



## Legislation Details (With Text)

<b>File #:</b>	21-419	<b>Version:</b>	1	<b>Name:</b>	
<b>Type:</b>	Bids	<b>Status:</b>		Agenda Ready	
<b>File created:</b>	4/6/2021	<b>In control:</b>		City Council	
<b>On agenda:</b>	4/13/2021	<b>Final action:</b>			
<b>Title:</b>	The linkage to the Strategic Plan is subsection 6.3 - Implement programs to reduce organizational risk.				
	Award Summary:				
	That Medlock Commercial Contractors, LLC shall be reinstated to active bidding status with the City of El Paso effective immediately.				
<b>Sponsors:</b>					
<b>Indexes:</b>	Goal 6				
<b>Code sections:</b>					
<b>Attachments:</b>	1. 04132122 Medlock Reinstatement				

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

### All Districts

Purchasing & Strategic Sourcing, Bruce D. Collins, (915) 212-1181

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

### STRATEGIC GOAL:

Goal 6 - Set the Standard for Sound Governance and Fiscal Management

**SUBGOAL:** 6.3 Implement programs to reduce organizational risk

### 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.*

The linkage to the Strategic Plan is subsection 6.3 - Implement programs to reduce organizational risk.

### Award Summary:

That Medlock Commercial Contractors, LLC shall be reinstated to active bidding status with the City of El Paso effective immediately.

### 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*