ALBANY COUNTY
BOARD OF ELECTIONS
224 S. Pearl St Albany, NY 12202
(518) 487-5060 • Fax (518) 487-5077
boardofelections@albanycounty.com
www.albanycounty.com/vote

MEMO

TO: Joanne Cunningham, Chairwoman of the Legislature
Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Dave Reilly, Commissioner of Management &Budget
Quentin Trahan-Crudo, Budget Analyst

FROM: Rachel Bledi, Board of Elections Republican Commissioner
Alison McLean Lane, Board of Elections Democratic Commissioner

RE: 2025 Vote by Mail Grant

DATE: 07/06/2026

Please be advised the Albany County Board of Elections seeks approval to amend the contract term for the 2025 Vote by Mail Grant to 3/31/2027. The grant provides $81,802.99 in reimbursable funds for expenses related to the processing of absentee/early vote by mail ballots. The Board of Elections has been reimbursed $77,998 for the purchase if a high-speed scanner and tabulator used to conduct election audits. The remaining $3,804.99 will be used to reimburse the county for postage costs associated with absentee ballots. The new contract term is 04/01/2025 to 03/31/2027.

REQUEST FOR LEGISLATIVE ACTION

Contract Approval- Amended Term/Extension
2025 Vote By Mail Grant

Date: 7/06/2026
Department: Board of Elections
Attending Meeting: Rachel Bledi and Alison McLean Lane

Submitted By: Rachel Bledi & Alison McLean Lane
Title: Commissioner of Elections
Phone: 518-487-5070

Purpose of Request: Contract Authorization 04/01/2025-03/31/2027

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses: NYS Board of Elections
40 South Pearl St, Albany, NY 12207

Term: (Start/end date or duration) 04/04/2025 to 03/31/2027
Amount/Raise Schedule/Fee: $81,802.99

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☒ No ☐
Spreadsheet attached: Yes ☐ No ☒

Source of Funding – (Percentages)
Federal: Enter text. County: Enter text.
State: 100% Local: Enter text.

County Budget Accounts:
Revenue Account and Line: A1450 03026
Revenue Amount: $81, 802.99
Appropriation Account and Line: Enter text.
Appropriation Amount: Enter text.

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☒ No ☐
If Mandated, Cite Authority: NYS Election Law
Request for Bids / Proposals:
Competitive Bidding Exempt: Yes ☐ No ☐
# of Response(s): Enter text.
# of MWBE: Enter text.
# of Veteran Business: Enter text.
Bond Resolution No.: Enter text.
Apprenticeship Program Yes ☐ No ☐

Previous requests for Identical or Similar Action:
Resolution/Law Number and Date: 25-444.

DESCRIPTION OF REQUEST:

Please be advised the Albany County Board of Elections seeks approval to amend the contract term for the 2025 Vote by Mail Grant to 3/31/2027. The grant provides $81,802.99 in reimbursable funds for expenses related to the processing of absentee/early vote by mail ballots. The Board of Elections has been reimbursed $77,998 for the purchase if a high-speed scanner and tabulator used to conduct election audits. The remaining $3,804.99 will be used to reimburse the county for postage costs associated with absentee ballots. The new contract term is 04/01/2025 to 03/31/2027.

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address): New York State Board of Elections 40 North Pearl Street, Suite 5 Albany, NY 12207	BUSINESS UNIT/DEPT. ID: BOE01/1110000 CONTRACT NUMBER: C005340 CONTRACT TYPE (select one): ☐ Multi-Year Agreement ☐ Simplified Renewal Agreement ☑ Fixed Term Agreement
CONTRACTOR NAME: Albany County Board of Elections	TRANSACTION TYPE: ☐ New ☐ Renewal (list periods): ☑ Amendment (list periods): 04/01/2025 to:03/31/2027
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 14-6002563	PROJECT NAME: **2025 Vote By Mail Grant Program** ASSISTANCE LISTINGS (formerly CFDA) NUMBER (ALN) (Federally Funded Grants Only):
CONTRACTOR PRIMARY MAILING ADDRESS: 260 South Pearl Street Albany NY 12202 CONTRACTOR PAYMENT ADDRESS: ☑ Check if same as primary mailing address CONTRACT MAILING ADDRESS: ☑ Check if same as primary mailing address CONTRACTOR PRIMARY E-MAIL ADDRESS:	CONTRACTOR STATUS: ☐ For Profit ☑ Municipality ☐ Tribal Nation ☐ Individual ☐ Not-for-Profit Charities Registration Number: Exemption Status/Code: ☐ Sectarian Entity

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

CURRENT CONTRACT TERM:	CONTRACT FUNDING AMOUNT
From: 04/01/2025 To: 03/31/2026	(*Fixed Term* - enter current period amount; *Simplified Renewal* - enter cumulative amount to date; *Multi-year* - enter total projected amount of the contract):
AMENDED TERM:	CURRENT: $81,802.99
From: 04/01/2025 To: 03/31/2027	AMENDED:
	FUNDING SOURCE(S)
	☑ State ☐ Federal ☐ Other

ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT (select all that apply):

Appendix A

Attachment A:
- ☐ A-1 Agency Specific Terms and Conditions
- ☐ A-2 Program Specific Terms and Conditions
- ☐ A-3 Federally Funded Grants and Requirements Mandated by Federal Laws

Attachment B:
- ☐ B-1 Expenditure Based Budget
- ☐ B-2 Performance Based Budget
- ☐ B-3 Capital Budget
- ☐ B-4 Net Deficit Budget
- ☐ B-1(A) Expenditure Based Budget (Amendment)
- ☐ B-2(A) Performance Based Budget (Amendment)
- ☐ B-3(A) Capital Budget (Amendment)
- ☐ B-4(A) Net Deficit Budget (Amendment)

Attachment C:
Attachment D:
Other:

IN WITNESS THEREOF, the parties hereto have executed or approved this Contract for Grants on the dates below their signatures.

CONTRACTOR:

Albany County Board of Elections

By:

Printed Name

Title:

Date:

STATE AGENCY:

New York State Board of Elections

By:

Printed Name

Kristen Zebrowski Stavisky
Raymond J. Riley III

Title: *Co-Executive Directors*

Date:

STATE OF NEW YORK

County of

On the ____ day of _____, _____, before me personally appeared_____, to me known, who being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of the _____, the contractor described herein which executed the foregoing instrument; and that he/she signed his/her name thereto as authorized by the contractor named on the face page of this Contract for Grants.

(Notary)

ATTORNEY GENERAL'S SIGNATURE

Printed Name

Title:

Date:

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title:

Date: