

New York Public Welfare Association
Proposal for Conference Workshop

Contact Person Name & Title: _____

Organization: _____

Address: _____

Email: _____ Phone: _____ Date: _____

Suggested Title

Topic Description (3-4 sentences). The NYPWA staff will edit titles and descriptions of accepted proposals, as needed, for inclusion in the conference brochure.

Also, attached is a Summary of the Presentation for review by the selection committee.

All Presenters (names, title, agency, address, phone, email address)

Type & Length of Presentation (please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Single Presenter | <input type="checkbox"/> Panel Presentation | <input type="checkbox"/> Interactive Roundtable |
| <input type="checkbox"/> Prefer 90 Minute Session | <input type="checkbox"/> Prefer 75 Minute Session | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> CLE Legal Session – CLE topics must be pre-approved. | | |
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Local DSS Commissioner Approval (required for any local DSS staff to present)

- Approval received Request for approval is pending No LDSS staff presenting (N/A)

Equipment Needed

- Flip Chart Screen Internet Access (**presenter will be responsible for costs**)
 I will bring a laptop and projector for PowerPoint (**NYPWA does NOT supply**)

Program Area (please check all that apply)

- | | | | |
|---|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Adult Services | <input type="checkbox"/> Children's Services | <input type="checkbox"/> HEAP | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Employment | <input type="checkbox"/> Housing | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Medicaid | _____ |

Administrative Area (please check all that apply)

- | | | | |
|---------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Fiscal | <input type="checkbox"/> Management/Personnel | <input type="checkbox"/> Staff Development | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Performance Outcomes | <input type="checkbox"/> Deputy Commissioners' Leadership Network | |

The NYPWA is not responsible for travel, meal, or room expenses for presenters.

Please submit your proposal to nicole.gee@nypwa.org or fax to 518-465-5633.

For more information, please contact Nicole Gee, NYPWA Administrative Coordinator, at [518-465-9305](tel:518-465-9305).