



## Legislation Details (With Text)

**File #:** 21-17      **Version:** 1      **Name:**  
**Type:** Ordinances      **Status:** Agenda Ready  
**File created:** 12/21/2020      **In control:** City Council  
**On agenda:** 1/5/2021      **Final action:**  
**Title:** Discussion and action on an Emergency Ordinance re-enacting Emergency Ordinance No. 019035 extending a Disaster Declaration due to a Public Health Emergency.  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. 29. Emergency Order - Reenactment 019035 21-17

Date	Ver.	Action By	Action	Result
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## CITY OF EL PASO, TEXAS AGENDA ITEM SUMMARY FORM

### All Districts

Fire, Mario M. D'Agostino, (915) 212-5605

**PUBLIC HEARING DATE:** Click or tap to enter a date.

### **STRATEGIC GOAL:**

**Goal 6 - Set the Standard for Sound Governance and Fiscal Management**

**SUBGOAL: 6.8 Support transparent and inclusive government**

### **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 on an Emergency Ordinance re-enacting Emergency Ordinance No. 019035 extending a Disaster Declaration due to a Public Health Emergency.

### **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?*

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*