



**NEW YORK STATE SENATE**

**NEW YORK STATE ASSEMBLY**

**STANDING COMMITTEE ON COMMERCE, ECONOMIC  
DEVELOPMENT AND SMALL BUSINESS  
STANDING COMMITTEE ON FINANCE  
STANDING COMMITTEE ON AGRICULTURE  
STANDING COMMITTEE ON BANKS  
STANDING COMMITTEE ON INSURANCE**

**STANDING COMMITTEE ON SMALL BUSINESS  
STANDING COMMITTEE ON WAYS AND MEANS  
STANDING COMMITTEE ON AGRICULTURE  
STANDING COMMITTEE ON BANKS  
STANDING COMMITTEE ON INSURANCE  
OFFICE OF STATE-FEDERAL RELATIONS  
TASK FORCE ON FOOD, FARM & NUTRITION POLICY**

**NOTICE OF ONLINE VIDEO PUBLIC HEARING**

**SUBJECT:** The federal response to the economic impact of the COVID-19 pandemic on small businesses in New York State.

**PURPOSE:** To discuss the current and future economic impact of the COVID-19 pandemic on small businesses, including farms, across New York State and whether the federal response is sufficient in relation to the disproportionate impact on the State and effective in targeting the businesses most in need.

Wednesday, May 13, 2020  
10 a.m.

Web Link: <https://www.nysenate.gov/events>  
<https://www.nyassembly.gov/av/live/>

**ORAL TESTIMONY BY INVITATION ONLY**

New York State has the highest number of COVID-19 cases in the country, and as a result, small businesses statewide are facing dire economic conditions. Beginning March 12, the Governor issued a series of Executive Orders requiring non-essential workers and owners of businesses across the state to stay at home or practice strict social distancing to protect the public health. As a result of these restrictions, most small businesses have had to shut their doors or drastically reduce or modify operations, placing their continued existence and financial stability at risk. Even those considered essential, such as farms and grocery stores, have been severely impacted by declines in demand, supply chain interruptions and new production challenges due to new safety measures in the workplace. The federal government recently passed legislation that provides loans, which may be forgiven and converted to grants if conditions are met, for small business to maintain payroll and make up for other losses of income due to the pandemic. Additional provisions provide grants to farmers, including purchases of excess produce, dairy and meat to distribute to foodbanks.

The purpose of this hearing is for Committees to solicit feedback from the small business community and other stakeholders on the scope and implementation of the federal response to the COVID-19 pandemic, including but not limited to, the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act, and whether the federal assistance provided was adequate and accessible for small businesses across the State.

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 of means by which to testify and/or in the event of emergency postponement or cancellation.

Oral testimony will be limited to five 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.

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 Legislature, 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.

**Anna Kaplan, Chair**  
**Committee on Commerce, Economic and**  
**Small Business**

**Liz Krueger, Chair**  
**Committee on Finance**

**Jennifer Metzger, Chair**  
**Committee on Agriculture**

**James Sanders, Chair**  
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**Neil Breslin, Chair**  
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**Committee on Insurance**

**Nily Rozic, Chair**  
**Office of State Federal Relations**

**Michaëlle C. Solages, Chair**  
**Task Force on Food, Farm, & Nutrition**  
**Policy**

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PUBLIC HEARING REPLY FORM

**ORAL TESTIMONY BY INVITATION ONLY**

Testimony will be taken only upon approval by the Committee Chairs. Individuals who have been invited to present testimony at the public on the federal response to the economic impact of the COVID-19 pandemic on small businesses in New York State are requested to complete this reply form as soon as possible and email a copy of planned testimony. Individuals invited to participate will be notified within 48 hours of the hearing. All replies and draft testimony submissions must be e-mailed to:

Matthew Richmond, Analyst  
Assembly Committee on Small Business  
Email: richmondm@nyassembly.gov  
Phone: (518) 455-4928

Jellisa Joseph, Associate Counsel  
Senate Majority Counsel's Office  
Email: josephj@nysenate.gov  
Phone: (518) 455-2825

I have been invited to the public hearing concerning the federal response to the economic impact of the COVID-19 pandemic on small businesses in New York State, and plan to present testimony. My statement will be limited to five minutes, and I will answer any questions which may arise.

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

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**ALL INFORMATION BELOW MUST BE COMPLETED:**

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

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

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

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

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

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