

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
ADVISORY COMMITTEE
NEW YORK STATE DEPARTMENT OF HEALTH**

Edmund O. Rothschild, M.D., Co-Chair

NOTICE OF PUBLIC HEARING

Subject: Preventive Health and Health Services Block Grant
Proposed Federal Fiscal Year (FFY) 2010 Work Plan

Purpose: To obtain public comment on the draft Work Plan for the Preventive Health and Health Services Block Grant for FFY 2010 (October 1, 2009 to September 30, 2010)

**September 11, 2009 @ 10:30am
New York State – Department of Health
Flanigan Square, Room 2
547 River Street
Troy, New York**

The New York State Department of Health has developed the State's application to the Federal Government for the Preventive Health and Health Services Block Grant for FFY 2010. Federal statute requires states to form advisory committees to assist in the development of the Work Plan and to hold public hearings on the proposed use of funds.

Copies of the Work Plan will be available for review by contacting Tina Mazula, Division of Environmental Health Investigation, New York State Department of Health, Flanigan Square, 547 River Street, Troy, New York 12180-2216, phone (518) 402-7501, e-mail: tme02@health.state.ny.us.

To further publicize the hearing, please inform interested parties and organizations of the Committee's interest in hearing comments from all sources. Oral comments will be limited to ten minutes. In preparing the order of those making comments, the Preventive Health and Health Services Advisory Committee will attempt to accommodate individual requests to speak at particular times in consideration of special circumstances. Ten copies of any prepared testimony should be submitted to the registration desk on the date of the hearing.

Persons wishing to comment at the public hearing on the Preventive Health and Health Services Block Grant are requested to complete the attached reply form and mail it as soon as possible to Tina Mazula, PHHSBG Advisory Committee, Flanigan Square, 547 River Street, Room 500, Troy, New York 12180-2216 or e-mail: tme02@health.state.ny.us.

**REPLY FORM: September 11, 2009 - HEARING ON PREVENTIVE HEALTH BLOCK
GRANT
FFY 2010 Work Plan**

NAME: _____ **TITLE:** _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____