ASSEMBLY STANDING COMMITTEE ON LIBRARIES AND EDUCATION TECHNOLOGY

NOTICE OF PUBLIC HEARING

SUBJECT: Funding of New York State’s libraries.

PURPOSE: To examine the funding of New York State’s libraries and library systems, especially funding for the Public Library Construction Grant Program.

ALBANY, NEW YORK
Friday
December 13, 2019
10:00 a.m.
Roosevelt Hearing Room C
Albany, New York 12248

The 2019-20 enacted state budget provided $96.6 million in state aid for libraries and library systems. In addition, $34 million was allocated for the Public Library Construction Grant Program. The Committee seeks testimony on the impact of the 2019-20 enacted state budget on libraries and library systems and the future funding needs of our public libraries. Specifically, the Committee is interested in hearing about the programs and services libraries are providing in their local communities and the long-term capital needs of libraries. The Committee is also interested in hearing how recently enacted legislation (A.3771A/S.5589) that provides state funding for up to 90 percent of the total project approved costs for construction of public libraries in economically distressed communities will impact those libraries and communities.

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 10 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.

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.

Hon. Sean M. Ryan
Member of Assembly
Chairperson
Committee on Libraries and Education Technology
PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing to examine the funding of New York State’s libraries are requested to complete this reply form as soon as possible and mail, email or fax it to:

Ben Decker
Assembly Committee on Libraries and Education Technology
Room 513, Capitol Building
Albany, New York 12248
Email: deckerb@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

☐ I plan to attend the following public hearing to examine the funding of New York State’s libraries to be conducted by the Assembly Committee on Libraries and Education Technology on December 13, 2019.

☐ I plan to make a public statement at the hearing. My statement will be limited 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: ___________________________________________________________