



## **ASSEMBLY STANDING COMMITTEE ON AGRICULTURE**

### **NOTICE OF PUBLIC HEARING**

**SUBJECT:** Oversight of the SFY 2019-2020 State Budget for the New York State Department of Agriculture and Markets

**PURPOSE:** To review the impact and implementation of the State Budget for agriculture

Albany, NY  
Thursday, December 19<sup>th</sup>, 2019  
10:00 A.M.  
Hearing Room C, Legislative Office Building

The Assembly Standing Committee on Agriculture oversees New York State's agriculture, food, animal protection, and other regulatory programs administered by the State Department of Agriculture and Markets. In the SFY 2019-2020 Department of Agriculture and Markets budget, the Legislature included approximately \$53.2 million for local assistance and \$117.2 million for State operations. Funding for capital projects, including the State fair, local fairs and companion animal shelters, totaled \$19.4 million. The purpose of this hearing is to examine the overall impact and implementation of the 2019-2020 budget, including the efficacy of current state investments in agriculture and animal protection. The Committee is interested in examining the best approach to help farmers be more successful in a competitive national and international marketplace.

Persons wishing 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.

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.

**Donna A. Lupardo**  
**Member of Assembly**  
**Chair,**  
**Committee on Agriculture**

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PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Agriculture Budget Oversight are requested to complete this reply form as soon as possible and mail, email or fax it to:

Robert Stern  
Principal Analyst  
Assembly Committee on Agriculture  
Room 520 - Capitol  
Albany, New York 12248  
Email: sternr@nyassembly.gov  
Phone: (518) 455-4928  
Fax: (518) 455-5182

- I plan to attend the following public hearing on Agriculture Budget Oversight to be conducted by the Assembly Committee on Agriculture on December 19<sup>th</sup>.
- 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:

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

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

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

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

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

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

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

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