

**New York Public Welfare Association**  
**Proposal for Conference Workshop**

Contact Person Name & Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Suggested Title**

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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.

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

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

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- |  |   |  |
|--|---|--|
| <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 – <b>CLE topics must be pre-approved.</b> | _____   |  |

**Local DSS Commissioner Approval (required for any local DSS staff to present)**

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

**Equipment Needed**

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- 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)**

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|---|---|-----------------------------------|---------------------------------|
| <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)**

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- |                                 |   |   |                                     |
|---------------------------------|---|---|-------------------------------------|
| <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 [beth.keitel@nypwa.org](mailto:beth.keitel@nypwa.org) or fax to 518-465-5633.**

For more information, please contact Beth Keitel, NYPWA Conference Coordinator, at [518-465-9305](tel:518-465-9305).