

**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
NOTICE OF PUBLIC HEARING
TO PROVIDE FOR PUBLIC INPUT ON THE DEVELOPMENT OF THE NEW YORK
STATE PLAN
FOR THE 2003-2004 HOME ENERGY ASSISTANCE PROGRAM (HEAP)**

In accordance with the Low Income Home Energy Assistance Act of 1981, as amended, the State of New York provides for input on the development of the 2003-2004 New York State Plan for the Home Energy Assistance Program (HEAP).

PUBLIC HEARINGS: will be conducted at the following locations:

- **New York City**, Friday, February 28, 2003, from 9:00 A.M. to 11:00 A.M., 80 Maiden Lane, New York, New York 10038, 6th Floor, Room 603B.
- **Albany, New York**, Thursday, February 27, 2003, from 10:30 A.M. to 12:30 P.M., 90 State Street, 6th Floor Conference Room, Cornell University Suite, Albany, New York, 12207.

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.

COMMENTS:

Written, faxed or E-Mailed comments on the development of the 2003-2004 New York State Plan for the Home Energy Assistance Program will be accepted no later than close of business, March 7, 2003.

Written comments should addressed to:

David Staszak
NYS Office of Temporary and Disability Assistance
Division of Temporary Assistance, Western Regional Team
40 North Pearl Street - 11A
Albany, New York 12243

Faxed comments should be sent to:

David Staszak
(518) 474-9347 or
(518) 474-5281

E-mailed comments should be sent to:

NYSHEAP@dfa.state.ny.us

**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
PUBLIC HEARING REGISTRATION FORM
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Persons wishing to present their views at any of these hearings are requested to complete this registration form as soon as possible and mail to:

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

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

The reply form may also be faxed to (518) 474-9347 or to (518) 474-5281.

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

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

_____ New York City, New York (February 28, 2003)

_____ Albany, New York (February 27, 2003)

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 DEVELOPMENT OF THE NEW YORK STATE PLAN FOR THE 2003-2004 HOME ENERGY ASSISTANCE PROGRAM (HEAP).

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

NAME _____

TELEPHONE _____

TITLE _____

AFFILIATION _____

ADDRESS _____