



## **ASSEMBLY STANDING COMMITTEE ON AGRICULTURE**

**SUBJECT:** Emerging Farmers

**PURPOSE:** To examine the impact and effectiveness of agriculture programs which assist young and emerging farmers.

Tuesday  
October 28, 2025  
10:00 AM  
Hearing Room C  
Legislative Office Building  
Albany, NY

### **ORAL TESTIMONY WILL BE BY INVITATION ONLY**

The Assembly Standing Committee on Agriculture oversees New York State's agriculture, food, animal protection, and other regulatory measures administered by the New York State Department of Agriculture and Markets. As the average age of a farmer in New York State continues to rise it is important to encourage new entrants into the farming profession. Emerging farmers encompasses both those individuals who are entirely new to farming as well as those individuals who have been farming but are now transitioning to ownership. The State currently funds several programs which support emerging farmers and assist in the transition of farms. The purpose of this hearing is to examine the impact and effectiveness of agriculture programs which assist young and emerging farmers funded in the enacted 2025-2026 State Budget.

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 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.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

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 Assembly, 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.

**Donna A. Lupardo  
Member of Assembly  
Chair,  
Committee on Agriculture**

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**PUBLIC HEARING REPLY FORM**

Persons invited to present testimony at the public hearing on Emerging Farmers are requested to complete this reply form by October 24, 2025 and mail, email or fax it to:

Paige Pomerantz  
Analyst  
Room 520 – Capitol  
Albany, New York 12248  
Email: pomerantzp@nyassembly.gov  
Phone: (518) 455-4928  
Fax: (518) 455-7095

- ☐ I plan to attend the following public hearing on Emerging Farmers to be conducted by the Assembly Committee on Agriculture on Tuesday, October 28, 2025.
- ☐ I have been invited to make a public statement at the hearing. My statement will be limited to five minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- ☐ I will address my remarks to the following subjects:

\_\_\_\_\_

\_\_\_\_\_

- ☐ 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:** \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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