

Request for Contract Approval	
Request ID #	5895
Contract #	5995
Contract Type	B) CAB Contracts
Contract Action	C) Renewal
Contract Action Type	S) Sole Source (please attach sole source letter)
Department	A1450 - Board of Elections
Date submitted	12/21/20
Contact person	Bledi, Rachel
Contact Phone	(518) 487-5070
Vendor	NTS Data Services
Estimated Amount	\$99,803
Estimated Term	1/1/2021-12/31/2021
Scope of Services	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 poll books. 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 \$99,803
Budget Line Item	Account Code
Fiscal Impact	County 100.00%
	State 0.00%
	Federal 0.00%
BID,RFP,RFQ Completed?	N/A

Budget Analyst

Date

For Contract Board Use:

Date Approved

Daniel P. McCoy
Albany County Executive

Bruce A. Hidley
Albany County Clerk

Andrew Joyce, Chairman
Albany County Legislature



Albany County
Board of Elections

COMMISSIONERS OF ELECTION

RACHEL L. BLEDI
REPUBLICAN

MATTHEW J. CLYNE
DEMOCRATIC

260 SOUTH PEARL STREET
ALBANY, NEW YORK 12202
OFFICE HOURS: 8:30 AM to 4:30 PM
TELEPHONE: (518) 487-5060
FAX: (518) 487-5077
WWW.ALBANYCOUNTY.COM/VOTE

DEPUTY COMMISSIONERS

HEIDI R. CONNORS (D)

MELISSA KERMANI (R)

MEMO

TO: The Contract Administration Board

FROM: Rachel Bledi, Board of Elections Commissioner

CC: Dave Reilly, Commissioner, Department of Management and Budget

RE: 2021 NTS Data Services Contract

DATE: 12/21/2020

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 poll books. 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 \$99,803

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



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Board of Elections
Commissioner Matthew J. Clyne
Commissioner Rachel L. Bledi

FROM: Karen Storm

DATE: December 28, 2020

RE: Sole Source – NTS

I am writing in response to your request for a determination of sole source vendor status for NTS. I have reviewed the documentation you sent as well as General Municipal Law 103 as it applies to the sole source determination.

In determining whether a service should be considered a sole source it is incumbent upon the County to document that those services uniquely serve the public interest and that no other vendor can provide substantially equivalent or similar benefits.

It appears that NTS, is the developer and the sole point of support and maintenance for the TEAM/Suite voter registration. I hereby affirm, that NTS is a sole source vendor, as it provides a unique service and benefit that no other vendor currently can offer.

If you have any questions in this regard, please feel free to contact me.



2079 Sawyer Drive
Niagara Falls, NY 14304
800.458.3820

8/6/2020

Commissioner Matthew J. Clyne
Commissioner Rachel L. Bledi
260 South Pearl St
Albany, NY 12202

Dear Commissioners:

Now that the 2020 Primary Elections are behind us & we start preparing for General Election 2020, hopefully there will be some time for you to enjoy what remains of the summer. Looking ahead to the later part of the year, there will also be the need for you to prepare & submit your budget for 2021. To help facilitate the process, I am submitting the relevant NTS information below:

Maintenance, Support and Services Covered Under New Contract

NTS Products Under Current Contract	Year	1-Year Contract
Base Services: Annual Maintenance & Support TEAM/Suite, TEAM Middleware (IMS), Workflow (Multi-folder) Additional Products & Services: PACETS, Voter Information Center / Polling Place Locator (VIC/PPL)	2021	\$99,802.88
	2022	
	2023	
	2024	
	2025	

Considering the changing landscape of elections there may be some additional NTS applications & services listed below that may be beneficial to the performance of your office. We will reach out to you in the coming weeks in this regard or contact us sooner if you prefer.

Election Night Reporting (ENR)

Sincerely,

A handwritten signature in cursive script that reads "Gina L. Shields".

Gina Shields
Election Services Manager



**Workers'
Compensation
Board**

**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 07/01/2021

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 or 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: 06/26/2020

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.



NTSDA-1

OP ID: CW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER United Insurance Agency, Inc. 90 Bryant Woods South Amherst, NY 14228	716-632-6118	CONTACT NAME: Carol Wirth	
		PHONE (A/C, No, Ext): 716-632-6118	FAX (A/C, No): 716-631-5045
		E-MAIL ADDRESS: cwirth@uiai.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Twin City Fire Ins. Co.	29459
		INSURER B: Citizens Ins Co of America	31534
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employee Benefits GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	OBSA344579-07	08/14/2020	08/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		OBSA344579-07	08/14/2020	08/14/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		OBSA344579-07	08/14/2020	08/14/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	01WBCLX1137	08/14/2020	08/14/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is an Additional Insured under the General Liability policy to the extent of the written contract, not to exceed the limits shown above.

CERTIFICATE HOLDER

CANCELLATION

ALBANYT

Albany County Board of Elections
32 North Russell Road
Albany, NY 12206

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



December 18, 2020

Commissioner Matthew J. Clyne
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.

Sincerely,

Anthony Marchioni
General Manager