

## ATTACHMENT A

### THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE PUBLIC NOTICE 2001-2002 HOME ENERGY ASSISTANCE PROGRAM PROPOSED STATE PLAN

In accordance with the Low Income Home Energy Assistance Act of 1981, as amended, the State of New York is making available for public review and comment the proposed 2001-2002 New York State Plan for the Home Energy Assistance Program (HEAP).

**REVIEWING OR OBTAINING THE PROPOSED STATE PLAN:** The 2001-2002 proposed State Plan will be available for inspection at local department of social services' offices. Copies of the proposed State Plan may be requested by:

- calling, toll free, 1 (800) 343-8859, extension 3-0332; or
- writing the Office of Temporary and Disability Assistance, 40 North Pearl Street-11A, Albany New, York 12243. Attention: Charles Giambalvo; or
- faxing your request to Charles Giambalvo at (518) 474-9347 or (518) 474-5281.

**PUBLIC HEARINGS:** Public hearings will be conducted at the following locations:

- **Albany, New York**, Tuesday, July 17, 2001, from 10:30 A.M. to 12:30 P.M., 40 North Pearl Street, Albany, N.Y. 12243, 11th Floor Conference Room.
- **New York City**, Thursday, July 19, 2001, from 10:30 A.M. to 12:30 P.M., 80 Maiden Lane, New York, New York 10038, 6th Floor, Room 603B.

Individuals/organizations wishing to present their views at these hearings should register by calling 1 (800) 343-8859, extension 3-0332. Persons who have pre-registered will be called upon to speak first. Others will be called in the order in which they register.

Speakers must limit their testimony to five minutes and submit three (3) written copies of their statements. There will be no photocopying facilities available at the hearing.

#### **COMMENTS:**

Written or Faxed comments on the proposed 2001-2002 New York Home Energy Assistance Program State Plan will be accepted no later than close of business, Friday, July 20, 2001. Written comments should either:

- Be mailed to:

Charles Giambalvo  
New York State Office of Temporary and Disability Assistance  
Division of Temporary Assistance, Western Regional Team  
40 North Pearl Street - 11A  
Albany, New York 12243

- Or faxed to:

Charles Giambalvo  
(518) 474-9347 or  
(518) 474-5281

Written comments received by the Office of Temporary and Disability Assistance will be available for public inspection.

**ATTACHMENT B**

**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
PUBLIC HEARING  
TO PROVIDE FOR PUBLIC COMMENT ON  
NEW YORK STATE'S  
PROPOSED 2001-2002 HOME ENERGY ASSISTANCE PROGRAM (HEAP) STATE PLAN**

**Albany, New York**, Tuesday, July 17, 2001, from 10:30 A.M. to 12:30 P.M., 40 North Pearl St., Albany, New York 12243, 11th Floor Conference Room.

**New York City**, Thursday, July 19, 2001, from 10:30 A.M. to 12:30 P.M., 80 Maiden Lane, New York, New York 10038, 6th Floor, Room 603B.

Persons wishing to present their views at any of these hearings are requested to complete this registration form as soon as possible and mail it to:

Mr. Charles Giambalvo  
New York State Office of  
Temporary and Disability Assistance  
Division of Temporary Assistance, Western Regional Team  
40 North Pearl Street  
11th Floor, Section A  
Albany, New York 12243

Telephone: 1 (800) 343-8859  
Extension 3-0332

The registration form may also be faxed to Charles Giambalvo at (518) 474-9347 or (518) 474-5281.

To ensure your pre-registration, please respond three days prior to the scheduled hearing date, or call the above number if you have any questions.

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I plan to attend the public hearing in (please check):

\_\_\_\_\_ Albany, New York (July 17, 2001)

\_\_\_\_\_ New York City, New York (July 19, 2001)

I plan to make a public statement at the hearing. I will limit my statement to a maximum of five minutes and I will provide three copies of my prepared statement.

**STATEMENTS SHOULD BE LIMITED TO COMMENTS ON THE NEW YORK STATE PROPOSED 2001-2002 HOME ENERGY ASSISTANCE PROGRAM (HEAP) PLAN.**

**NOTE:** There will not be any photocopying facilities available at the hearing.

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TITLE \_\_\_\_\_

AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_