

# COB - BOSAIR FORM

02/17/2026 12:15 PM (MST)

Submitted by Larelle.Muratti@pima.gov



## BOARD OF SUPERVISORS AGENDA ITEM REPORT (BOSAIR)

\*All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.\*

<b>Award Type:</b>	Agenda Item
<b>Is a Board Meeting Date Requested?</b>	Yes
<b>Requested Board Meeting Date:</b>	03/24/2026
<b>Project Title / Description:</b>	Member appointment to the Tucson-Pima County Bicycle Advisory Committee

### Agenda Item Report

<b>Introduction / Background:</b>	The Tucson-Pima County Bicycle Advisory Committee (BAC) is a multi-jurisdiction volunteer committee established to provide input to local jurisdictions on bicycle matters. This item is to appoint a new member to a vacant position on the BAC.
<b>Discussion:</b>	Summer Dawn Cope has applied to service on the BAC and is eligible to serve.
<b>Conclusion:</b>	This member will provide valuable input to local jurisdictions on bicycle matters if appointed to the Bicycle Advisory Committee.
<b>Recommendation:</b>	The Department of Transportation recommends that Summer Dawn Cope be appointed to the BAC.
<b>Fiscal Impact:</b>	There is no fiscal impact to Pima County.
<b>Support of Prosperity Initiative:</b>	8. Prioritize Transportation Options to Connect Disadvantaged Communities to Jobs and Resources
<b>Provide information that explains how this activity supports the selected Prosperity Initiative</b>	Active member participation in the Bicycle Advisory Committee helps local jurisdictions effectively plan for, repair, address, maintain, and operate transportation facilities and services associated with transportation options.
<b>Board of Supervisor District:</b>	<ul style="list-style-type: none"><li>• 1</li><li>• 2</li><li>• 3</li><li>• 4</li><li>• 5</li></ul>
<b>Department:</b>	Transportation
<b>Name:</b>	Mike Hendrix Admin Contact Larelle Muratti 724-6470

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**Kathryn Skinner**

Digitally signed by Kathryn Skinner  
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Date: 2026.02.19 11:36:38 -0700

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_