



**ASSEMBLY STANDING COMMITTEE ON SOCIAL SERVICES
ASSEMBLY STANDING COMMITTEE ON GOVERNMENTAL OPERATIONS
SENATE STANDING COMMITTEE ON FINANCE and the
SENATE STANDING COMMITTEE ON SOCIAL SERVICES**

NOTICE OF PUBLIC HEARING

SUBJECT: The Community Services Block Grant (CSBG) Program

PURPOSE: To obtain input regarding the Department of State's 2016 and 2017 CSBG Application and Plan.

**Wednesday June 3, 2015
10:00 am
Roosevelt Hearing Room C
Legislative Office Building, 2nd Floor
Albany, NY 12247**

Federal Community Services Block Grant (CSBG) funds are awarded to grantees in all counties in New York State. Community action agencies, community-based organizations, and Indian tribes or tribal organizations receive CSBG funds to provide advocacy, outreach, services and programs for economically disadvantaged persons in their local communities.

This hearing will focus on the New York State Department of State's CSBG Application and Plan for federal fiscal years 2016 and 2017. The Plan delineates the manner in which funds will be expended and how the State will meet the federal CSBG program requirements.

Copies of the Department of State's draft CSBG Plan may be obtained from the Department of State website, prior to the hearing at www.dos.ny.gov/dcs/news.htm or by contacting:

New York State Department of State
Division of Community Services
99 Washington Avenue Suite 1020
Albany, NY 12231
518-474-5741

Persons wishing to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. In the absence of a request, witnesses will be scheduled in the order in which reply forms are postmarked.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements.

In order to further publicize these hearings, please inform interested parties and organizations of the Committees' interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Andrew D. Hevesi
Member of Assembly
Chair
Committee On Social Services

Crystal D. People-Stokes
Member of Assembly
Chair
Committee On Governmental Operations

John DeFrancisco
Member of Senate
Chair
Committee On Finance

David Carlucci
Member of Senate
Chair
Committee On Social Services

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on The Community Services Block Grant (CSBG) Program are requested to complete this reply form as soon as possible and mail it to:

Anthony Lino
Committee Assistant
Assembly Committee on Social Services
Room 442 - Capitol
Albany, New York 12248
Email: linoa@assembly.state.ny.us
Phone: (518) 455-4371
Fax: (518) 455-4693

I plan to attend the following public hearing on The Community Services Block Grant (CSBG) Program to be conducted by the Assembly Committee on Social Services on June 3, 2015.

I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.

I will address my remarks to the following subjects:

I do not plan to attend the above hearing.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____