



ASSEMBLY STANDING COMMITTEE ON LIBRARIES AND EDUCATION TECHNOLOGY

NOTICE OF PUBLIC HEARING

SUBJECT: Funding Public Libraries.

PURPOSE: To examine the 2015 -2016 State Budget's impact on libraries.
in New York State.

NEW YORK CITY

Friday
November 6, 2015
10:30 a.m.

The New York Public Library
Stephen A. Schwarzman Building
Celeste Auditorium
476 Fifth Avenue
New York, NY 10018

The final approved budget for 2015 - 16 provided \$91.627 million in state aid for libraries and library systems. This is an approximate increase of 5.7%, or \$5 million from the 2014-15 budget allocation of \$86.627 million. The budget required that funding for libraries was distributed proportionately to assure that all programs continued to receive funds. The Public Library Construction Grant Program was allocated \$14 million in Capital funding for the ninth consecutive year.

This hearing will seek testimony on the impact the 2015-16 State budget has had on public libraries and library systems across New York State. The Committee is interested in hearing about the programs and services libraries are providing in their local communities and how libraries are using collaboration and technology to better leverage their resources. The Committee is also seeking testimony to ascertain the future funding needs of our public libraries and the Public Library Construction Grant Program.

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.

THOMAS ABINANTI

**Member of Assembly
Chair**

Committee on Libraries and Education Technology

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on The Impact of the 2015-2016 State budget has on New York's Libraries are requested to complete this reply form as soon as possible and mail, email or fax it to:

Steven McCutcheon
Legislative Analyst
Assembly Committee on Libraries and Education Technology
Room 513M, The Capitol
Albany, New York 12247
Email: mcutcheons@assembly.state.ny.us
Phone: (518) 455-4881
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- I plan to attend the following public hearing on The Impact of New York State 2015-2016 State budget has on New York's Libraries to be conducted by the Assembly Committee on Libraries and Education Technology on November 6, 2015.
- 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: _____