



**ASSEMBLY STANDING COMMITTEE ON TRANSPORTATION  
NOTICE OF ONLINE VIDEO PUBLIC HEARING**

**SUBJECT:** Department of Transportation Capital Program

**PURPOSE:** To review and assess the impact of the 2020-21 State Budget and COVID-19 on the New York State Department of Transportation Capital Program

Friday, October 23, 2020  
10:00 am

Web Link: <https://www.nyasembly.gov/av/live/>

**ORAL TESTIMONY BY INVITATION ONLY**

The enacted State Fiscal Year (SFY) 2020-21 Budget appropriated funds for the first year of a two-year \$11.9 billion New York State Department of Transportation (DOT) capital plan, an increase of \$2.95 billion or 33.1 percent above the final two years of the 2015-19 DOT capital program. This funding continues the State's investment in various modes of transportation, including State and local roads and bridges, non-MTA transit systems, pedestrian and bicycle facilities, rail, and aviation. This hearing will provide the Assembly Transportation Committee with an opportunity to assess progress on DOT's capital program, with a particular emphasis on upstate. The hearing also will examine the impact of COVID-19 on the various elements of the 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 of means by which to testify and/or in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 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.

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.

**William B. Magnarelli  
Member of Assembly  
Chair  
Committee on Transportation**

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PUBLIC HEARING REPLY FORM

Testimony will only be taken upon approval by the Committee Chair. Individuals who have been invited to present testimony at the public hearing on the impact of the 2020-21 State Budget and COVID-19 on the New York State Department of Transportation (DOT) Capital Program are requested to complete this reply form as soon as possible and email a copy of planned testimony. Individuals invited to participate will be notified within 48 hours of the hearing. All replies and testimony submissions must be emailed to:

Julie A. Barney  
Principal Analyst  
Assembly Committee on Transportation  
Email: barneyj@nyassembly.gov  
Phone: (518) 455-4881

I have been invited to make a public statement at the hearing on the impact of the 2020-21 State Budget and COVID-19 on the New York State Department of Transportation (DOT) Capital Program to be conducted by the Assembly Committee on Transportation on Friday, October 23, 2020. My statement will be limited to 5 minutes, and I will answer any questions which may arise.

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:** \_\_\_\_\_

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**ALL INFORMATION BELOW MUST BE COMPLETED:**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_