

**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?

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