

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

**DEPARTMENT:** Mayor and Council

**AGENDA DATE:** 03/14/2023

**CONTACT PERSON NAME AND PHONE NUMBER:**

Representative Chris Canales, 915-212-0008

Representative Cassandra Hernandez, 915-212-0003

Representative Henry Rivera, 915-212-0007

**DISTRICT(S) AFFECTED:** 8

**STRATEGIC GOAL:**

Goal 5 - Promote Transparent & Consistent Communication Amongst all Members of the Community

Goal 6 - Set the Standard for Sound Governance & 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.**

Discussion and action to establish a defined process with formal input from members of Council and the Mayor for the selection of both an interim City Manager and ultimately a permanent City Manager

**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?**

The appointment of the City Manager (by vote of its total membership) is a power reserved to the City Council per Section 5 of the El Paso City Charter:

"Section 5.1 - APPOINTMENT; QUALIFICATIONS; COMPENSATION.

The City Council by a majority vote of its total membership shall appoint a City Manager and fix the Manager's compensation. The City Manager shall be appointed solely on the basis of executive and administrative qualifications. The Manager need not be a resident of the City at the time of appointment but shall establish residence in the City within sixty days after the date of appointment."

**PRIOR COUNCIL ACTION:**

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

City Manager Tommy Gonzalez was appointed in 2014.

**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\*\*\*\*\*

**DEPARTMENT HEAD:**

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