



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: Andrew Joyce, Chairman of the Legislature
Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Dave Reilly, Commissioner of Management & Budget
Sameer Modasra, Budget Analyst

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

RE: 2023 NTS Data Services Contract

DATE: 11/02/2022

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-seven other counties in New York State. The cost of the agreement is \$102,797 for a one-year term from 01/01/2023 to 12/31/2023.

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization with NTS for voter registration system maintenance

Date:	11/02/2022
Submitted By:	Rachel Bledi and Kathleen Donovan
Department:	Board of Elections
Title:	Commissioners of Elections
Phone:	518-487-5070
Department Rep.	
Attending Meeting:	Rachel Bledi and Kathleen Donovan

Purpose of Request:

- ☐ Adopting of Local Law
- ☐ Amendment of Prior Legislation
- ☐ Approval/Adoption of Plan/Procedure
- ☐ Bond Approval
- ☐ Budget Amendment
- ☒ Contract Authorization
- ☐ Countywide Services
- ☐ Environmental Impact/SEQR
- ☐ Home Rule Request
- ☐ Property Conveyance
- ☐ Other: (state if not listed)

Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual
- ☐ Revenue

Increase Account/Line No.:	See attachment
Source of Funds:	<u>Click or tap here to enter text.</u>
Title Change:	<u>Click or tap here to enter text.</u>

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- ☐ Change Order/Contract Amendment
- ☐ Purchase (Equipment/Supplies)
- ☐ Lease (Equipment/Supplies)
- ☐ Requirements
- ☒ Professional Services
- ☐ Education/Training
- ☐ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed)

Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

NTS Data Services

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee:

\$102,797

Scope of Services:

NTS Data Services, LLC, is the developer and sole point of support and maintenance for the TEAM voter registration system.

Bond Res. No.:

Click or tap here to enter text.

Date of Adoption:

Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:

Yes ☒ No ☐

If Mandated Cite Authority:

NYS Election Law

Is there a Fiscal Impact:

Yes ☒ No ☐

Anticipated in Current Budget:

Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line:

Revenue Amount:

Click or tap here to enter text.

Appropriation Account and Line:

Election Data Services- 44919

Appropriation Amount:

\$115,000

Source of Funding – (Percentages)

Federal:	Click or tap here to enter text.
State:	Click or tap here to enter text.
County:	100%
Local:	Click or tap here to enter text.

Term

Term: (Start and end date)	01/01/2023 to 12/31/2023
Length of Contract:	12 months

Impact on Pending Litigation

If yes, explain:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Click or tap here to enter text.
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Previous requests for Identical or Similar Action:

Resolution/Law Number:	Click or tap here to enter text.
Date of Adoption:	Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

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2079 Sawyer Drive
Niagara Falls, NY 14304
800.458.3820

11/2/2022

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

Dear Commissioners:

One down, 2 to go and NTS has your back! With the 2022 elections calendar being more demanding than ever, not all Boards of Elections had the opportunity to experience the incredible enhancements of the Suite P4 and P5 releases due to limited time for installation and training this year. We are excited to work with your team to get them up to speed and comfortable with the new software.

There may also be some additional applications and services that could improve the workflow and efficiency of your office. We will be happy to discuss them with you at your earliest convenience.

To assist you with preparing your 2023 budget, your contract amount for 2023 is as follows:

Current Maintenance, Support and Services Under Existing Contracts

NTS Products Under Current Contract	Total Annual Cost (2023)
Annual Maintenance & Support TEAM/Suite, TEAM Middleware (IMS), Workflow (Multi-folder), PACETS, Mail Check Cards (postage to be paid by county)	 \$102,797.00

Redistricting services are available for an additional charge.

Thank you,

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

Samantha Sevenish
Director of Technical Projects



CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & 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., Wrap-Up Policy)	1b. Business Telephone Number of Insured 716-213-5369 1c. Federal Employer Identification Number of Insured or Social Security Number 16-1580300
2. Name and Address of 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 07/01/2022 to 07/01/2023

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 07/05/2022

By

(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 1-888-278-4542

Name and Title Michael Prestileo, Head of Group Benefits Strategy, Product & Underwriting

IMPORTANT: If Boxes 4A and 5A are 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 emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have 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 (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and 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 NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from 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.

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 NYS disability and/or Paid 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 Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS 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 and after January first, two thousand and twenty-one, the payment of family leave 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.

(b) 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 and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.