



**ASSEMBLY STANDING COMMITTEE ON CORPORATIONS, AUTHORITIES and  
COMMISSIONS**

**NOTICE OF PUBLIC HEARING**

**NOTE NEW DATE**

**SUBJECT:** Metropolitan Transportation Authority (MTA) Capital Program Update.

**PURPOSE:** The purpose of the hearing is to examine the effects of COVID-19 on the 2020-2024 Capital Program

**New York City**

Tuesday, November 23<sup>rd</sup>, 2021  
Assembly Hearing Room, 19<sup>th</sup> Floor,  
250 Broadway, New York, New York  
10:00 A.M.

The MTA's \$51.5 billion 2020-2024 Capital Program was approved in 2019. Subsequently, the COVID-19 pandemic caused significantly reduced ridership and revenues than the Capital Program had projected. Subway ridership has been nearly cut in half from its pre-pandemic levels and fare revenue is expected to be approximately \$500 million lower than budgeted for in 2022, according to a 2021 report on the MTA's financial outlook performed by the NYS Comptroller's Office. The committee would seek testimony on updates regarding the 2020-2024 Capital Program's goals and projections in light of the COVID-19 pandemic and its effects on the MTA's revenues.

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 five 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.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

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.

**Amy Paulin  
Member of Assembly  
Chair  
Committee on Corporations,  
Authorities and Commissions**

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PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on the Metropolitan Transportation Authority (MTA) Capital Program Update are requested to complete this reply form as soon as possible and mail, email or fax it to:

Matthew Henning  
Policy Analyst  
Assembly Committee on Corporations, Authorities and Commissions  
Room 510 - Capitol  
Albany, New York 12248  
Email: [henningm@nyassembly.gov](mailto:henningm@nyassembly.gov)  
Phone: (518) 455-4857

- I plan to attend the following public hearing on the Metropolitan Transportation Authority (MTA) Capital Program Update to be conducted by the Assembly Committee on Corporations, Authorities and Commissions on November 19<sup>th</sup>, 2021.
- I plan to make a public statement at the hearing. My statement will be limited to five 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:

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- 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: \_\_\_\_\_