

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

**DEPARTMENT:** Parks and Recreation

**AGENDA DATE:** October 21, 2024

**PUBLIC HEARING DATE:** n/a

**CONTACT PERSON NAME AND PHONE NUMBER:** Pablo Caballero, (915) 212-0092

**DISTRICT(S) AFFECTED:** ALL

**STRATEGIC GOAL:** Goal 4 - Enhance El Paso's Quality of Life through Recreational, Cultural and Educational Environments

**SUBGOAL:** 4.3 Establish technical criteria for improved quality of life facilities

**SUBJECT:**

APPROVE a resolution / ordinance / lease to do what? OR AUTHORIZE the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

A presentation on the final assessment of dedicated outdoor pickleball courts and the identified sites across the City of El Paso as recommended by the Parks and Recreation Department.

**BACKGROUND / DISCUSSION:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

The department was directed to conduct an assessment and provide the final results of the assessment on dedicated outdoor pickleball courts and the identified sites across the City of El Paso.

**PRIOR COUNCIL ACTION:**

Has the Council previously considered this item or a closely related one?

Yes – July 2<sup>nd</sup>, 2024 and August 12<sup>th</sup>, 2024

**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?

N/A

**REPORTING OF CONTRIBUTION OR DONATION TO CITY COUNCIL:**

Report any contributions or donations made to City Council of an accumulated total of \$500 or more. Report the name of the elected official and the amount.

NAME	AMOUNT (\$)

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

**DEPARTMENT HEAD:** \_\_\_\_\_

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)