



## Legislation Details (With Text)

<b>File #:</b>	21-378	<b>Version:</b>	1	<b>Name:</b>	
<b>Type:</b>	Operational Focus Updates	<b>Status:</b>		Agenda Ready	
<b>File created:</b>	3/24/2021	<b>In control:</b>		City Council Work Session	
<b>On agenda:</b>	3/29/2021	<b>Final action:</b>			
<b>Title:</b>	Presentation and discussion by Emergence Health Network on their annual report on status of activities, response to the COVID-19 pandemic, collaboration and expansion of partnerships with local entities.				
<b>Sponsors:</b>					
<b>Indexes:</b>					
<b>Code sections:</b>					
<b>Attachments:</b>	1. ITEM 11 D2 Presentation EHN, 2. Item 11 - Emergence 2020_annualreport				

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

### All Districts

Mayor and Council, Representative Alexsandra Annello, (915) 212-0002

### 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 Emergence Health Network on their annual report on status of activities, response to the COVID-19 pandemic, collaboration and expansion of partnerships with local entities.

### 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***