



## Legislation Details (With Text)

**File #:** 21-354      **Version:** 1      **Name:**  
**Type:** Resolutions      **Status:** Agenda Ready  
**File created:** 3/22/2021      **In control:** City Council  
**On agenda:** 4/27/2021      **Final action:**  
**Title:** A Resolution to authorize the Mayor to sign an Interlocal Agreement between the City of El Paso and Texas A&M University for COVID-19 outreach, prevention and vaccination information within El Paso County. [POSTPONED FROM 04-13-2021]

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 04272108 Health-Texas A&M.pdf

Date	Ver.	Action By	Action	Result
4/27/2021	1	City Council		

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

### All Districts

Public Health, Angela Mora, (915) 212-6502

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

### **STRATEGIC GOAL:**

**Goal 8 - Nurture and Promote a Healthy, Sustainable Community**

**SUBGOAL:** 8.1 Deliver prevention, intervention and mobilization services to promote a healthy, productive and safe community

### **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.*

A Resolution to authorize the Mayor to sign an Interlocal Agreement between the City of El Paso and Texas A&M University for COVID-19 outreach, prevention and vaccination information within El Paso County.

[POSTPONED FROM 04-13-2021]

### **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*