ASSEMBLY STANDING COMMITTEE ON SOCIAL SERVICES

<u>NOTICE OF PUBLIC HEARING</u>

<u>SUBJECT</u>:   Empire State Poverty Reduction Initiative (ESPRI).

<u>PURPOSE</u>:   To Examine the Progress of the Empire State Poverty Reduction Initiative (ESPRI).

Buffalo, New York
Monday, December 16, 2019
11:00 A.M.
Erie County Legislature
92 Franklin Street - 4th Floor
Buffalo, New York 14202

In the 2016-17 enacted state budget, the Empire State Poverty Reduction Initiative (ESPRI), a new holistic and integrated approach to poverty was established in 16 counties across the state with the goal of identifying the major contributing factors to poverty and implementing strategies to alleviate such poverty in some of the poorest counties in the state. The purpose of this hearing is to gather information about the work that is being done by the many different nonprofit groups that are part of the ESPRI, with a specific focus on effective strategies and services that have been implemented to alleviate homelessness and poverty, any efforts that have been made to reduce the barriers to self-sufficiency, how education and job training programs are being used to make individuals more employable with credentialing and certifications, and whether counties have been successful using mentors to assist individuals with a disability receive services. Lastly, the committee would like hear about the obstacles that nonprofit organizations are facing when trying to address poverty in that community.

Oral testimony will be limited to 10 minutes. 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 no later than Friday, December 13th, 2019. In the absence of a request, witnesses will be scheduled in the order in which reply forms are postmarked.

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 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.

Andrew D. Hevesi
Member of Assembly
Chair
Committee on Social Services

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Empire State Poverty Reduction Initiative (ESPRI) are requested to complete and return the reply form no later than Friday prior to the hearing:

Jennifer Marrero
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Assembly Committee on Social Services
Room 422 - Capitol
Albany, New York 12248
Email: marreroj@nyassembly.gov
Phone: (518) 455-4371
Fax: (518) 455-4693

☐   I plan to attend the following public hearing on Empire State Poverty Reduction Initiative (ESPRI) to be conducted by the Assembly Committee on Social Services on Monday, December 16, 2019.

☐   I plan 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: _____