

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

**AGENDA DATE:** 5/09/2022  
**PUBLIC HEARING DATE:** NA

**CONTACT PERSON(S) NAME AND PHONE NUMBER:** Nicole Ferrini, 915.212.1659

**DISTRICT(S) AFFECTED:** All

**STRATEGIC GOAL:** Goal 8 - Nurture and Promote a Healthy, Sustainable Community

**SUBGOAL:** 8.4 Develop and implement a comprehensive climate action plan aligned with identified community priorities and established strategic objectives focused on transportation, infrastructure, economy and equity;

**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.**

Presentation and discussion about the progress made in the implementation of the Regional Renewable Energy Advisory Council (RREAC) and its alignment with the City's Strategic and Urban Energy Plans.

**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?**

In June, 2021, the RREAC approved its 5-year Strategic Plan. This presentation will explore the progress made since then on the implementation of the plan. A City's Cross Functional Team was created and tasked with the implementation of the goals approved by the Board.

**PRIOR COUNCIL ACTION:**

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

On June 7th, 2021, the City Council was provided an update on the Regional Renewable Energy Advisory Strategic Plan.

**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?**

NA

**HAVE ALL AFFECTED DEPARTMENTS BEEN NOTIFIED? X YES \_\_\_ NO**

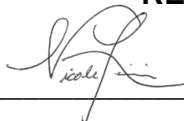
**PRIMARY DEPARTMENT:** Community and Human Development

**SECONDARY DEPARTMENT:** NA

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

**DEPARTMENT HEAD:**



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