

## AGENDA ITEM HISTORY SHEET

ITEM TITLE	AGENDA NO.
	AGENDA DATE:
FUNDING CERTIFICATION (Finance Director) (Signature, if applicable)	
MANAGEMENT STAFF REVIEW (Signature)	
MAYOR (Signature)	
ITEM HISTORY (Previous Council reviews, action i	related to this item, and other pertinent history)
ITEM COMMENTARY (Background discussion, key any or all impacts this proposed action would hav residents.	y points, recommendations, etc.) Please identify e on the City budget, personnel resources, and/or
(This section to be completed by the Mayor)	

**ACTION PROPOSED** (Motion for Consideration)