

**CITY OF EL PASO, TEXAS  
AGENDA ITEM  
DEPARTMENT HEAD'S SUMMARY FORM**

**DEPARTMENT:** Mayor and Council

**AGENDA DATE:** 8.4.20

**CONTACT PERSON NAME AND PHONE NUMBER:**

Representative Cassandra Hernandez 212.0003

Representative Peter Svarzbein 212.0001

Representative Aleksandra Anello 212.0002

**DISTRICT(S) AFFECTED:** ALL

**STRATEGIC GOAL:**

Goal 2 - Set the Standard for a Safe and Secure City

**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 to disclose to the public large clusters of positive COVID-19 cases as identified by the Public Health Department of all government facilities to include but not limited to: municipalities, correctional facilities, nursing homes, long-term care facilities, hospitals, libraries, court houses, airport, international bridges and construction sites.

**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?**

As positive COVID-19 cases continue to rise in El Paso County, governmental run and owned facilities should be the lead example on showing the status of their COVID-19 cases for the benefit of transparency and public health safety.

**PRIOR COUNCIL ACTION:**

**Has the Council previously considered this item or a closely related one?**

Yes.

**AMOUNT AND SOURCE OF FUNDING:**

**How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?**

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\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**DEPARTMENT HEAD:**

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(If Department Head Summary Form is initiated by Purchasing, client department should sign also)