



Board and Commission Council Committee Agenda Item Request

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Name of Board or Commission:

Request Number: YYYYMMDD-### (Date of Board/Commission meeting followed by the agenda number):

Description of item:

Board or Commission Vote to refer item to Council:

Date of Approval of Request:

Attachments: ☐ Yes ☐ No

If yes, please list the attachments:

Attest:

Signature of Board/Commission Chair or Staff Liaison

MAYOR'S OFFICE USE ONLY

Council Committee Assigned:

- | | | |
|--|---|--|
| ☐ Audit & Finance | ☐ Housing & Community Development | ☐ Planning & Neighborhood |
| ☐ AE Utility Oversight | ☐ Mobility | ☐ Public Safety |
| ☐ Economic Opportunity | ☐ Open Space, Environment & Sustainability | ☐ Public Utilities |
| ☐ Health & Human Services | | |

Recommend a Fiscal Analysis be completed?

Recommend a Legal Analysis be completed?

Notes:

Mayor Signature & Date:

This template is a guide for liaisons.

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TEMPLATE FOR BOARD/COMMISSION RECOMMENDATIONS



BOARD/COMMISSION RECOMMENDATION

(Name of Board or Commission)

Recommendation Number: (YYYYMMDD-XXX) (XXX is the agenda item number): Brief Description of the
Topic

NOTE: The "WHEREAS"s should give the background and the "NOW, THEREFORE," should state what the board is requesting Council to do.

WHEREAS, there is a significantly larger number of beds for homeless men in Austin than for homeless women, to the point that homeless women cannot find a safe place to spend the night without waiting days, or even weeks; and

WHEREAS, Ending Community Homelessness Organization (ECHO) is a coalition of service providers is collaborating in an effort to address the urgent lack of shelter beds for homeless women; and

WHEREAS, that coalition is advocating with the City of Austin to dramatically increase the number of beds available for homeless women.

NOW, THEREFORE, BE IT RESOLVED that the _____ (Board Name) _____ encourages the Austin City Council to allocate funds and explore all available means in order to create short, medium, and long term solutions for homeless women in Austin.

Date of Approval: _____

Record of the vote: (Unanimous on a 7-0 vote, 4-3 vote with names of those voting no listed)

Attest: _____

(Staff or board member can sign)



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[BOARD/COMMISSION NAME] RECOMMENDATION YYYYMMDD-XXX
[XXX is the agenda item number]

Date:

Subject:

Motioned By:

Seconded By:

Recommendation

[Brief description of the Board's recommendation]

Description of Recommendation to Council

[Formatted as bullet points or paragraphs]

Rationale:

[Any additional descriptive information that the Board would like to communicate to the Council]

Vote

For:

Against:

Abstain:

Absent:

Attest: *[Staff or board member can sign]*
