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LEGAL SIZE (8½ × 14") PAPER**

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**ASSEMBLY STANDING COMMITTEE ON SOCIAL SERVICES
SENATE STANDING COMMITTEE ON SOCIAL SERVICES
ASSEMBLY STANDING COMMITTEE ON WAYS AND MEANS
SENATE STANDING COMMITTEE ON FINANCE**

NOTICE OF PUBLIC HEARING

SUBJECT: The Community Services Block Grant (CSBG) Program

PURPOSE: To obtain input regarding the Department of State's 2004-05 CSBG Management Plan.

**ALBANY
June 3, 2003
10:30 AM
Roosevelt Hearing Room C
Legislative Office Building, 2nd Floor**

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 Management Plan for federal fiscal years 2004-05. The management 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 management plan may be obtained by contacting:

Evelyn Harris
New York State Department of State
Division of Community Services
41 State Street
Albany, New York 12231
(518) 474-5741

Persons wishing to present pertinent testimony to the Committee 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 15 minutes' duration. In preparing the order of witnesses, the Committee 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 Committee would appreciate advance receipt of prepared statements.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's 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.

DEBORAH J. GLICK
Member of Assembly
Chair
Committee on Social Services

RAYMOND MEIER
Senator
Chairman
Committee on Social Services

HERMAN D. FARRELL, JR.
Member of Assembly
Chairman
Committee on Ways and Means

OWEN H. JOHNSON
Senator
Chairman
Committee on Finance

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 or fax it to:

Jill Poklemba
Assembly Committee on Social Services
Room 522 - Capitol
Albany, New York 12248
(518) 455-4371
FAX (518) 455-4693

I plan to attend the public hearing in **Albany on June 3, 2003** on the Community Services Block Grant (CSBG) Program to be conducted by the Assembly Committee on Social Services, the Senate Committee on Social Services, the Assembly Committee on Ways and Means, and the Senate Committee on Finance.

I plan to make a public statement at the hearing. My statement will be limited to 15 minutes, and I will answer any questions that 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 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 and TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

PHONE: _____