



**ASSEMBLY STANDING COMMITTEE ON CITIES**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Joint Bidding

**PURPOSE:** To examine the effectiveness of the implementation of joint bidding.

**Thursday  
December 19, 2024  
10:00 a.m.  
19<sup>th</sup> Floor Hearing Room  
250 Broadway  
Manhattan, New York 10007**

**ORAL TESTIMONY WILL BE BY INVITATION ONLY**

In 2014, New York City received a ten-year authorization in state law to conduct “joint bidding”. Joint bidding allows for the combination of utility interference work (e.g., moving cables to allow for excavation) with a municipal public works project within a single contract. The New York City Department of Design and Construction’s 2024 “Utility Coordination Report on Joint Bidding” indicates joint bidding leads to shorter project timeframes and lower cost projects. However, there have also been concerns regarding implementation of the program, including the use of price schedules, which some argue provides insufficient compensation. The Legislature recently passed a one-year extender of the joint bidding authorization and is committed to learning more about the joint bidding process. The purpose of this hearing is to examine the effectiveness of the implementation of joint bidding and receive feedback from stakeholders.

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 ten 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.

**Edward C. Braunstein  
Member of Assembly  
Chair  
Assembly Committee on Cities**

**PUBLIC HEARING REPLY FORM**

Persons invited to present testimony at the public hearing on Joint Bidding are requested to complete this reply form as soon as possible and mail, email or fax it to:

Aidan Hennessey  
Analyst  
Assembly Committee on Cities  
Room 520, Capitol  
Albany, New York 12248  
Email: hennesseya@nyassembly.gov  
Phone: (518) 455-4363  
Fax: (518) 455-5182

- I plan to attend the following public hearing on Joint Bidding to be conducted by the Assembly Committee on Cities on December 19, 2024.
- I have been invited 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: \_\_\_\_\_