



Albany County Board of Elections

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

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

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

RE: Contract extension for Pre-Paid Postage Grant

DATE: 07/18/2024

Please be advised that the Albany County Board of Elections is seeking an extension of its contract with the NYS Board of Elections for a Pre-Paid Postage Grant, which has been extended from 1/28/2023 to 3/31/2025. The Original amount allocated was \$130,598.85, and only \$1,197.16 remains to be reimbursed.

The Pre-Paid Postage Grant was used to reimburse the county for costs associated with mailing absentee ballots, including postage, envelopes and ballots. This was previously approved under a different contract period (Res.431 of 2022).

REQUEST FOR LEGISLATIVE ACTION

Contract Extension for Board of Elections

..title

Pre-Paid Postage Grant

..body

Date:	07/16/2024	Submitted By:	Rachel Bledi
Department:	Board of Elections	Title:	Commissioner of Elections
Attending Meeting:	Rachel Bledi and Kathleen Donovan	Phone:	518-487-5070

Purpose of Request: Contract Authorization Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses: NYS Board of Elections
40 N. Pearl St, Suite 5, Albany, Ny 12207

Term: (Start/end date or duration) 1/28/2023 to 3/31/2025
Amount/Raise Schedule/Fee: \$1,197.16

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes No
 Anticipated in Budget: Yes No
 Spreadsheet attached: Yes No

Source of Funding – (Percentages)

Federal: 0 County: 0
State: 100% Local: 0 Enter text.

County Budget Accounts:

Revenue Account and Line: A1450 03041
Revenue Amount: \$1,197.16
Appropriation Account and Line: Enter text.
Appropriation Amount:

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes No
If Mandated, Cite Authority: 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: Res. 469 of 2022 Enter text.

DESCRIPTION OF REQUEST:

The Board of Elections is seeking an extension of a contract with the State Board of Elections for a Pre-Paid Postage Grant, which has a remaining fund balance of \$1,197.16. This was previously approved by the County Legislature under a different contract term.

Peter S. Kosinski
Co-Chair

Anthony J. Casale
Commissioner

Raymond J. Riley, III
Co-Executive Director



Board of Elections

40 NORTH PEARL STREET, SUITE 5
ALBANY, N.Y. 12207
Phone: 518/474-8100 Fax: 518/486-4068
<http://www.elections.ny.gov>

Henry T. Berger
Co-Chair

Essma Bagnuola
Commissioner

Kristen Zebrowski Stavisky
Co-Executive Director

June 6, 2024

Dear: Albany

Please find enclosed your contract extensions for fiscal year 2024 – 2025. Please be advised all extensions will now expire March 31, 2025 with the ability to submit claims until June 29, 2025. Your extensions will enable you to submit claims from the original start date of the contract (see page 2 of the extension for specific dates).

Please be advised you have the following remaining grants balances:

Absentee Postage: \$17,429.47
Cybersecurity: \$38,188.97

This packet does not include extensions for HAVA Poll Site Improvement or HAVA Voter Education as we are currently reconciling remaining funds with the Office of General Services. Those extensions will be sent to Counties with remaining funds once confirmed. This packet also does not include new contracts for the three new state grants (Ballot by Mail, E-Poll Book, and 2024 General Election Grants). New contracts will be sent once drafts are approved by OGS.

Return one signed and notarized copy of each extension to:

New York State Board of Elections
Attn: Grants
40 North Pearl Street
Suite 5
Albany NY 12207

Please be advised further we cannot submit your new extension(s) unless we have received your original contract and all extensions for prior fiscal years. If you are missing an original contract or extension(s) we have included them in this packet.

If you have any questions contact the Grants Department at (518) 474-1953 or grants@elections.ny.gov

Thank you,
Grants Team

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>STATE AGENCY (Name & Address): New York State Board of Elections 40 North Pearl Street, Suite 5 Albany, NY 12207</p>	<p>BUSINESS UNIT/DEPT. ID: BOE01/1110000 CONTRACT NUMBER: BOE01 - C004569- 1110000 CONTRACT TYPE: <input type="checkbox"/> Multi-Year Agreement <input type="checkbox"/> Simplified Renewal Agreement <input checked="" type="checkbox"/> Fixed Term Agreement</p>
<p>CONTRACTOR SFS PAYEE NAME: Albany County</p>	<p>TRANSACTION TYPE: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Amendment</p>
<p>CONTRACTOR DOS INCORPORATED NAME: N/A</p>	<p>PROJECT NAME: Absentee Ballot Pre-Paid Postage Grant Program 2023</p>
<p>CONTRACTOR IDENTIFICATION NUMBERS: NYS Vendor ID Number:1000002428 Federal Tax ID Number: 14-6002563 DUNS Number (if applicable):</p>	<p>AGENCY IDENTIFIER: N/A CFDA NUMBER (Federally Funded Grants Only): N/A</p>
<p>CONTRACTOR PRIMARY MAILING ADDRESS: 260 South Pearl Street Albany NY 12202</p> <p>CONTRACTOR PAYMENT ADDRESS: <input type="checkbox"/> Check if same as primary mailing address</p> <p>CONTRACT MAILING ADDRESS: <input type="checkbox"/> Check if same as primary mailing address</p>	<p>CONTRACTOR STATUS: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Municipality, Code: <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit</p> <p>Charities Registration Number: N/A Exemption Status/Code: N/A <input type="checkbox"/> Sectarian Entity</p>

Contract Number: # BOE01 - C004569- 1110000

Page 1 of 2

Master Grant Contract, Face Page

STATE OF NEW YORK MASTER CONTRACT FOR GRANTS FACE PAGE

<p>CURRENT CONTRACT TERM:</p> <p>From: 01/28/2023 To: 03/31/2024</p> <p>CURRENT CONTRACT PERIOD:</p> <p>From: 01/28/2023 To: 03/31/2024</p> <p>AMENDED TERM:</p> <p>From: 01/28/2023 To: 03/31/2025</p> <p>AMENDED PERIOD:</p> <p>From: 01/28/2023 To: 03/31/2025</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: \$130,598.85</p> <p>AMENDED:</p> <p>FUNDING SOURCE(S)</p> <p><input checked="" 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: # BOE01 - C004569- 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: _____

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: _____