

CITY OF EL PASO, TEXAS  
AGENDA ITEM  
DEPARTMENT HEAD'S SUMMARY FORM

DEPARTMENT: City Manager's Office

AGENDA DATE: January 31, 2022

CONTACT PERSON NAME AND PHONE NUMBER: Senior Deputy City Manager, Cary Westin (915) 212-1063

DISTRICT(S) AFFECTED: All Districts

**SUBJECT:**

Presentation and discussion by the COVID-19 Response and Recovery Cross-Functional Team providing information on key activities, efforts, and processes.

1. Overview (Tommy Gonzalez)
2. City Attorney Overview (Karla Nieman)
  - a) State Disaster Declarations
  - b) Emergency Ordinances
  - c) Greg Abbott, in his official capacity as Governor of Texas v. City of El Paso and Statewide Mask Mandate Litigation
  - d) Additional Updates
3. Team Lead Report:
  - a) Health Focus (Hector Ocaranza, M.D.)
  - b) Data Analysis (David Coronado)
  - c) Financial Focus (Robert Cortinas)
  - d) Community Vulnerabilities and Human Services (Nicole Ferrini)
    - 1) Discussion and Action authorizing the City Manager or his designee to establish appropriations in the amount of \$9,000,000.00, whereas the City of El Paso is the recipient of the American Rescue Plan Act ("ARPA") grant funds in the amount of \$154,365,135, the City Council approves the appropriation of the grant funds from the Coronavirus State and Local Fiscal Recovery Funds in accordance with the requirements stipulated by the American Rescue Plan Act and federal guidelines in the Final Rule to respond to the COVID-19 public health emergency or its negative economic impacts.
4. City Manager Wrap-up (Tommy Gonzalez)

**BACKGROUND / DISCUSSION:**

The COVID-19 Response + Recovery Cross-Functional Team is comprised of multi-disciplinary teams focused on the continued planning, development and implementation of actions supporting key impact areas. Ongoing updates will be provided to share key information and key upcoming items.

**PRIOR COUNCIL ACTION:** N/A

**AMOUNT AND SOURCE OF FUNDING:** N/A

**BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

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

DEPARTMENT HEAD:

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)