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

DEPARTMENT:	
AGENDA DATE:	
PUBLIC HEARING DATE:	
CONTACT PERSON NAME:	PHONE NUMBER:
2nd CONTACT PERSON NAME:	PHONE NUMBER:
DISTRICT(S) AFFECTED:	
STRATEGIC GOAL:	
OUDOOAL.	
SUBGOAL:	
SUBJECT:	

BACKGROUND / DISCUSSION:	
COMMUNITY AND STAKEHOLDER OUTREACH:	
PRIOR COUNCIL ACTION:	
AMOUNT AND SOURCE OF FUNDING:	
REPORTING OF CONTRIBUTION OR DONATION TO CIT	Y COUNCIL:
NAME	AMOUNT (\$)
	(*/
**************************************	UTHORIZATION*************
DEPARTMENT HEAD:	