

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

**DEPARTMENT:** Public Health

**AGENDA DATE:** 3/28/23

**PUBLIC HEARING DATE:**

**CONTACT PERSON NAME AND PHONE NUMBER:** Hector I. Ocaranza, MD, (915)212-6502

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

**STRATEGIC GOAL:** #8: NURTURE AND PROMOTE A HEALTHY AND SUSTAINABLE COMMUNITY

**SUBGOAL:** 8.1: DELIVER PREVENTION, INTERVENTION AND MOBILIZATION SERVICES TO PROMOTE A HEALTHY, PRODUCTIVE AND SAFE 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.**

Presentation, discussion and action for the Centers for Disease Control and Prevention grant award number 1 NE11OE000009-01-00, for the City of El Paso Department of Public Health (DPH) project titled: "Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems" (CDC-RFA-OE22-2203). Requesting approval to amend adopted DPH FY2023 budget to include grant funding and approval for budget transfers, and/or revisions to the operation plan, and to accept, reject, amend, correct, and/or terminate the grant in the amount of \$ 9,881,233.00 for the period from December 1, 2022 through November 30, 2027. No cash match is required.

**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?**

Public Health Infrastructure Grant is sponsored by the CDC and supported in part by ARPA. The grant is intended to provide support to the most critical areas of public health: Workforce, Foundational Capabilities and Data Modernization. It is a 5-year grant with no cash match; because of its flexibility, it allows to utilize the funds in the most needed areas of our department. The funds will allow us to recruit and retain our personnel, provide support to data infrastructure and improve accessibility to public health programs particularly in areas of our community affected by health disparities and inequalities.

**PRIOR COUNCIL ACTION:**

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

NO

**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?**

Grant has been awarded by the CDC in the amount of \$9,881,233.00.

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

DEPARTMENT HEAD:

A handwritten signature in black ink, appearing to be the initials 'SP' or similar, written over a horizontal line.

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