



ASSEMBLY STANDING COMMITTEE ON LIBRARIES AND EDUCATION TECHNOLOGY

NOTICE OF PUBLIC HEARING

SUBJECT: Annual Budget Oversight Hearing on funding of libraries in New York State for fiscal year 2017-2018.

PURPOSE: To review the impact and effectiveness of funding of libraries in New York State including funding for library construction and the allocation of State Aid to libraries.

POSTPONED NEW DATE JANUARY 10, 2018

ALBANY, NEW YORK

Tuesday
December 12, 2017
10:30 a.m.

Hamilton Hearing Room B
Albany, New York 12248

ORAL TESTIMONY BY INVITATION ONLY

The final approved budget for state fiscal year 2017-18 provided \$95.6 million in state aid for libraries and library systems. In addition, the 2017-18 budget allocated \$24 million to the Public Library Construction Grant Program, an increase of \$5 million over the previous fiscal year.

This hearing will be an opportunity for interested parties to provide testimony on the impact of the 2017-18 state budget on public libraries and library systems. The Committee is interested in hearing about the programs and services libraries are providing in their local communities and how libraries are collaborating and using technology to better leverage their resources. The Committee is also interested in hearing about the future funding needs of our public libraries and the Public Library Construction Grant 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 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.

Hon. Didi Barrett

**Member of Assembly
Chairperson
Committee on Libraries and Education Technology**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the 2017-2018 state budget funding of libraries in New York State 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
Fax: (518) 455-7250

I plan to attend the following public hearing on the 2017 -2018 state budget funding of New York State libraries to be conducted by the Assembly Committee on Libraries and Education Technology on January 10, 2018.

I have been invited 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: _____