



**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

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
Quentin Trahan-Crudo, Budget Analyst

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

RE: Electronic Poll Book Grant Extension

DATE: 07/16/2026

Please be advised that the Albany County Board of Elections is seeking an extension of a contract with New York State Board of Elections for an *Electronic Poll Book Grant*, which provides \$236,701 in reimbursable funds for expenses related to electronic poll books (E-Poll Books) and ballot on-demand systems. The county has been reimbursed \$119,944.53 for the purchase iPads and the remaining \$116,756.47 will be used for reimbursement of the purchase of ballot-on-demand printing systems. The amended contract term is 04/01/2024 to 03/31/2027.

REQUEST FOR LEGISLATIVE ACTION

Contract Approval for Extension Electronic Pollbook Grant

Date:	07/06/2026	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 Amended Term 04/01/2024 to 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)	04/01/2024 to 03/31/2027
Amount/Raise Schedule/Fee:	\$236,701

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 03024
Revenue Amount:	\$236, 701
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:	25-389
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DESCRIPTION OF REQUEST:

The Albany County Board of Elections is seeking an extension of a contract with New York State Board of Elections for an *Electronic Poll Book Grant*, which provides \$236,701 in reimbursable funds for expenses related to electronic poll books (E-Poll Books) and ballot on-demand systems. The county has been reimbursed \$119,944.53 for the purchase iPads and the remaining \$116,756.47 will be used for reimbursement of the purchase of ballot-on-demand printing systems. The amended contract term is 04/01/2024 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: C005002 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 04/01/2024-03/31/2027
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 14-6002563	PROJECT NAME: Electronic Poll Book 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:

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

AMENDED TERM:

From: 04/01/2024 To: 03/31/2027

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: \$236,700.47

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

Printed Name

Title: _____

Date: _____

STATE COMPTROLLER'S SIGNATURE

Printed Name

Title: _____

Date: _____