



## Legislation Details (With Text)

**File #:** 21-122      **Version:** 1      **Name:**  
**Type:** Other Business      **Status:** Agenda Ready  
**File created:** 1/26/2021      **In control:** City Council  
**On agenda:** 2/2/2021      **Final action:**  
**Title:** Discussion and action on a Resolution adopting the 2019 City of El Paso Eastside Growth Management Plan and directing City Manager to create a cross functional team to report recommendations to City Council regarding the implementation of the plan.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 45. EASTSIDE MASTER PLAN UPDATED FROM ALEX HOFFMAN, 2. 45. Eastside Master Plan

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

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

### All Districts

Capital Improvement Department, Sam Rodriguez, (915) 212-0065

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

### **STRATEGIC GOAL:**

Choose an item.

**SUBGOAL:** Choose an item.

### **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 a Resolution adopting the 2019 City of El Paso Eastside Growth Management Plan and directing City Manager to create a cross functional team to report recommendations to City Council regarding the implementation of the plan.

### **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*