



# Albany County Board of Elections

COMMISSIONERS OF ELECTION  
**Rachel L. Bledi (R)**  
**Kathleen Donovan (D)**

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260 S. PEARL ST.  
ALBANY, NEW YORK 12202  
OFFICE HOURS: 8:30 A.M. TO 4:30 P.M.  
TELEPHONE: (518) 487-5060  
FAX: (518) 487-5077  
WWW.ALBANYCOUNTY.COM /VOTE/

## MEMO

TO: Andrew Joyce, Chairman of the Legislature  
Dennis Feeney, Majority Leader  
Frank Mauriello, Minority Leader  
Christopher Herbert, Budget Analyst

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

RE: 2022 NTS Data Services Contract

DATE: 12/27/2021

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Please be advised that the Albany County Board of Elections is seeking renewal of its maintenance agreement with NTS Data Services, LLC, which is the developer and sole point of support and maintenance for the TEAM voter registration, WorkFlow, Sign-It! signature digitization, full document imaging and PACETS election management applications currently installed in the Board of Elections. It also prints our April countywide mail check card and provides the data for emergency pollbooks. NTS is the only company that can practically and legally maintain the software and supplies these systems to forty-nine other counties in New York State. The cost of the agreement is \$102,797 for a one-year term from 01/01/2021 to 12/31/2022.

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



2079 Sawyer Dr.  
Niagara Falls, NY 14304  
Ntsdata.com

11/24/2021

Commissioner Kathleen Donovan  
Commissioner Rachel L. Bledi  
Albany County Board Of Elections  
260 South Pearl St  
Albany, NY 12202

Dear Commissioners:

As we move into the second half of 2021, we know how important it is to have information to prepare for your 2022 budget. Below, please find the pricing for 1,3, and 5-year renewal options. Please note that the pricing below assumes that the county is using the most current version of our software.

**Maintenance, Support and Services Covered Under New Contract**

NTS Products Under Current Contract	Year	1-Year Contract	3-Year Contract	5-Year Contract
<b>Base Services:</b> Annual Maintenance & Support  TEAM/Suite, TEAM Middleware (IMS), Workflow (Multi-folder)  <b>Additional Products &amp; Services:</b>  PACETS, Voter Information Center / Polling Place Locator (VIC/PPL)/ Mailcheck Cards (excludes postage)	2022	\$102,797	\$101,300	\$99,803
	2023		\$104,339	\$102,797
	2024		\$107,469	\$105,881
	2025			\$109,057
	2026			\$112,329

Please let us know if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Samantha Sevenish".

Samantha Sevenish  
Director of Technical Projects



December 28, 2021

Commissioner Kathleen Donovan  
Commissioner Rachel L. Bledi  
Albany County Board of Elections  
224 South Pearl Street  
Albany, NY 12202

Dear Commissioners:

NTS Data Services, LLC is the developer and sole point of support and maintenance for the TEAM/Suite voter registration, WorkFlow, PACETS election management system and IMS interface messaging system applications currently installed in the Board of Elections. As NTS is the only company that can practically and legally maintain the software, this would be a sole source situation. NTS supplies these systems to forty-nine other counties in New York State and is the only company providing voter registration software and services that is locally based - in Wheatfield, New York.

NTS systems have been certified by the State Board of Elections to be in compliance with the interface requirements of the NYSVoter statewide voter registration system and your Board uses this functionality to communicate back and forth with NYSVoter. In addition, NTS continually maintains and upgrades functionality in our software modules and new releases are included in the renewal contract at no additional cost.

As our history has demonstrated, Albany County has the comfort in knowing that these critical elements of your election process are handled by experienced NTS personnel who are familiar with requirements set forth by the Albany County Board of Elections and the New York State Board of Elections. We know the critical importance of our service to our customers and have built an infrastructure that troubleshoots and delivers.

I hope the above helps to clarify the issues related to the renewal contract. Should you or anyone else in the County have any questions, please feel free to contact me at 800-458-3820 ext 202

Sincerely,

Samantha Sevenish  
Director of Technical Projects



**CERTIFICATE OF INSURANCE COVERAGE  
DISABILITY AND PAID FAMILY LEAVE  
BENEFITS LAW**

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

1a. Legal Name and Address of Insured (Use street address only)

NTS Data Services LLC  
2079 Sawyer Drive  
Niagara Falls, NY 14304

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1b. Business Telephone Number of Insured

716-691-4455

1c. Federal Employer Identification Number of Insured or Social Security Number

16-1580300

2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

ALBANY COUNTY BOARD OF ELECTIONS  
32 NORTH RUSSELL ROAD  
ALBANY, NY 12206

3a. Name of Insurance Carrier

**The Guardian Life Insurance Company of America**

3b. Policy Number of entity listed in box "1a":

00937226-0107

3c. Policy effective period:

07/01/2019 to 07/01/2020

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.  
☐ B. Disability benefits only.  
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed: 07/02/2019

By: Raymond J. Marra Raymond J. Marra  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number: 1-888-278-4542

Title: Senior Vice President, Group and Worksite Markets

**IMPORTANT:** If Box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is **COMPLETE**. Mail it directly to the certificate holder.  
If Box "4b, 4c or 5b" is checked, this certificate is **NOT COMPLETE** for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Birmingham, NY 13902-5200.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4c or 5b" of Part 1 has been checked)**

**State Of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**

**Additional Instructions for Form DB-120.1**

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to non-payment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured form coverage indicated on this certificate. (these notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier. cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period?

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

**DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

**§220.Subd. 8**

- (a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

- (a) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.