



### Legislation Details (With Text)

**File #:** 21-289      **Version:** 1      **Name:**

**Type:** Members of the City Council      **Status:** Agenda Ready

**File created:** 2/24/2021      **In control:** City Council

**On agenda:** 3/2/2021      **Final action:**

**Title:** Discussion and action that the City Manager be authorized to execute free bus rides to the citizens of El Paso who need transportation to have their COVID-19 vaccine administered.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 03022154 D#5 BUS RIDES FOR COVID VACCINES

| Date     | Ver. | Action By    | Action | Result |
|----------|------|--------------|--------|--------|
| 3/2/2021 | 1    | City Council |        |        |

## CITY OF EL PASO, TEXAS AGENDA ITEM SUMMARY FORM

**All Districts**

Mayor and Council, Representative Claudia Rodriguez, (915) 212-0006  
Mayor and Council, Representative Isabel Salcido, (915) 212-0005

**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 that the City Manager be authorized to execute free bus rides to the citizens of El Paso who need transportation to have their COVID-19 vaccine administered.

**BACKGROUND / DISCUSSION:**

*Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of he 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?*

Click or tap here to enter text.

**PRIOR COUNCIL ACTION:**

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

Click or tap here to enter text.

**AMOUNT AND SOURCE OF FUNDING:**

*How will this item be funded? Has the item been budgeted? If so, identify funding source by amount numbers and description of account. Does it require a budget transfer?*

Click or tap here to enter text.

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

Department Head:

*If Agenda Item Summary Form is initiated by Purchasing, client department should sign also*