



**SENATE STANDING COMMITTEE ON SOCIAL SERVICES
SENATE STANDING COMMITTEE ON FINANCE
ASSEMBLY STANDING COMMITTEE ON SOCIAL SERVICES
ASSEMBLY STANDING COMMITTEE ON GOVERNMENTAL OPERATIONS**

NOTICE OF JOINT PUBLIC HEARING

SUBJECT: The Community Services Block Grant (CSBG) Program

PURPOSE: To obtain input regarding the Department of State's CSBG Application and Plan.

**Tuesday
September 17, 2024
10:00 a.m.
Hearing Room B
Legislative Office Building
Albany, New York 12247**

ORAL TESTIMONY BY INVITATION ONLY

Federal Community Services Block Grant (CSBG) funds are awarded to grantees in all counties in New York State. Community Action agencies, community-based organizations, and Native American tribes or tribal organizations receive CSBG funds to provide advocacy, outreach, services and programs for economically disadvantaged persons in their local communities.

This hearing will focus on the New York State Department of State's CSBG Application and Plan. The Plan delineates the manner in which funds will be expended and how the State will meet the federal CSBG program requirements.

Copies of the Department of State's draft CSBG Plan may be obtained from the Department of State website, prior to the hearing at <https://dos.ny.gov/reports-management-plans-and-guides> or by contacting:

New York State Department of State
Division of Community Services
99 Washington Avenue Suite 1020
Albany, NY 12231
518-474-5741

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. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees 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 meet the needs of those who may have a disability, the Committees, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), have made their 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 State Legislature facilities and activities.

Roxanne J. Persaud
Member of the Senate
Chair, Committee on
Social Services

Maritza Davila
Member of the Assembly
Chair, Committee on
Social Services

Liz Krueger
Member of the Senate
Chair, Committee on Finance

John T. McDonald III
Member of the Assembly
Chair, Committee on
Governmental Operations

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the Community Services Block Grant (CSBG) program are requested to complete and return this reply form by no later than 5:00 p.m. on Friday, September 13, 2024, for those invited to testify in person; and by 5:00 p.m. on Tuesday, September 17, 2024, for those seeking to submit written testimony only. Please return this form by mail, email, or fax to both:

Dennis Weakley
Committee Director
Senate Standing Committee on
Social Services
409 Legislative Office Building
Albany, New York 12247
weakley@nysenate.gov
518-455-2790 (tel)
518-426-6806 (fax)

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Analyst
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Albany, New York 12248
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518-455-4371 (tel)
518-455-4693 (fax)

Oral Testimony by Invitation Only

- I plan to attend the public hearing on The Community Services Block Grant (CSBG) Program to be conducted by the Joint Committees on Tuesday, September 17, 2024.

- I have been invited to make a public statement at the above 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: _____