

**CITY OF EL PASO, TEXAS  
AGENDA ITEM  
AGENDA SUMMARY FORM**

**DEPARTMENT:** Mayor & Council

**AGENDA DATE:** 11.21.23

**CONTACT PERSON NAME AND PHONE NUMBER:** Representative Cassandra Hernandez ~ 915.212.0003

**DISTRICT(S) AFFECTED:** All

**STRATEGIC GOAL**

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

**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.

Discussion and action to review parking accessibility at City senior centers to include the availability of wheelchair ramps and number of disabled parking spots and to direct the City Manager to direct staff to update City Code to reflect the necessary accommodations required for ample parking accessibility at senior centers.

**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?**

For over a year, users of the Jesse Moreno Happiness Senior Center located in District 3 have reached out to the City regarding the lack of parking accessibility, particularly in regards to the number of handicap parking spaces and ramps from the parking lot to the sidewalk. General speaking, given the age group, senior center users typically have more disabilities than that of other city facility users. There is a need for a review of the current accessibility parking standards of City senior center facilities.

**PRIOR COUNCIL ACTION:**

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

No.

**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?**

To be identified by City Staff.

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