



## Legislation Details (With Text)

**File #:** 21-144      **Version:** 1      **Name:**

**Type:** Operational Focus Updates      **Status:** Agenda Ready

**File created:** 1/26/2021      **In control:** City Council Work Session

**On agenda:** 2/1/2021      **Final action:**

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

1. Overview (Tommy Gonzalez)
2. CFT Operations (Chief Mario D'Agostino)
3. City Attorney Overview (Karla Nieman)
  - a) State Disaster Declarations
  - b) Emergency Ordinances
  - c) City Attorney's Office COVID-19 Support
4. Team Lead Reports:
  1. Health Focus (Hector Ocaranza, M.D.)
    - a) Community Task Force Recommendations Update
  2. Vaccination Update (Angela Mora)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Item 1\_COVID-19 CFT Update 2.1.21, 2. 1. COVID-19 Response + Recovery CFT Update\_FINAL

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

**All Districts**

City Manager's Office, Cary Westin, (915) 212-1063

**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.*

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

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**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***