

**NHDES**

The State of New Hampshire  
**Department of Environmental Services**

**Robert R. Scott, Commissioner**

43



Sent

February 15, 2018

His Excellency, Governor Christopher T. Sununu  
and The Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTIONS**

1) Authorize the New Hampshire Department of Environmental Services (NHDES) to enter into a grant agreement with the New Hampshire Lakes Association, Inc. (NH LAKES), Concord, New Hampshire (VC #166610 B0001), totaling \$254,000, for the purpose of aquatic invasive species prevention activities, effective upon Governor and Council approval through December 31, 2018. 100% Lakes Restoration Funds.

Funding is available in the account as follows:

03-44-44-442010-1430-073-500581

FY 2018

\$254,000

Dept. Environmental Services, Lakes Restoration Program, Grants-Nonfederal

2) Further authorize the NHDES to award an advance payment in the amount of \$90,000 to NH LAKES (VC #166610 B001) in accordance with the terms of the grant agreement, upon Governor and Council Approval. 100% Lake Restoration Program Funds.

**EXPLANATION**

The Milfoil and Other Exotic Plants Prevention Program was established in 2003. This grant program was established to prevent and control new infestations of exotic aquatic plants through grants to non-profit and municipal organizations, as well as other state agencies. Program funding originates from boat registration fees.

NHDES issued a Request for Proposals (RFP) for the Milfoil Prevention Grant Program and received two applications. The proposals were reviewed and approved by a committee comprised of a representative from the Department of Safety and the Jody Connor Limnology Center Director at NHDES. The proposals were reviewed based on the criteria included in the Management Plan for Milfoil Prevention Grants. Based on the review criteria, the NH Lakes project was selected for funding. See Attachment A for NH Lakes Budget estimate and Attachment B for Grant Listing and Review Team information.

The purpose of the NH LAKES project is to prevent the introduction of aquatic invasive species into lakes and ponds in New Hampshire by continuing to expand and administer the Lake Host Program on public access sites throughout the state. This program has a proven track record of success, and since its

[www.des.nh.gov](http://www.des.nh.gov)

29 Hazen Drive • PO Box 95 • Concord, NH 03302-0095  
(603) 271-3503 • Fax: 271-2867 TDD Access: Relay NH 1-800-735-2964

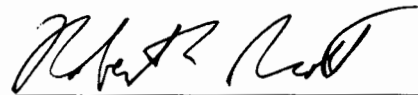
inception in 2002, 1,556 saves have been catalogued (a save is when a Lake Host removes an identified piece of an invasive aquatic plant from a boat or trailer entering or leaving a waterbody). Organizations participating in the Lake Host Program will staff public access sites to conduct inspections of boats, trailers and other recreational gear as they enter and leave public waterbodies. Lake Hosts will also distribute pamphlets and other educational materials to lake recreationists and will record data on the numbers and types of recreational vessels visiting these access sites, as well as data on plants that may have been attached to recreational gear. This year, NH Lakes will expand on previous studies of the future feasibility of boat wash stations at some lakes.

NH LAKES is a non-profit organization with limited resources, and an advance payment of \$90,000 is requested as start-up costs for the proposed activities. NH LAKES is required to provide documentation of a 50% match toward the grant they receive. In past years their match levels have been much higher than 50%, and they are capable of and committed to obtaining the required match.

This program is 100% fee funded through the Lake Restoration Fund. In the event that fee funds become no longer available, General Funds will not be requested to support this program.

The agreements have been approved by the Office of the Attorney General as to form, execution, and content.

We respectfully request your approval.

A handwritten signature in dark ink, appearing to read 'Robert R. Scott', written over a horizontal line.

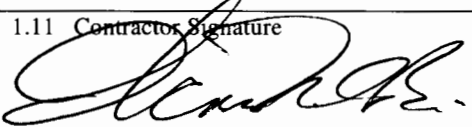
Robert R. Scott, Commissioner

**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS****1. IDENTIFICATION.**

|                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1.1 State Agency Name<br>NH Department of Environmental Services                                                                                                                                                                                                                                                                                                             |                                             | 1.2 State Agency Address<br>29 Hazen Drive<br>Concord, NH 03301                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
| 1.3 Contractor Name<br>New Hampshire Lakes Association, Inc.                                                                                                                                                                                                                                                                                                                 |                                             | 1.4 Contractor Address<br>14 Horseshoe Pond Lane<br>Concord, NH 03301                                                                                                                                                                                                                                                                                                                                                                                      |                                      |
| 1.5 Contractor Phone Number<br>603-224-0299                                                                                                                                                                                                                                                                                                                                  | 1.6 Account Number<br>03-44-44-14300000-073 | 1.7 Completion Date<br>December 31, 2018                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.8 Price Limitation<br>\$254,000.00 |
| 1.9 Contracting Officer for State Agency<br>Amy P. Smagula                                                                                                                                                                                                                                                                                                                   |                                             | 1.10 State Agency Telephone Number<br>603-271-2248                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |
| 1.11 Contractor Signature<br>                                                                                                                                                                                                                                                              |                                             | 1.12 Name and Title of Contractor Signatory<br>Thomas W. O'Brien, President                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| 1.13 Acknowledgement: State of <u>New Hampshire</u> County of <u>Herriman</u><br>On <u>Jan. 30, 2018</u> , 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. |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
| 1.13.1 Signature of Notary Public or Justice of the Peace<br>[Seal] <u>Chelsea Gardner</u>                                                                                                                                                                                                                                                                                   |                                             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>CHELSEA M. GARDNER</b><br/>         ★ NOTARY PUBLIC - NEW HAMPSHIRE ★<br/>         My Commission Expires March 23, 2021       </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> <b>CHELSEA M. GARDNER</b><br/>         ★ NOTARY PUBLIC - NEW HAMPSHIRE ★<br/>         My Commission Expires March 23, 2021       </div> |                                      |
| 1.13.2 Name and Title of Notary or Justice of the Peace<br><u>Chelsea Gardner, Notary Public</u>                                                                                                                                                                                                                                                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
| 1.14 State Agency Signature<br><u>Robert R. Scott</u> Date: <u>2-16-18</u>                                                                                                                                                                                                                                                                                                   |                                             | 1.15 Name and Title of State Agency Signatory<br><u>Robert R. Scott, Commissioner</u>                                                                                                                                                                                                                                                                                                                                                                      |                                      |
| 1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)<br>By: _____ Director, On: _____                                                                                                                                                                                                                                               |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
| 1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable)<br>By: <u>[Signature]</u> On: <u>2/21/18</u>                                                                                                                                                                                                                                           |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
| 1.18 Approval by the Governor and Executive Council (if applicable)<br>By: <u>[Signature]</u> On: _____                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |

**2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated 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 Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision 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 Price Limitation set forth in block 1.8.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

#### **8. EVENT OF DEFAULT/REMEDIES.**

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

8.2.1 give the Contractor 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 Contractor notice of termination;

8.2.2 give the Contractor 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 contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

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

#### **9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

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 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 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.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

**10. TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

#### **12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.**

The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

**13. INDEMNIFICATION.** The Contractor 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 or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. 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 in paragraph 13 shall survive the termination of this Agreement.

#### **14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

**15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A (*"Workers' Compensation"*).

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. 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 of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default 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 Event of Default on the part of the Contractor.

**17. NOTICE.** Any notice by a party hereto to 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 given in blocks 1.2 and 1.4, herein.

**18. 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 Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

**19. CONSTRUCTION OF AGREEMENT AND TERMS.**

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

**20. 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.

**21. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**22. SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

**23. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**24. 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.

**NH LAKES- EXHIBIT A**  
**SCOPE OF SERVICES**

The New Hampshire Lakes Association, Inc. (NH LAKES) shall perform the following tasks as described in the detailed proposal titled "New Hampshire Lakes Association Lake Host Program: An Aquatic Nuisance Species Education and Prevention Program," submitted by the New Hampshire Lakes Association:

1. Secure Lake Host payroll grant program participants for the 2018 boating season.
2. Create, secure and provide program materials and supplies to participants.
3. Train paid staff and volunteer participants in a series of training workshops. At the end of each meeting provide the trainees with the appropriate materials (uniform, paperwork, educational materials, etc) they will need to administer the program at their designated access sites.
4. Implement/deliver the program at the participating launch sites.
5. Provide program infrastructure support as needed and final report by December 31, 2018.
6. Develop voluntary boat clean/wash station program guidance with applicable partners, and promote with ramp owners for potential 2019 pilot program.

DES agrees to provide technical assistance, distributional materials, and training to the Grantee.

Initials:   
Date: 1/30/18

**NH LAKES- EXHIBIT B**  
**CONTRACT PRICE AND METHOD OF PAYMENT**

One payment of \$90,000.00 shall be made upon Governor and Council approval to NH LAKES. NH LAKES is a not-for-profit organization with limited resources, and has requested an advance disbursement to begin paying hired Lake Hosts for their training period. This group has successfully carried out this program for several years now, and has consistently managed their grant effectively.

The remainder of the payments shall be upon approval of stated outputs and verification of the value of completed work through receipts and match documentation (including the value of volunteer labor) and procurement documentation forms provided by DES and completed by NH LAKES.

Any unexpended balance of the initial payment shall be returned to DES.

**Total grant amount shall not exceed** **\$ 254,000.00**

The billing address shall be as follows:

NH Department of Environmental Services  
29 Hazen Drive, PO Box 95  
Concord, NH 03302-0095  
Attn: Amy Smagula, Watershed Management Bureau

Invoices shall be approved by the Grant Officer before payment is processed.

Initials: 1/30/18  
Date: DA

**LAKES- EXHIBIT C**  
**SPECIAL PROVISIONS**

Section 14.1.1 shall be modified from \$2,000,000 per occurrence to \$1,000,000 per occurrence for the purposes of this work and contract.

Initials: 1/30/18  
Date: OK

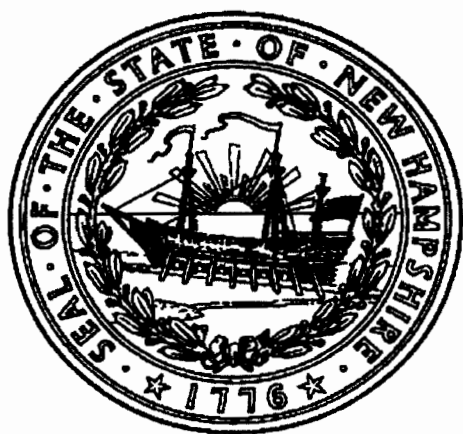
# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NEW HAMPSHIRE LAKES ASSOCIATION, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 09, 1984. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 68848



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 25th day of January A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner

Secretary of State

CERTIFICATE

I, Stuart P. Lord, Chairman of the New Hampshire Lakes Association, do  
(Printed Name of Certifying Officer) (Office) (Grantee)  
hereby certify that:

- (1) I am the duly elected Chairman ;  
(Office)
- (2) at the meeting held on January 24, 2018, the New Hampshire Lakes Association voted to accept  
(Date) (Organization)  
DES funds and to enter into a contract with the Department of Environmental Services;
- (3) the New Hampshire Lakes Association, Inc. further authorized the President to execute any  
(Organization) (Office of Person Authorized to Sign)  
documents which may be necessary for this contract;
- (4) this authorization has not been revoked, annulled, or amended in any manner whatsoever, and remains in full force and effect as of the date hereof; and
- (5) the following person has been appointed to and now occupies the office indicated in (3) above:

Thomas O'Brien  
(Printed name of person that signed contract)

IN WITNESS WHEREOF, I have hereunto set my hand as the Chairman of  
(Office of Certifying Officer)  
the New Hampshire Lakes Association, this 2<sup>nd</sup> day of February 2018.  
(Organization)

[Signature]  
(Signature of Certifying Officer)

STATE OF New Hampshire

County of Carroll

On this the 2 day of February, 2018, before me Jennifer Leiblein Martel  
(Notary Public)

the undersigned officer, personally appeared Stuart P. Lord who acknowledged  
(Printed Name of Certifying Officer)

him/herself to be the Chairman of the Organization being authorized so to do,  
(Office)

executed the foregoing instrument for the purpose therein contained.

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

JENNIFER K. LEIBLEIN-MARTEL  
Notary Public - New Hampshire  
My Commission Expires October 5, 2021

[Signature]  
(Notary Public Signature)

Commission Expiration Date:  
(Seal)



NEWHAMP-02

JFARRIS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/25/2018

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<br>Bellows-Nichols Agency Inc.<br>10 Main Street<br>P.O. Box 299<br>Peterborough, NH 03458 | CONTACT NAME: Jane S. Farris<br>PHONE (A/C, No, Ext):<br>FAX (A/C, No):<br>E-MAIL ADDRESS: jfarris@bellowsnichols.com                                                  |
| INSURED<br><br>New Hampshire Lakes Association<br>14 Horseshoe Pond Lane<br>Concord, NH 03301       | INSURER(S) AFFORDING COVERAGE<br>INSURER A: MMG Insurance Company<br>INSURER B: Mount Vernon Fire Insurance Co<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
|                                                                                                     | NAIC #<br>15997                                                                                                                                                        |

## 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CP10955326    | 01/16/2018              | 01/16/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY<br>ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/><br>HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>                                                                        |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                          |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                 |           |          | KU10955326    | 01/16/2018              | 01/16/2019              | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000                                                                                                                                                                                   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N / A<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                             |           |          |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                           |
| B        | D&O                                                                                                                                                                                                                                                                                   |           |          | NDO2554720A   | 01/12/2018              | 01/12/2019              | \$2500 Ded 1,000,000                                                                                                                                                                                                                     |

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

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                           |                                                                                                                                                                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NH Department of Environmental Services<br>PO Box 95<br>Concord, NH 03301 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACORD 25 (2016/03)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/30/2018

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 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).

|                                                                                                               |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>McCrillis & Eldredge Insurance<br>2 North Main Street<br>P. O. Box 539<br>Newport NH 03773 | <b>CONTACT NAME:</b> Beth Cothran<br><b>PHONE (A/C No. Ext):</b> (603) 863-3636<br><b>E-MAIL ADDRESS:</b> bcothran@mccrillisandeldredge.com<br><b>FAX (A/C No):</b> (603) 863-5177 |
| <b>INSURED</b><br>New Hampshire Lakes Assoc Inc<br>17 Chenell Drive Suite One<br>Concord NH 03301             | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Travelers Indemnity Co.<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:                                   |

## COVERAGES

CERTIFICATE NUMBER: CL1813038211

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 INSD                       | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                 |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>OTHER \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                     |                                 |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>OTHER \$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                               |                                 |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>OTHER \$                                                                                                                                                 |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                    | Y/N<br><input type="checkbox"/> | N/A      | 0398N2671     | 5/1/2017                | 5/1/2018                | PER STATUTE<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                                                |

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

## CERTIFICATE HOLDER

NH Department of Environmental Services  
PO Box 95  
Concord, NH 03301

## CANCELLATION

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

Beth Cothran/BC6

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**Attachment A**  
**NH Lakes Budget Estimate**

| BUDGET<br>ITEM                           | DESCRIPTION                                                                                                                                                                                             | RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TOTAL     | GRANT<br>(DES) | MATCH<br>(in-kind &<br>cash) | MATCH<br>SOURCE                                                                                                                                                                            |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LABOR (HOURLY RATE)                      |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                |                              |                                                                                                                                                                                            |
| Position 1                               | Project Manager<br>(Tasks 2, 3, 5, 6)                                                                                                                                                                   | 400 hours per year @ \$32.33/hr.                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$12,932  | \$12,932       | \$0                          |                                                                                                                                                                                            |
| Position 2                               | Project Coordinator<br>(Tasks 1, 2, 3, 6)                                                                                                                                                               | 1145 hours per year @20/hr.                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$22,900  | \$22,900       | \$0                          |                                                                                                                                                                                            |
| Position 3                               | Bookkeeper (Task 6)                                                                                                                                                                                     | 40 hrs./yr. @25.73/hr.                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$1,029   | \$1,029        | \$0                          |                                                                                                                                                                                            |
| Position 4                               | Project Assistant (Intern)<br>(Tasks 3, 5)                                                                                                                                                              | 360 hours @ \$13.00/hr (24 hours/week, 15<br>weeks May - August)                                                                                                                                                                                                                                                                                                                                                                                                       | \$4,680   | \$4,680        | \$0                          |                                                                                                                                                                                            |
| Payroll Grant<br>Program<br>Participants | Lake Hosts Employees for<br>approximately 85 organizations<br>staffing a total of 110 ramps (Task<br>4)                                                                                                 | \$7.25 - \$14/hour (determined by local groups.<br>Note: The payroll grant award per group and the<br>resultant number of paid lake host hours<br>available to each group will be based on the<br>number of inspections conducted during<br>previous years and the amount of volunteer<br>match contributed by the group and on the<br>amount of funding secured from DES and other<br>funding sources and the overall number of<br>ramps groups request funding for.) | \$375,000 | \$135,000      | \$240,000                    | Participating groups and<br>foundations provide<br>funds and additional<br>Lake Host hourly pay &<br>associated taxes &<br>benefits beyond that<br>provided through<br>payroll grant award |
|                                          | Volunteer Lake Hosts and Point<br>Persons (Tasks 1, 3, 4, 6)                                                                                                                                            | 10,000 hrs. total (approx.) @ \$24.14/hr.                                                                                                                                                                                                                                                                                                                                                                                                                              | \$241,400 | \$0            | \$241,400                    | Participating groups<br>volunteers                                                                                                                                                         |
| BENEFITS/TAXES                           |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                |                              |                                                                                                                                                                                            |
| Position 1                               | Project Manager                                                                                                                                                                                         | includes social security & medicare, state<br>unemployment tax, workers comp, retirement,<br>health insurance                                                                                                                                                                                                                                                                                                                                                          | \$2,586   | \$2,586        | \$0                          |                                                                                                                                                                                            |
| Position 2                               | Project Coordinator                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$4,580   | \$4,580        | \$0                          |                                                                                                                                                                                            |
| Position 3                               | Bookkeeper                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$206     | \$206          | \$0                          |                                                                                                                                                                                            |
| Position 4                               | Project Assistant (Intern)                                                                                                                                                                              | includes social security & medicare, state<br>unemployment tax, workers comp insurance                                                                                                                                                                                                                                                                                                                                                                                 | \$702     | \$702          | \$0                          |                                                                                                                                                                                            |
| Payroll Grant<br>Program<br>Participants | Lake Host Employees                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$56,250  | \$20,250       | \$36,000                     | Participating groups                                                                                                                                                                       |
| MATERIALS                                |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                |                              |                                                                                                                                                                                            |
| OTHER                                    | Lake Host shirts, hats, pens,<br>clipboards, tote bag                                                                                                                                                   | 4 persons/org (ave). x 85 orgs. * 23.50 /person<br>average                                                                                                                                                                                                                                                                                                                                                                                                             | \$8,000   | \$7,000        | \$1,000                      | Local groups pay for 1<br>set (on ave)                                                                                                                                                     |
|                                          | Training Materials: Program<br>Manual                                                                                                                                                                   | 700 copies (one of each for each lake host)                                                                                                                                                                                                                                                                                                                                                                                                                            | \$1,400   | \$1,400        | \$0                          |                                                                                                                                                                                            |
|                                          | "Clean, Drain & Dry" Brochure -<br>increased to 4 panels to include<br>treatment options & car wash<br>locations, & Asian clam ramps                                                                    | Approx. 50,000 copies to distribute to boaters                                                                                                                                                                                                                                                                                                                                                                                                                         | \$4,012   | \$4,012        | \$0                          |                                                                                                                                                                                            |
|                                          | Stop the Spread of the Asian Clam<br>Rack Card: New card                                                                                                                                                | Approx. 10,000 copies to distribute to boaters at<br>Asian Clam infested lakes (including lakes not<br>in Lake Host Program)                                                                                                                                                                                                                                                                                                                                           | \$0       | \$0            | \$0                          |                                                                                                                                                                                            |
|                                          | "Clean, Drain & Dry" Decal                                                                                                                                                                              | Approx. 25,000 to distribute to boaters                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000   | \$1,000        | \$0                          |                                                                                                                                                                                            |
|                                          | Paid Public Service<br>Announcements/Advertisements                                                                                                                                                     | Broadcast/Publish pieces about Clean + Drain<br>Law and treatment options                                                                                                                                                                                                                                                                                                                                                                                              | \$0       | \$0            | \$0                          | nonprofit discount                                                                                                                                                                         |
|                                          | Admin. Costs - Indirect Personnel<br>(NH LAKES President & Support<br>Staff time for staff supervision,<br>general operations, program<br>management, risk management, and<br>administrative oversight) | 10% NH LAKES annual non-program<br>personnel expense                                                                                                                                                                                                                                                                                                                                                                                                                   | \$20,353  | \$20,353       | \$0                          |                                                                                                                                                                                            |
|                                          | Admin. Costs - Indirect: rent,<br>utilities, cleaning, IT maintenance<br>and support, phone, internet                                                                                                   | 12 months @ \$410/month (based on 10% of<br>total expenses)                                                                                                                                                                                                                                                                                                                                                                                                            | \$4,920   | \$4,920        | \$0                          |                                                                                                                                                                                            |
|                                          | Admin. Costs - Indirect Seasonal:<br>general supplies, postage,<br>printer/fax toner, paper                                                                                                             | 6 months @ \$150/month                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$3,900   | \$900          | \$3,000                      | Volunteers copy forms,<br>fax & mail                                                                                                                                                       |
|                                          | Payroll Services                                                                                                                                                                                        | For May thru Sept. & January (for seasonal<br>payroll only)                                                                                                                                                                                                                                                                                                                                                                                                            | \$4,500   | \$4,500        | \$0                          |                                                                                                                                                                                            |
|                                          | Insurance                                                                                                                                                                                               | Liability                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,250   | \$1,250        | \$0                          |                                                                                                                                                                                            |
|                                          | Audit                                                                                                                                                                                                   | Project portion of NH LAKES audit                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$3,000   | \$3,000        | \$0                          |                                                                                                                                                                                            |
|                                          | Travel (mileage to and from ramps<br>and training sessions)                                                                                                                                             | NH LAKES staff = approx. 1,470miles;<br>Volunteer Lake Host = approx. 15,300 miles;<br>miles @ \$0.545/mile                                                                                                                                                                                                                                                                                                                                                            | \$9,000   | \$800          | \$8,200                      | Volunteer mileage to<br>and from ramp                                                                                                                                                      |
| TOTALS                                   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$783,600 | \$254,000      | \$529,600                    |                                                                                                                                                                                            |

**Attachment B**

Grant Ranking Score (Table 1)  
And  
Review Team (Table 2)

Table 1: Grant Requests

| <b>Project Title</b>      | <b>Entity</b>                         | <b>Grant Award</b> |
|---------------------------|---------------------------------------|--------------------|
| NHLAKES Lake Host Program | New Hampshire Lakes Association, Inc. | \$254,000.00       |
| River Runners             | New Hampshire Rivers Council          | \$7,000.00         |

Table 2: Grant review team.

| <b>Name</b>     | <b>Title</b>                                   | <b>Agency</b> | <b>Years Active</b> |
|-----------------|------------------------------------------------|---------------|---------------------|
| David Neils     | Chief Aquatic Biologist                        | DES           | 17                  |
| Pam Urban Morin | Grants Administrator-<br>Commissioner's Office | DOS           | 23                  |
| Amy Smagula     | Exotic Species Program<br>Coordinator          | DES           | 20                  |