NOTICE OF PUBLIC HEARING

SUBJECT: Industrial Development Agencies (IDAs) and Local Development Corporations (LDCs)

PURPOSE: To examine the role and effectiveness of IDAs and LDCs

New York City
November 22, 2019
10:30 AM
250 Broadway,
New York, New York 10007

At the local government level, economic development is frequently facilitated through IDAs, which are public benefit corporations created by the state, and LDCs, which are not-for-profit corporations, created by or for the local government. There are currently an estimated 109 IDAs and 279 LDCs located throughout the State. This hearing will examine the role and the effectiveness of IDAs and LDCs, including issues related to oversight, transparency, and accountability.

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 ten minutes’ duration. 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.

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 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.

Fred W. Thiele, Jr.  Amy R. Paulin
Member of Assembly  Member of Assembly
Chair  Chair
Committee on Local Governments  Committee on Corporations

Thomas J. Abinanti
Member of Assembly
Chair
Committee on Oversight, Analysis and Investigation
JOINT PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Industrial Development Agencies (IDAs) and Local Development Corporations (LDCs) are requested to complete this reply form as soon as possible and mail, email or fax it to:

Jeffrey Bates
Committee Assistant
Assembly Local Governments Committee
Room 520 - State Capitol
Albany, New York 12248
Email: batesj@nyassembly.gov
Phone: (518) 455-4363
Fax: (518) 455-5182

☐ I plan to attend the following public hearing on IDAs and LDCs to be conducted by the Assembly Committees on Local Governments, Corporations, and Oversight, Analysis and Investigation, on Friday, November 22, 2019.

☐ 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: ___________________________________________________________