

REQUEST FOR LEGISLATIVE ACTION

Contract Approval Ballot by Mail Grant Extension

Date:	09/03/2025	Submitted By:	Rachel Bledi & Alison McLean
Department:	Board of Elections	Lane	
Attending Meeting:	Rachel Bledi and Alison McLean Lane	Title:	Commissioner of Elections
		Phone:	518-487-5070

Purpose of Request: Contract Authorization

CONTRACT TERMS/CONDITIONS:

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

Term: (Start/end date or duration)	04/01/2024 to 03/31/2026
Amount/Raise Schedule/Fee:	\$123,995

BUDGET INFORMATION:

Is there a Fiscal Impact:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Anticipated in Budget:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Spreadsheet attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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:	\$123,995
Appropriation Account and Line:	Enter text.
Appropriation Amount:	Enter text.

ADDITIONAL INFORMATION:

Mandated Program/Service:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Mandated, Cite Authority:	NYS Election Law
Request for Bids / Proposals:	
Competitive Bidding Exempt:	Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Response(s):	Enter text.
# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date:	Resolution 778 of 2024
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DESCRIPTION OF REQUEST:

Please be advised that the Albany County Board of Elections is seeking approval for a contract extension with New York State Board of Elections for a *Ballot By Mail* Grant in the amount of \$123,995 to be used to reimburse the county for the purchase of a high-speed absentee ballot scanner. The amended term is 04/01/2024 to 03/31/2026.



**ALBANY COUNTY
BOARD OF ELECTIONS**
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Commissioners
ALISON MCLEAN LANE, DEMOCRATIC
RACHEL BLEDI, REPUBLICAN

Deputy Commissioners
DAVID CADY, DEMOCRATIC
MELISSA KERMANI, REPUBLICAN

MEMO

TO: Joanne Cunningham, Chairwoman of the Legislature
Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Dave Reilly, Commissioner of Management & Budget
Ian Reeve, Budget Analyst

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

RE: Extension of ballot by Mail Grant

DATE: 09/03/2025

Please be advised that the Albany County Board of Elections is seeking approval for a contract extension with New York State Board of Elections for a *Ballot By Mail* Grant in the amount of \$123,995 to be used to reimburse the county for the purchase of a high-speed absentee ballot scanner. The amended term is 04/01/2024 to 03/31/2026.

Annexed hereto is the copy of the grant. If you have any questions, please feel free to contact us

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: C004940 CONTRACT TYPE (select one): <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement
CONTRACTOR NAME: Albany County Board of Elections	TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal (list periods): <input checked="" type="checkbox"/> Amendment (04/01/2024-03/31/2026):
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 14-6002563	PROJECT NAME: Ballot 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: <input checked="" type="checkbox"/> Check if same as primary mailing address CONTRACT MAILING ADDRESS: <input checked="" type="checkbox"/> Check if same as primary mailing address CONTRACTOR PRIMARY E-MAIL ADDRESS:	CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit Charities Registration Number: Exemption Status/Code: <input type="checkbox"/> Sectarian Entity

STATE OF NEW YORK CONTRACT FOR GRANTS FACE PAGE

CURRENT CONTRACT TERM:

From: 04/01/2024 To: 03/31/2025

AMENDED TERM:

From: 04/01/2024 To: 03/31/2026

CONTRACT FUNDING AMOUNT

(*Fixed Term* - enter current period amount; *Simplified Renewal* - enter cumulative amount to date; *Multi-year* - enter total projected amount of the contract):

CURRENT: \$123,994.27

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 Master Contract on the dates below their signatures.

CONTRACTOR:

Albany County

By: _____

Printed Name

Title: _____

Date: _____

STATE AGENCY:

NYS Board of Elections

By: _____

Printed Name

Title: _____

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 Master Contract.

(Notary) _____

ATTORNEY GENERAL'S SIGNATURE

STATE COMPTROLLER'S SIGNATURE

Printed Name

Printed Name

Title: _____

Title: _____

Date: _____

Date: _____