

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

**DEPARTMENT:** Mayor and Council

**AGENDA DATE:** 05/11/2021 (Regular Agenda)

**CONTACT PERSON NAME AND PHONE NUMBER:** Rep. Cissy Lizarraga, 915-212-0008

**DISTRICT(S) AFFECTED:** All

**STRATEGIC GOAL:**

Goal 8 - Nurture and Promote a Healthy, Sustainable Community

**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 direct the City Manager to provide an update on the transition plan from the temporary facilities providing services for the homeless at the Delta Site as well as funding allocation details regarding the 10th amendment to the City's 2019-2020 (45th Year) Annual Action Plan for the Community Development Block Grant-Coronavirus Phase 3 (CDBG-CVIII).

**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?**

During the pandemic, the City Council has made large allocations of funds in area of homelessness, including via multiple amendments to the CDBG-CV allocation. There have also been significant changes in the services provided, facilities, etc. I thought it would be beneficial to have a single comprehensive update with all of the information presented in the same place.

**PRIOR COUNCIL ACTION:**

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

At the regular City Council meeting on April 27, 2021, the City Council approved the 10th amendment to the City's 2019-2020 (45th Year) Annual Action Plan for the Community Development Block Grant-Coronavirus Phase 3 (CDBG-CVIII).

**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

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