



## STAFF REPORT

**Report To:** Board of Supervisors

**Meeting Date:**

**Staff Contact:** Nancy Paulson, City Manager

**Agenda Title:** For Possible Action: Discussion and possible action regarding directives and recommendations concerning Carson City departmental and staff functions in Carson City as a consolidated municipality in relation to the exercise of emergency powers pursuant to NRS Chapters 244 and 414 and CCMC Chapter 6.02 for the purpose of ensuring the health, safety and welfare in Carson City in response to the global coronavirus (COVID-19) pandemic. (Nancy Paulson, npaulson@carson.org)

Staff Summary: As the status of the global coronavirus is constantly in a state of unpredictability and a rapidly changing landscape with regard to the rate of infection, exposure to infection and the issuance of international, federal and state guidelines and recommendations to mitigate exposure to and the transmission of infectious disease, various staff will present an update on Carson City's role in protecting the health, safety and welfare of its residents. In addition, this item is for the Board of Supervisors to issue, if it elects to do so, certain directives to City staff and departments concerning City-related functions, as well as any recommendations to the public or directives pursuant to the City's emergency powers under a state of emergency in accordance with legal authority expressly granted by state and local law.

**Agenda Action:** Formal Action / Motion

**Time Requested:** 10 mins

---

### **Proposed Motion**

Depends on discussion.

### **Board's Strategic Goal**

Safety

### **Previous Action**

N/A

### **Background/Issues & Analysis**

N/A

### **Applicable Statute, Code, Policy, Rule or Regulation**

NRS Chapters 244 and 414 and CCMC Chapter 6.02

### **Financial Information**

Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted?

Explanation of Fiscal Impact:

**Alternatives**

N/A

**Attachments:**

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)