



**ALBANY COUNTY
BOARD OF ELECTIONS**
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www.albanycounty.com/vote

Commissioners
RACHEL L. BLEDI
KATHLEEN A. DONOVAN

Deputy Commissioners
MELISSA KERMANI
DAVID CADY

MEMO

TO: Andrew Joyce, Chairman of the Legislature
Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Dave Reilly, Commissioner of Management & Budget
Sameer Modasra, Budget Analyst

FROM: Rachel Bledi, Board of Elections Republican Commissioner
Kathleen Donovan, Board of Elections Democratic Commissioner

RE: Pre-Paid Postage Grant

DATE: 09/06/2023

Please be advised that the Albany County Board of Elections is seeking approval for a contract amendment for the Pre-Paid Postage Grant, which had its term extended from 07/01/2022 to 03/31/2024. We received an additional \$65,299.42 to be used to reimburse postage and mailing costs associated with absentee ballots. The total amount reimbursable under this grant is \$130,598.84.

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

REQUEST FOR LEGISLATIVE ACTION

..title

Authorization for Contract Amendment by Board of Elections

..body

Date:	09/06/2023
Submitted By:	Rachel Bledi and Kathleen Donovan
Department:	Board of Elections
Title:	Commissioners of Elections
Phone:	518-487-5070
Department Rep.	
Attending Meeting:	Rachel Bledi and Kathleen Donovan

Purpose of Request:

- ☐ Adopting of Local Law
- ☐ Amendment of Prior Legislation
- ☐ Approval/Adoption of Plan/Procedure
- ☐ Bond Approval
- ☐ Budget Amendment
- ☒ Contract Authorization
- ☐ Countywide Services
- ☐ Environmental Impact/SEQR
- ☐ Home Rule Request
- ☐ Property Conveyance
- ☐ Other: (state if not listed) _____

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☒ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual
- ☐ Revenue

Increase Account/Line No.:

Source of Funds:

Title Change:

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- ☒ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☒ Grant

Submission Date Deadline 3/31/2024

- ☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) _____

Contract Terms/Conditions:

Party (Name/address):

Additional Parties (Names/addresses):

Amount/Raise Schedule/Fee: \$65,299.42

Scope of Services: The Albany County Board of Elections is seeking approval for a contract amendment for the Pre-Paid Postage Grant, which had its term extended from 07/01/2022 to 03/31/2024. We also received an additional \$65,299.42 to be used to reimburse postage and mailing costs associated with absentee ballots. The total amount allocated under this grant is \$130,598.84.

Bond Res. No.:

Date of Adoption:

CONCERNING ALL REQUESTS

Mandated Program/Service:

Yes ☒ No ☐

If Mandated Cite Authority:
and mail absentee ballots.

Election Law mandates Boards of Elections pay for postage

Is there a Fiscal Impact:

Yes ☒ No ☐

Anticipated in Current Budget:

Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line:

A1450--03041

Revenue Amount: \$65,299.42

Appropriation Account and Line: A1450-44035 (Postage) & A1450-44042 (Printing & Advertising)

Appropriation Amount: \$65,299.42

Source of Funding – (Percentages)

Federal:
State: 100%
County:
Local:

Term

Term: (Start and end date) 07/01/2022 – 03/31/2024

Length of Contract: 1 year, 9 months

Impact on Pending Litigation Yes ☐ No ☒

If yes, explain:

Previous requests for Identical or Similar Action:

Resolution/Law Number:

Date of Adoption:

Justification: (state briefly why legislative action is requested)

The total amount to be expended is \$130,598.84, fully reimbursable by the state under the Pre-Paid Postage Grant Program. Contractual approval falls under the purview of the County Legislature.

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

STATE AGENCY (Name & Address):	BUSINESS UNIT/DEPT. ID: CONTRACT NUMBER: CONTRACT TYPE: <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input type="checkbox"/> Fixed Term Agreement
CONTRACTOR SFS PAYEE NAME:	TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
CONTRACTOR DOS INCORPORATED NAME:	PROJECT NAME:
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: Federal Tax ID Number: DUNS Number (if applicable):	AGENCY IDENTIFIER: CFDA NUMBER (Federally Funded Grants Only):
CONTRACTOR PRIMARY MAILING ADDRESS: CONTRACTOR PAYMENT ADDRESS: <input type="checkbox"/> Check if same as primary mailing address CONTRACT MAILING ADDRESS: <input type="checkbox"/> Check if same as primary mailing address	CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input type="checkbox"/> Municipality, Code: <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

Contract Number: # _____

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM:</p> <p>From: _____ To: _____</p> <p>CURRENT CONTRACT PERIOD:</p> <p>From: _____ To: _____</p> <p>AMENDED TERM:</p> <p>From: _____ To: _____</p> <p>AMENDED PERIOD:</p> <p>From: _____ To: _____</p>	<p>CONTRACT FUNDING AMOUNT <i>(Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):</i></p> <p>CURRENT: _____</p> <p>AMENDED: _____</p> <p>FUNDING SOURCE(S)</p> <p style="margin-left: 40px;"> <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other </p>
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FOR MULTI-YEAR AGREEMENTS ONLY - CONTRACT PERIOD AND FUNDING AMOUNT:
 (Out years represent projected funding amounts)

#	CURRENT PERIOD	CURRENT AMOUNT	AMENDED PERIOD	AMENDED AMOUNT
1				
2				
3				
4				
5				

ATTACHMENTS PART OF THIS AGREEMENT:

- ☐ Attachment A:

☐ A-1 Program Specific Terms and Conditions
☐ A-2 Federally Funded Grants

☐ Attachment B:

☐ B-1 Expenditure Based Budget
☐ B-2 Performance Based Budget
☐ B-3 Capital Budget
☐ B-1(A) Expenditure Based Budget (Amendment)
☐ B-2(A) Performance Based Budget (Amendment)
☐ B-3(A) Capital Budget (Amendment)

☐ Attachment C: Work Plan

☐ Attachment D: Payment and Reporting Schedule

☐ Other: Attachment E - Funding Schedule

Contract Number: # _____

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

CONTRACTOR:

By: _____

Printed Name

Title: _____

Date: _____

STATE AGENCY:

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

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title: _____

Date: _____

Contract Number: # _____