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

| DEPARTMENT: | |
|---|---------------|
| AGENDA DATE: | |
| PUBLIC HEARING DATE: | |
| CONTACT PERSON NAME: | PHONE NUMBER: |
| DISTRICT(S) AFFECTED: | |
| STRATEGIC GOAL: | |
| SUBGOAL: | |
| SUBJECT: | |
| BACKGROUND / DISCUSSION: | |
| COMMUNITY AND STAKEHOLDER OUTREACH: | |
| PRIOR COUNCIL ACTION: | |
| AMOUNT AND SOURCE OF FUNDING: | |
| REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL: | |
| NAME | AMOUNT (\$) |
| | |
| | |
| ************************************** | |
| DEPARTMENT HEAD: (If Department Head Summary Form is initiated by Purchasing, client department should | |
| sign also) | |

Clerk Dept. Rev.2.20241119