NOTICE OF PUBLIC HEARING

SUBJECT: Department of Transportation Capital Program

PURPOSE: To review and assess the impact of the 2019-20 State Budget on the New York State Department of Transportation Capital Program.

ALBANY

Hamilton Hearing Room B
Legislative Office Building
Friday, December 6, 2019
10:00 am
Albany, New York

ORAL TESTIMONY WILL BE BY INVITATION ONLY

The enacted State Fiscal Year (SFY) 2019-20 Budget contains funding to support the New York State Department of Transportation $29.2 billion five-year capital plan. This plan continues the State’s investment in various modes of transportation, including State and local roads and bridges, pedestrian and bicycle facilities, and rail, aviation, and non-MTA transit systems. This hearing will provide the Assembly Transportation Committee with an opportunity to assess progress on the final year of DOT’s five-year Capital Program.

Persons invited 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.

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.

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 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.

William B. Magnarelli
Member of Assembly
Chairman
Committee on Transportation

PUBLIC HEARING REPLY FORM
Persons invited to present testimony at the public hearing on the impact of the 2019-20 State Budget on the Department of Transportation Capital Program are requested to complete this reply form as soon as possible and mail, email or fax it to:

Julie Barney  
Principal Analyst  
Assembly Committee on Transportation  
Room 513, NYS Capitol Building  
Albany, New York 12248  
Email: Barneyj@assembly.state.ny.us  
Phone: (518) 455-4857  
Fax: (518) 455-7250

☐ I plan to attend the public hearing on the impact of the 2019-20 State Budget on the Department of Transportation Capital Program to be conducted by the Assembly Committee on Transportation on Friday, December 6, 2019.

☐ I have been invited 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: __________________________________________________________