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

**DEPARTMENT: City Manager's Department**

**AGENDA DATE: April 26, 2021**
**PUBLIC HEARING DATE: N/A**

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

**DISTRICT(S) AFFECTED: All**

**STRATEGIC GOAL: Goal 6 Set the Standard for Sound Governance and Fiscal Management**
**Goal 8 Nurture and Promote a Health Sustainable Community**

**SUBGOAL:**
**6.4- Implement leading-edge practices for achieving quality and performance excellence**
**6.5- Deliver services timely and effectively with focus on continual improvement**
**8.1- Deliver prevention, intervention, and mobilization services to**
**promote a healthy, productive, and safe community**

**<u>SUBJECT:</u>**

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

1. Overview (Tommy Gonzalez)

    a. Financial Focus (Robert Cortinas)

    b. Quality of Life Reopenings Update (Tracey Jerome)

2. City Attorney Overview (Karla Nieman)

    a) National Emergency Declaration

    b) State Disaster Declarations

    c) Emergency Ordinances

    d) City Attorney's Office COVID-19 Support

    e) Legal Monitoring

    f) Legal Support During COVID-19

3. CFT Operations (Chief Mario D'Agostino)

4. Team Lead Reports:

    1. Health Focus (Hector Ocaranza, M.D.)

    2. Vaccination Update (Angela Mora)

5. City Manager Wrap Up (Tommy Gonzalez)

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**BACKGROUND / DISCUSSION:**

The COVID-19 Response + Recovery Cross-Functional Team is comprised of ten 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.
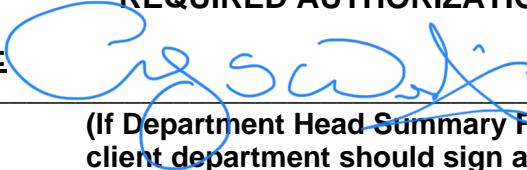
**PRIOR COUNCIL ACTION:**
**N /A**

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

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

**DEPARTMENT HEAD:** _____

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