



## Legislation Details (With Text)

**File #:** 21-281      **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 regarding a Resolution that the City of El Paso appoint to the Camino Real Regional Mobility Authority Dorothy "Sissy" Byrd to Position 6 and re-appoint Col. James Smith to Position 4, whose terms will expire on February 1, 2023.  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. 03022151 Board Appointment Dorothy Sissy Byrd CRRMA, 2. 03022151 Board Re-Appointment Col James Smith CRRMA.pdf

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, Mayor Oscar Leeser, (915) 212-0021

**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 regarding a Resolution that the City of El Paso appoint to the Camino Real Regional Mobility Authority Dorothy "Sissy" Byrd to Position 6 and re-appoint Col. James Smith to Position 4, whose terms will expire on February 1, 2023.

### **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*