



**ALBANY COUNTY
BOARD OF ELECTIONS**
224 S. Pearl St Albany, NY 12202
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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: Contract extension for Cybersecurity Grant

DATE: 07/06/2026

Please be advised that the Albany County Board of Elections is seeking an extension of its contract with the NYS Board of Elections for an Elections Cybersecurity Remediation Grant, which has been extended to 3/31/2027. The Original amount allocated was \$145,219.85, and only \$38,188.97 remains to be reimbursed.

The Grant is used to reimburse the Board for a remediation strategy developed after undergoing a comprehensive risk assessment of our election infrastructure.

REQUEST FOR LEGISLATIVE ACTION

Contract Approval Cybersecurity Remediation Grant Extension

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 12/21/2019 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)	12/21/2019 to 03/31/2027
Amount/Raise Schedule/Fee:	\$145,219.85

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 03342
Revenue Amount:	\$142,219.85
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:	25-392
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DESCRIPTION OF REQUEST:

Please be advised that the Albany County Board of Elections is seeking an extension of its contract with the NYS Board of Elections for an Elections Cybersecurity Remediation Grant, which has been extended to 3/31/2027. The Original amount allocated was \$145,219.85, and only \$38,188.97 remains to be reimbursed. The Grant is used to reimburse the Board for a remediation strategy developed after undergoing a comprehensive risk assessment of our election infrastructure.

STATE OF NEW YORK MASTER 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: BOE01 - C004232 - 1110000 CONTRACT TYPE: ☐ Multi-Year Agreement ☐ Simplified Renewal Agreement ☒ Fixed Term Agreement
CONTRACTOR SFS PAYEE NAME: Albany County	TRANSACTION TYPE: ☐ New ☐ Renewal ☒ Amendment
CONTRACTOR DOS INCORPORATED NAME: N/A	PROJECT NAME: Elections Cybersecurity Remediation Grant Program
CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number: 1000002428 Federal Tax ID Number: 14-6002563 DUNS Number (if applicable):	AGENCY IDENTIFIER: N/A CFDA NUMBER (Federally Funded Grants Only): N/A
CONTRACTOR PRIMARY MAILING ADDRESS: 112 State Street Albany, NY 12207 CONTRACTOR PAYMENT ADDRESS: ☐ Check if same as primary mailing address CONTRACT MAILING ADDRESS: ☐ Check if same as primary mailing address	CONTRACTOR STATUS: ☐ For Profit ☒ Municipality, Code: ☐ Tribal Nation ☐ Individual ☐ Not-for-Profit Charities Registration Number: N/A Exemption Status/Code: N/A ☐ Sectarian Entity

Contract Number: # BOE01 - C004232 - 1110000

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

CURRENT CONTRACT TERM: From: 12/21/2019 To: 12/31/2021 CURRENT CONTRACT PERIOD: From: To: AMENDED TERM: From: 12/21/2019 To: 03/31/2027 AMENDED PERIOD: From: To:	CONTRACT FUNDING AMOUNT <i>(Multi-year - enter total projected amount of the contract; Fixed Term/Simplified Renewal - enter current period amount):</i> CURRENT: \$145,219.85 AMENDED: FUNDING SOURCE(S) ☒ State ☐ Federal ☐ Other
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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: | |
| ☐ Attachment D: | |
| ☐ | |

Contract Number: # BOE01 - C004232 - 1110000

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: _____

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: _____