NOTICE OF PUBLIC HEARING
Oral Testimony by Invitation Only

SUBJECT: Capital Funding for Arts and Cultural Organizations

PURPOSE: To examine capital funding for New York’s art and cultural institutions as provided in the 2019/2020 state budget.

Thursday, December 12th
11:00am
Hearing Room C
Legislative Office Building, 2nd Floor
Albany, New York

New York is home to many world-class artistic venues and cultural organizations. According to recent data provided by the U.S. Bureau of Economic Analysis and the National Endowment for the Arts, New York’s artistic and cultural sector generated approximately $114.1 billion to the state economy and employed approximately 462,600 people across the State. This ranks New York second among all states in arts and cultural value added to the economy and in arts and cultural employment. This hearing seeks to examine the capital funding process in the state budget as it relates to these important institutions. The Committees will seek testimony on the application process for capital funding and examine the conditions for obtaining capital funding for art and cultural organizations. Lastly, the Committees will be seeking testimony regarding capital funding needs of cultural institutions.

Persons invited 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 10 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 Committees’ 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 additional interested parties and organizations of the Committees interest in receiving written testimony from any interested 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.

Daniel O’Donnell, Chair
Committee on Tourism, Parks, Arts & Sports Development

Robert Carroll, Chair
Subcommittee on Museums and Cultural Institutions
PUBLIC HEARING REPLY FORM

ORAL TESTIMONY BY INVITATION ONLY

Persons invited to present testimony at the public hearing on the impact of the arts and cultural organizations on the state’s economy are requested to complete this reply form as soon as possible and mail, email or fax it to:

Benjamin Piccolo-Evans
Committee Assistant
Assembly Committee on Tourism, Parks, Arts, and Sports Development
Room 513 - Capitol
Albany, New York 12248
E-mail: piccoloevansb@nyassembly.gov
Phone: (518) 455-4355
Fax: (518) 455-7250

☐ I plan to attend the following public hearing **Capital Funding for Arts and Cultural Organizations** to be conducted by the Assembly Committee on Tourism, Parks, Arts and Sports Development & the Subcommittee on Museums and Cultural Organizations on Thursday, December 12th.

☐ 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: ____________________________________________________________