



The State of New Hampshire  
**DEPARTMENT OF ENVIRONMENTAL SERVICES**

**Thomas S. Burack, Commissioner**



April 8, 2016

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Environmental Services to award an Asset Management grant to the Town of Bristol, (Vendor Code #177367-B001) Bristol, NH, in the amount of \$15,000 to improve public water system management, effective upon Governor and Council approval through May 31, 2017. 100% Federal Funds.

Funding is available in the account as follows.

03-44-44-441018-4718-072-500574  
Dept Environmental Services, DWSRF Administration, Grants Federal

FY 2016  
\$15,000

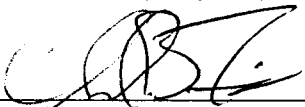
EXPLANATION

The Department of Environmental Services issued a request for proposals for 2015/2016 Asset Management and Financial Planning Grants. These grants are funded by set-asides under the Drinking Water State Revolving Loan Fund. They can be used to develop and implement asset management plans for public water systems. Twenty-two proposals were received, then evaluated and ranked based on criteria included in the request for proposals, such as whether the project completes a condition assessment on all assets, that a financial plan is developed and addresses investment priorities, and that the plan is communicated to customers and decision-makers. Based on the available federal funding, the Department determined that it could offer grants to twelve of the twenty-two applicants. See attachment A for the project rankings and list of reviewers.

The Town of Bristol will use the grant funds to assist to establish an Asset Management Plan/Program for the town's drinking water system. This grant award, while less than \$25,000, requires G&C approval as the Town has already received funds in excess of the threshold this fiscal year.

In the event that federal funds no longer become available, general funds will not be requested to support this program. This agreement has been approved by the Attorney General's Office as to form, substance and execution.

We respectfully request your approval.

  
\_\_\_\_\_  
For Thomas S. Burack, Commissioner

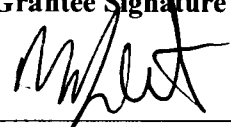
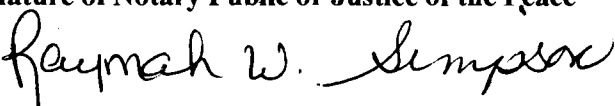
**Subject: Town of Bristol**

## GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby mutually agree as follows:

### GENERAL PROVISIONS

#### 1. Identification.

|                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                       |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>1.1 State Agency Name</b><br>NH Department of Environmental Services                                                                                                                                                                                                                                                                                    |                                            | <b>1.2 State Agency Address</b><br>29 Hazen Drive, Concord, NH 03301                                                                                                                                                  |                                         |
| <b>1.3 Grantee Name</b><br>Town of Bristol                                                                                                                                                                                                                                                                                                                 |                                            | <b>1.4 Grantee Address</b><br>230 Lake Street, Bristol, NH 03222                                                                                                                                                      |                                         |
| <b>1.5 Effective Date</b><br>Upon G&C Approval                                                                                                                                                                                                                                                                                                             | <b>1.6 Completion Date</b><br>May 31, 2017 | <b>1.7 Audit Date</b><br>N/A                                                                                                                                                                                          | <b>1.8 Grant Limitation</b><br>\$15,000 |
| <b>1.9 Grant Officer for State Agency</b><br>Luis Adorno, Drinking Water & Groundwater Bureau,<br>NH Department of Environmental Services                                                                                                                                                                                                                  |                                            | <b>1.10 State Agency. Telephone Number</b><br>603-271-7017                                                                                                                                                            |                                         |
| <b>1.11 Grantee Signature</b><br>                                                                                                                                                                                                                                         |                                            | <b>1.12 Name &amp; Title of Grantee Signor</b><br><br>Nicholas Coates, Town Administrator                                                                                                                             |                                         |
| <b>1.13 Acknowledgment: State of New Hampshire, County of Grafton</b><br>On April 1 2016 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12. |                                            |                                                                                                                                                                                                                       |                                         |
| <b>1.13.1 Signature of Notary Public or Justice of the Peace</b><br>[SEAL]                                                                                                                                                                                              |                                            | <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>RAYMAH W. SIMPSON</b><br/>★ JUSTICE OF THE PEACE - NEW HAMPSHIRE ★<br/>My Commission Expires May 6, 2020</div>                             |                                         |
| <b>1.13.2 Name &amp; Title of Notary Public or Justice of the Peace</b><br><br>Raymah Simpson Town Clerk/Tax Collector                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                                                       |                                         |
| <b>1.14 State Agency Signature(s)</b>                                                                                                                                                                                                                                                                                                                      |                                            | <b>1.15 Name/Title of State Agency Signor(s)</b><br><br>Thomas S. Buraek, Commissioner<br>NH Department of Environmental Services |                                         |
| <b>1.16 Approval by Attorney General (Form, Substance and Execution)</b><br><br>By:  , Sr. Assistant      On: April 20, 2016                                                                                                                                            |                                            |                                                                                                                                                                                                                       |                                         |
| <b>1.17 Approval by the Governor and Executive Council</b><br><br>By:      On:                                                                                                                                                                                                                                                                             |                                            |                                                                                                                                                                                                                       |                                         |

2. **SCOPE OF WORK.** In exchange for grant funds provided by the state of New Hampshire, acting through the agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-O, the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being referred to as "the Project").

3. **AREA COVERED.** Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. **EFFECTIVE DATE: COMPLETION OF PROJECT.**

4.1 This Agreement, and all obligations of the parties hereunder, shall become effective on the date in block 1.5 or on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire whichever is later (hereinafter referred to as the "Effective Date").

4.2 Except as otherwise specifically provided for herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.6 (hereinafter referred to as the "Completion Date").

5. **GRANT AMOUNT: LIMITATION ON AMOUNT: PAYMENT.**

5.1 The Grant Amount is identified and more particularly described in EXHIBIT B, attached hereto.

5.2 The manner of, and schedule of payment shall be as set forth in EXHIBIT B.

5.3 In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4 The payment by the State of the Grant amount shall be the only, and the complete, compensation to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5 Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. **COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS.**

In connection with the performance of the Project, the Grantee shall comply with all statutes, laws, regulations, and orders of federal, state, county, or municipal authorities, which shall impose any obligations, or duty upon the Grantee, including the acquisition of any and all necessary permits.

7. **RECORDS AND ACCOUNTS.**

7.1 Between the Effective Date and the date seven (7) years after the Completion Date the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2 Between the Effective Date and the date seven (7) years after the Completion Date, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records or personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these general provisions.

8. **PERSONNEL.**

8.1 The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.

8.2 The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform such Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

8.3 The Grantee officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grantee Officer, and his/her decision on any dispute, shall be final.

9. **DATA: RETENTION OF DATA; ACCESS.**

9.1 As used in this Agreement, the word data shall mean all information and things developed or obtained during the performance of, or acquired or developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3 No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4 On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5 The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. **CONDITIONAL NATURE OR AGREEMENT.**

Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. **EVENT OF DEFAULT; REMEDIES.**

11.1 Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 failure to perform the Project satisfactorily or on schedule; or

11.1.2 failure to submit any report required hereunder; or

11.1.3 failure to maintain, or permit access to, the records required hereunder; or

11.1.4 failure to perform any of the other covenants and conditions of this Agreement.

11.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

11.2.1 give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and

11.2.2 give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the grant amount which would otherwise accrue to the Grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and

11.2.3 set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

12. **TERMINATION.**

12.1 In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2 In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3 In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no

Grantee Initials *NC*

Date *7/11/16*

event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4 Notwithstanding anything in this Agreement to the contrary, either the State or except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. **CONFLICT OF INTEREST.** No officer, member or employee of the Grantee and no representative, officer of employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interests or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. **GRANTEE'S RELATION TO THE STATE.** In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workers' compensation or emoluments provided by the State to its employees.

15. **ASSIGNMENT AND SUBCONTRACTS.** The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit A without the prior written consent of the State.

16. **INDEMNIFICATION.** The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee of Subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this Agreement.

17. **INSURANCE AND BOND.**

17.1 The Grantee shall, at its sole expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$2,000,000 for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and

17.2 The policies described in subparagraph 18.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than ten (10) days after written notice the of has been received by the State.

18. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure or waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.

19. **NOTICE.** Any notice by a party hereto the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.

20. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.

21. **CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the law of the State of New

Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.

22. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

23. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Grantee Initials NC  
Date 4/1/16

EXHIBIT A  
SCOPE OF SERVICES

Town of Bristol

The Town of Bristol will use these funds for asset management and financial planning initiatives for the water system. Specifically, the following task(s), as described in the application submitted to DES, will be accomplished including invitation for DES participation in meetings and workshops.

1. Develop inventory of water assets. Conduct condition analysis of all water assets and estimate remaining useful life. Update existing water system map.

*Deliverable:* Submit sample of inventory and condition analysis results to DES. Submit GIS map to DES (electronic file is preferred but paper is acceptable).

2. Develop level of service statement and conduct management workshop. Conduct criticality analysis of assets and rank according to priority.

*Deliverable:* Submit level of service statement and criticality assessment results to DES.

3. Conduct life-cycle costing. Develop long-term funding plan.

*Deliverable:* Submit long-term funding plan to DES.

4. Prepare asset management plan. Develop brochure for distribution. Present asset management plan and provide training in asset management principles to Town Council.

*Deliverable:* Submit asset management plan and brochure to DES.

NC 4/8/16

EXHIBIT B  
BUDGET & PAYMENT METHOD

All services shall be performed to the satisfaction of the Department of Environmental Services before payment is made. All payments shall be made upon receipt and approval of stated outputs and upon receipt of associated invoices. **Grant award is a 50% grant up to \$15,000. If invoice is less than initial estimate only the amount on the invoice will be paid.**

| <b>Task Number/Description</b>                                        | <b>Asset Management Grant</b> |
|-----------------------------------------------------------------------|-------------------------------|
| Task 1: Asset Inventory and Condition Assessment                      | \$7,500                       |
| Task 2: Criticality Assessment and Level of Service                   | \$2,500                       |
| Task 3: Financial Planning                                            | \$2,500                       |
| Task 4: Plan Presentation, Implementation, Communication and Training | \$2,500                       |
| <b>TOTAL</b>                                                          | <b>\$15,000</b>               |

EXHIBIT C  
SPECIAL PROVISIONS

Changes to the Scope of Services or reallocation of grant funds require DES approval in advance. Payments will be made based on submitted invoices. Work must be completed and request for reimbursement must be made by the completion date listed on the grant agreement (section 1.6).

Federal Funds paid under this agreement are from a Grant to the State from the U.S. Environmental Protection Agency, Drinking Water State Revolving Fund Set-Asides under CFDA #66.468. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant are hereby adopted in full force and effect to the relationship between this Department and the grantee.

NC 4/8/16

## Certificate of Vote of Authorization

**Town of Bristol Water Department  
230 Lake Street Bristol NH 03222**

I, Shaun Lagueux Chairman of the Select Board for Town of Bristol do hereby certify that at a board meeting held on March 31, 2016, the Town of Bristol Board of Selectmen voted to enter into a grant agreement with the NH Department Environmental Services to fund asset management and financial planning initiatives through a matching grant program.

The Select board further authorized the Town Administrator, Nicholas Coates to execute any documents which may be necessary to effectuate this grant agreement.

IN WITNESS WHEREOF, I have hereunto set me hand as Chairman of the Select Board for Town of Bristol, the 31<sup>st</sup> day of March 2016.

Signature



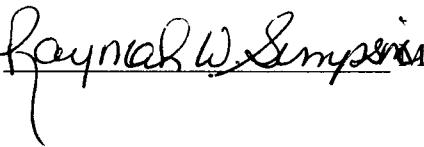
STATE OF NEW HAMPSHIRE

County of Grafton

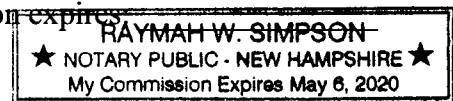
On this 1 day of April, 2016, before me Raymah Simpson Town Clerk, the undersigned Officer personally appeared. Nicholas Coates, who acknowledged him to be the Town of Bristol's Administrator, being authorized so to do, execute the foregoing instrument for the purpose therein contained.

In witness thereof, I have set my hand and official seal.

Notary Public



My commission expires



## Certificate of Vote of Authorization

We, the undersigned duly elected Selectmen of the Town Bristol Water Department, do hereby state that on March 31, 2016 at the regular monthly meeting of the Board of Selectmen, the Board voted to approve and accept the proposed 2016 Local Source Water Protection Grant as stated in the letter dated January 15, 2016 from the NH Department of Environmental Services.

The undersigned Selectmen hereby authorize, Nicholas Coates, as Town Administrator, to execute the grant on the Town of Bristol's behalf.

\_\_\_\_\_  
Date                      Signature      Shaun Lagueux Chairman

\_\_\_\_\_  
Date                      Signature      Paul Manganiello Vice Chairman

\_\_\_\_\_  
Date                      Signature      Richard Alpers

\_\_\_\_\_  
Date                      Signature      JP Morrison

3/31/16  
Date                      Signature      Leslie Dion

## CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex<sup>3</sup>) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex<sup>3</sup> is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex<sup>3</sup> is entitled to the categories of coverage set forth below. In addition, Primex<sup>3</sup> may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex<sup>3</sup>, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex<sup>3</sup> Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only. Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex<sup>3</sup>. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

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 coverage categories listed below.

|                                                                                             |                                  |                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participating Member:</b><br><br>Town of Bristol<br>230 Lake Street<br>Bristol, NH 03222 | <b>Member Number:</b><br><br>127 | <b>Company Affording Coverage:</b><br><br>NH Public Risk Management Exchange - Primex <sup>3</sup><br>Bow Brook Place<br>46 Donovan Street<br>Concord, NH 03301-2624 |
|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Type of Coverage                                                                                                                                                                                                                                                                                             | Effective Date<br>(mm/dd/yyyy) | Expiration Date<br>(mm/dd/yyyy) | Limits - NH Statutory Limits May Apply                    |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|-----------------------------------------------------------|--------------|
| <input checked="" type="checkbox"/> <b>General Liability (Occurrence Form)</b><br><b>Professional Liability (describe)</b><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Claims Made           <input type="checkbox"/> Occurrence         </div> | 7/1/2015                       | 7/1/2016                        | Each Occurrence                                           | \$ 1,000,000 |
|                                                                                                                                                                                                                                                                                                              |                                |                                 | General Aggregate                                         | \$ 2,000,000 |
|                                                                                                                                                                                                                                                                                                              |                                |                                 | Fire Damage (Any one fire)                                |              |
|                                                                                                                                                                                                                                                                                                              |                                |                                 | Med Exp (Any one person)                                  |              |
| <input type="checkbox"/> <b>Automobile Liability</b><br>Deductible    Comp and Coll: \$1,000<br><br><input type="checkbox"/> Any auto                                                                                                                                                                        |                                |                                 | Combined Single Limit<br>(Each Accident)                  |              |
|                                                                                                                                                                                                                                                                                                              |                                |                                 | Aggregate                                                 |              |
| <input type="checkbox"/> <b>Workers' Compensation &amp; Employers' Liability</b>                                                                                                                                                                                                                             |                                |                                 | <input type="checkbox"/> Statutory                        |              |
|                                                                                                                                                                                                                                                                                                              |                                |                                 | Each Accident                                             |              |
|                                                                                                                                                                                                                                                                                                              |                                |                                 | Disease – Each Employee                                   |              |
|                                                                                                                                                                                                                                                                                                              |                                |                                 | Disease – Policy Limit                                    |              |
| <input type="checkbox"/> <b>Property (Special Risk includes Fire and Theft)</b>                                                                                                                                                                                                                              |                                |                                 | Blanket Limit, Replacement Cost (unless otherwise stated) |              |

**Description:** In regards to the Grant Agreement, the certificate holder is named as Additional Covered Party, but only to the extent liability is based solely on the negligence or wrongful acts of the member, its employees, agents, officials or volunteers. This coverage does not extend to others. Any liability resulting from the negligence or wrongful acts of the Additional Covered Party, or their employees, agents, contractors, members, officers, directors or affiliates is not covered.

|                                                                                                       |                                     |                          |                          |            |                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER:</b>                                                                            | <input checked="" type="checkbox"/> | Additional Covered Party | <input type="checkbox"/> | Loss Payee | <b>Primex<sup>3</sup> – NH Public Risk Management Exchange</b><br><br>By: <i>Tammy Denver</i><br><br>Date: 3/28/2016    tdenver@nhprimex.org<br><br>Please direct inquires to:<br><b>Primex<sup>3</sup> Claims/Coverage Services</b><br>603-225-2841 phone<br>603-228-3833 fax |
| State of New Hampshire<br>Department of Environmental Services<br>29 Hazen Drive<br>Concord, NH 03301 |                                     |                          |                          |            |                                                                                                                                                                                                                                                                                |

## CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex<sup>3</sup>) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex<sup>3</sup> is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex<sup>3</sup> is entitled to the categories of coverage set forth below. In addition, Primex<sup>3</sup> may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex<sup>3</sup>, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex<sup>3</sup> Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only. Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex<sup>3</sup>. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

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 coverage categories listed below.

|                                                                                             |                                  |                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participating Member:</b><br><br>Town of Bristol<br>230 Lake Street<br>Bristol, NH 03222 | <b>Member Number:</b><br><br>127 | <b>Company Affording Coverage:</b><br><br>NH Public Risk Management Exchange - Primex <sup>3</sup><br>Bow Brook Place<br>46 Donovan Street<br>Concord, NH 03301-2624 |
|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Type of Coverage                                                                                                                                                                                                                                                                                  | Effective Date<br>(mm/dd/yyyy) | Expiration Date<br>(mm/dd/yyyy) | Limits - NH Statutory Limits May Apply, If Not            |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|-----------------------------------------------------------|-------------|
| <input type="checkbox"/> <b>General Liability (Occurrence Form)</b><br><b>Professional Liability (describe)</b><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Claims Made           <input type="checkbox"/> Occurrence         </div> |                                |                                 | Each Occurrence                                           |             |
|                                                                                                                                                                                                                                                                                                   |                                |                                 | General Aggregate                                         |             |
|                                                                                                                                                                                                                                                                                                   |                                |                                 | Fire Damage (Any one fire)                                |             |
|                                                                                                                                                                                                                                                                                                   |                                |                                 | Med Exp (Any one person)                                  |             |
| <input type="checkbox"/> <b>Automobile Liability</b><br>Deductible    Comp and Coll:<br><div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">Any auto</div>                                                                                                |                                |                                 | Combined Single Limit<br>(Each Accident)                  |             |
|                                                                                                                                                                                                                                                                                                   |                                |                                 | Aggregate                                                 |             |
| <input checked="" type="checkbox"/> <b>Workers' Compensation &amp; Employers' Liability</b>                                                                                                                                                                                                       | 1/1/2016                       | 1/1/2017                        | <input checked="" type="checkbox"/> Statutory             |             |
|                                                                                                                                                                                                                                                                                                   |                                |                                 | Each Accident                                             | \$2,000,000 |
|                                                                                                                                                                                                                                                                                                   |                                |                                 | Disease — Each Employee                                   | \$2,000,000 |
|                                                                                                                                                                                                                                                                                                   |                                |                                 | Disease — Policy Limit                                    |             |
| <input type="checkbox"/> <b>Property (Special Risk includes Fire and Theft)</b>                                                                                                                                                                                                                   |                                |                                 | Blanket Limit, Replacement Cost (unless otherwise stated) |             |

**Description:** Proof of Primex Member coverage only.

|                                                                                                       |                                 |                   |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER:</b>                                                                            | <b>Additional Covered Party</b> | <b>Loss Payee</b> | <b>Primex<sup>3</sup> – NH Public Risk Management Exchange</b>                                                              |
| State of New Hampshire<br>Department of Environmental Services<br>29 Hazen Drive<br>Concord, NH 03301 |                                 |                   | <b>By:</b> <i>Tammy Denver</i>                                                                                              |
|                                                                                                       |                                 |                   | <b>Date:</b> 3/28/2016    tdenver@nhprimex.org                                                                              |
|                                                                                                       |                                 |                   | Please direct inquiries to:<br><b>Primex<sup>3</sup> Claims/Coverage Services</b><br>603-225-2841 phone<br>603-228-3833 fax |

**Asset Management and Financial Planning Grant 2015-2016**  
**NHDES - Drinking Water and Groundwater Bureau**

| <b>PWS ID</b>                                                                     | <b>Applicant</b>                          | <b>Amount Requested</b> | <b>Ranking Score</b> |
|-----------------------------------------------------------------------------------|-------------------------------------------|-------------------------|----------------------|
| 0301010                                                                           | Town of Bristol                           | \$15,000                | 117                  |
| 1461010                                                                           | City of Claremont                         | \$15,000                | 117                  |
| 0691010                                                                           | UNH/Durham Water System                   | \$15,000                | 109                  |
| 1101040                                                                           | Woodsville Water and Light                | \$15,000                | 102                  |
| 1731010                                                                           | Newmarket Water Works                     | \$15,000                | 97                   |
| 1061010                                                                           | Hancock Water Works                       | \$15,000                | 88                   |
| 0381010                                                                           | Carroll Water Works                       | \$15,000                | 88                   |
| 1351010                                                                           | Town of Lincoln                           | \$15,000                | 87                   |
| 2051010                                                                           | Town of Salem                             | \$15,000                | 84                   |
| 1941010                                                                           | Plymouth Village Water and Sewer District | \$15,000                | 83                   |
| 0231010                                                                           | Berlin Water Works                        | \$15,000                | 82                   |
| 2561010                                                                           | Town of Wolfeboro                         | \$5,000                 | 78                   |
| <b>..... PROJECTS CURRENTLY ELIGIBLE FOR FUNDING LISTED ABOVE THIS LINE .....</b> |                                           |                         |                      |
| 0651010                                                                           | City of Dover                             | \$15,000                | 75                   |
| 2001010                                                                           | City of Rochester                         | \$15,000                | 73                   |
| 1461010                                                                           | Village District of Eidelweiss            | \$10,100                | 73                   |
| 0101010                                                                           | Ashland Water and Sewer                   | \$8,400                 | 68                   |
| 2041010                                                                           | Rye Water District                        | \$15,000                | 65                   |
| 0501010                                                                           | Concord Water Department                  | \$15,000                | 54                   |
| 1531010                                                                           | Merrimack Village District                | \$15,000                | 53                   |
| 1051010                                                                           | Aquarion Water Company                    | \$3,360                 | 49                   |
| 1621010                                                                           | Pennichuck Water                          | \$15,000                | 37                   |
| 1471010                                                                           | Manchester Water Works                    | \$15,000                | 30                   |

**Grant Reviewer List**

| <b>Name</b>      | <b>Department &amp; Bureau</b>            | <b>Title</b>                  | <b>Justification (Experience)</b> |
|------------------|-------------------------------------------|-------------------------------|-----------------------------------|
| Richard Skarinka | NHDES/Drinking Water & Groundwater Bureau | Civil Engineer VI             | Program Manager (23 yrs)          |
| Johnna McKenna   | NHDES/Drinking Water & Groundwater Bureau | Supervisor VII                | Grant Program Manager (16 yrs)    |
| Luis Adorno      | NHDES/Drinking Water & Groundwater Bureau | Environmental Program Manager | Grant Program Manager (2 yr)      |

