

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

**DEPARTMENT:** Mayor and Council

**AGENDA DATE:** Monday, September 12, 2022

**CONTACT PERSON NAME AND PHONE NUMBER:** City Rep Henry Rivera, District 7- 915.212.0007

**DISTRICT(S) AFFECTED:** All Districts

**STRATEGIC GOAL:** 6: Set the Standard for Sound Governance and Fiscal Management

**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.**

For Notation Only: Formal Report of the Financial Oversight and Audit Committee meeting held on August 8, 2022.

1. Discussion and Action on the Update to the City of El Paso Investment Policy
  - Motion made by Representative Lizarraga, seconded by Representative Hernandez and approved by Representative Rivera, Representative Hernandez, Representative Lizarraga and Representative Salcido to bring the presentation to full City Council.
2. Discussion and Action on Changes to FY 2021-2022 Audit Plan
  - Motion made by Representative Lizarraga, seconded by Representative Hernandez and approved by Representative Hernandez, Representative Lizarraga and Representative Salcido to approve the changes to FY 2021-2022 Audit Plan.
3. Discussion and Action on FY 2021-2022 Audit Plan 3rd Quarter Updates
  - Motion made by Representative Lizarraga, seconded by Representative Hernandez and approved by Representative Hernandez, Representative Lizarraga and Representative Salcido to accept the 3rd Quarter Update.
4. Discussion on Client Surveys.

**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?**

3<sup>rd</sup> Quarter Report to Council after FOAC meeting held on 8/8/2022.

**PRIOR COUNCIL ACTION:**

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

**AMOUNT AND SOURCE OF FUNDING:**

**How will this item be funded? N/A Has the item been budgeted? N/A If so, identify funding source by account numbers and description of account. Does it require a budget transfer? N/A**

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