>G:</u>	