



STATE OF NEW HAMPSHIRE
DEPARTMENT of NATURAL and CULTURAL RESOURCES
DIVISION of HISTORICAL RESOURCES

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301
Phone: 271-3483 Fax: 271-3433

October 7, 2020

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

REQUESTED ACTION

Pursuant to RSA 261:97-c, Use of Funds, authorize the Department of Natural and Cultural Resources, Division of Historical Resources, to award a Conservation Number Plate (Moose Plate) Grant to the Lower Gilmanton Community Club (VC #159868), Gilmanton, NH, in the amount of \$10,000 for Phase II repairs to the interior and exterior of the Kelley Corner School House effective upon Governor and Executive Council approval through September 30, 2022. 100% Other Funds (Agency Income)

Funding is available in account, Conservation Plate Fund, as follows:

03-035-035-350010-34050000-073-509074 – Grants Non-Federal	<u>FY 2021</u> \$10,000
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EXPLANATION

The Conservation Number Plate Fund is used to promote the use and conservation of cultural resources in New Hampshire and to preserve the cultural heritage that belongs to all New Hampshire citizens by providing for the preservation of publicly-owned historic properties.

The Kelley Corner School House is the last remaining one-room school house owned by the Gilmanton School District. The Lower Gilmanton Community Club holds a long-term lease with the school district to maintain and interpret the site. The Kelley Corner School House is listed in the New Hampshire State Register of Historic Places.

Respectfully submitted,

Sarah L. Stewart
Commissioner

GRANT AGREEMENT Grant #MP-20-05

New Hampshire Division of Historical Resources

This agreement between the State of New Hampshire, Division of Historical Resources (hereinafter "DHR") and the Lower Gilmanton Community Club (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. GRANT PERIOD: Pending G&C Approval - September 30, 2022
2. OBLIGATION OF THE GRANTEE: The Grantee agrees to accept \$ 10,000 and apply it to the project(s) described in the grant application and approved budget referenced above. In the performance of this grant agreement the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.

As required by the Conservation License Plate Grant Program and the DHR, Grantee agrees to prominently place a DHR provided grant information sign on site or within the community throughout the project funded by this grant, and to acknowledge support of the DHR and the Conservation License Plate Program on any materials promoting the project.

The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant shall cease.

3. PAYMENT of 50% will be made following review by the NH Attorney General's Office and Governor and Council (as appropriate). Payment of the final 50% will be made upon receipt and approval of the final report documentation.
4. REPORTING: The Grantee agrees to submit a narrative report of progress to the DHR by April 1 and September 1 annually for the duration of the grant which summarizes progress on the project. The Grantee agrees to submit a final financial and project report in a format provided by the DHR, no more than 30 days after the end of the grant period.
5. SOVERIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

DEPARTMENT OF NATURAL AND CULTURAL RESOURCES

Sarah Stewart 10/13/20
Sarah L. Stewart, Commissioner Date

DIVISION HISTORICAL RESOURCES

BH Wilson 10/12/2020
Benjamin H. Wilson, Director/SHPO Date

Approved as to form, substance and execution:
Michael Haley 10/15/2020
Office of Attorney General Date
Michael Haley, Attorney

GRANTEE

Name Lower Gilmanton Community Club
Address 60 Paula Gilman
50 Hawkins Lane - Gilmanton, NH
Paula Gilman 9/30/2020 23237
Authorized Signature Date

STATE OF NEW HAMPSHIRE, COUNTY OF
The foregoing statement was acknowledged before me
this 30th day of Sept. 30 2020
Breinn D. Daghead
Signature of Notary Public Commission Expires
BREINN D. DAGHEAD
Notary Public - New Hampshire
My Commission Expires October 23, 2024

Scope of Work - Phase 2 - Photos submitted with original application

Entry Way

1. Exterior door needs extensive repair
2. Hole in wall from old light fixture needs repair: Above front door
3. Hole in wall from old light fixture needs repair: wall opposite front door.
4. "Bumper" for door handle behind classroom door
5. Nails installing wall board removed and replaced with screws –or covered with trim throughout classroom also

Classroom

6. Former opening to kitchen needs to be closed in with wall board
7. Replace/repair wallboard in ceiling above the entry to attic
8. Replace/repair wallboard in ceiling entering the kitchen
9. Replace/repair what we believe are holes in tongue and groove wall boards with correct trim
10. Repair holes in wall under serving area window
11. ADA ramp screen door repaired
12. Repair hole from old electrical outlet by ADA ramp door
13. Replace/repair wallboard in ceiling above the six windows
14. Replace strapping in ceiling

Kitchen

15. Repair wallboard hole where fuse box once was
16. Repair hole in wall board next to kitchen stove
17. Remove linoleum from counter tops
18. Remove linoleum from floor

Interior

19. Refinish all wood floors throughout schoolhouse
20. Paint interior of schoolhouse

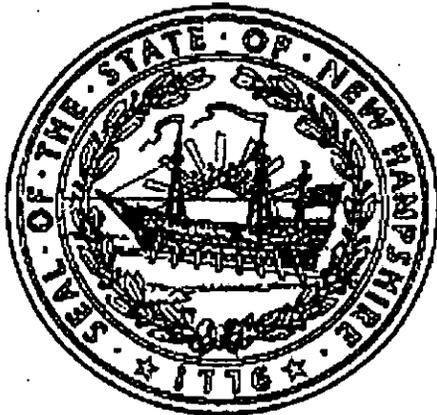
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LOWER GILMANTON COMMUNITY CLUB is a New Hampshire Trade Name registered to transact business in New Hampshire on April 02, 2019. 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: 816335

Certificate Number : 0004893936



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 13th day of April A.D. 2020.

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

William M. Gardner
Secretary of State

Corporate Resolution

I, Susan Kelley Ledere ^(Name) hereby certify that I am duly elected Clerk/Secretary/Officer of the Lower Gilmanston Community Club ^(Name of Corporation). I hereby certify the following is a true and correct copy of a vote taken at a

meeting of the Board of Directors/shareholders, duly called and held on Sept. 30, 2020, at which a quorum of the directors/shareholders were present and voting.

Voted: That Susan Kelley Ledere
Paula L. Gilman ^(Name and Title) (may list more than one person) is duly

authorized to enter into contracts or agreements on behalf of the Lower Gilmanston Community Club ^(Name of Corporation)

with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority shall remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 9/30/2020

ATTEST: Susan Kelley Ledere Officer
Paula L. Gilman PRESIDENT
^(Name & Title)

STATE OF New Hampshire
COUNTY OF Belknap

On the 30th day of September, before me Breinn Daigneault, the undersigned officer personally appeared Susan Kelley Ledere & Paula Gilman known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set my hand and official seal:

Breinn Daigneault
Justice of the Peace / Notary Public

My Commission Expires:

BREINN D. DAIGNEAULT
Notary Public - New Hampshire
(My Commission Expires October 23, 2024)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/05/2020

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

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

PRODUCER Metcher & Prescott Insurance 426 Main Street Lebanon NH 03304		CONTACT NAME: Tracy Clarenbach PHONE (ACT, MO, RES): (603) 924-4535 FAX (ACT, RES): EMAIL ADDRESS: tclarenbach@metcher-prescott.com	
INSURED Lower Gilmanton Community Club 121 Paroskie Hill Rd Gilmanton NH 03237		INSURER(S) AFFORDING COVERAGE INSURER A: One Security Ins Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 01201903804 **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.

TYPE OF INSURANCE	ADDITIONAL INSURED (IND / W/O)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER OCC <input type="checkbox"/> LOC OTHER:		01557385035	08/20/2020	08/22/2021	EACH OCCURRENCE: \$ 1,000,000 CLAIMS TO REMITT: \$ 300,000 PERM RES (if applicable): \$ 15,000 PERSONAL & ADV INJURY: \$ 1,000,000 GENERAL AGGREGATE: \$ 2,000,000 PRODUCTS - COMP OF AGG: \$ 2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY - SINGLE UNIT (if applicable): \$ BODILY INJURY - PER PERSON: \$ BODILY INJURY - PER ACCIDENT: \$ PROPERTY DAMAGE (if applicable): \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENT ON \$					EACH OCCURRENCE: \$ AGGREGATE: \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYER/EMPLOYEE/EXECUTIVE OFFICER/NUMBER EMPLOYED: (Indemnity in NH) YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A DESCRIPTION OF OPERATIONS (below)					E.L. EACH ACCIDENT: \$ E.L. DISEASE - EMPLOYEE: \$ E.L. DISEASE - POLICY LIMIT: \$

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

CERTIFICATE HOLDER Department of Natural & Cultural Resources 172 Pembroke Rd 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 <i>Jason E. Marie</i>



CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex) 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 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 is entitled to the categories of coverage set forth below. In addition, Primex 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, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex Board of Trustees. The Amount of Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and insofar as it reduces 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. Coverages C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Make 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. 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.

Participating Member: Gilmanton School District 9 Currier Hill Road PO Box 309 Gilmanton, NH 03237	Member Number: 719	Company Affording Coverage: NH Public Risk Management Exchange - Primex Bow Brook Place 46 Donovan Street Concord, NH 03301-2624									
Type of Coverage	Effective Date (month/year)	Expiration Date (month/year)	Limits - NH Statutory Limits May Apply, If Not:								
<input checked="" type="checkbox"/> General Liability (Decurrence Form) Professional Liability (describe) <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	7/1/2020	7/1/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Each Occurrence</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>General Aggregate</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>Fire Damage (Any one fire)</td> <td></td> </tr> <tr> <td>Med Exp (Any one person)</td> <td></td> </tr> </table>	Each Occurrence	\$ 5,000,000	General Aggregate	\$ 5,000,000	Fire Damage (Any one fire)		Med Exp (Any one person)	
Each Occurrence	\$ 5,000,000										
General Aggregate	\$ 5,000,000										
Fire Damage (Any one fire)											
Med Exp (Any one person)											
<input checked="" type="checkbox"/> Automobile Liability Deductible: Comp and Coll: <input type="checkbox"/> Any auto	7/1/2020	7/1/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Combined Single Limit (Each Accident)</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> <tr> <td>Aggregate</td> <td style="text-align: right;">\$ 5,000,000</td> </tr> </table>	Combined Single Limit (Each Accident)	\$ 5,000,000	Aggregate	\$ 5,000,000				
Combined Single Limit (Each Accident)	\$ 5,000,000										
Aggregate	\$ 5,000,000										
<input checked="" type="checkbox"/> Workers' Compensation & Employers' Liability	7/1/2020	7/1/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Statutory</td> <td></td> </tr> <tr> <td>Each Accident</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>Disability - Each Employee</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>Disability - Policy Limit</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Statutory		Each Accident	\$ 2,000,000	Disability - Each Employee	\$ 2,000,000	Disability - Policy Limit	
<input checked="" type="checkbox"/> Statutory											
Each Accident	\$ 2,000,000										
Disability - Each Employee	\$ 2,000,000										
Disability - Policy Limit											
<input checked="" type="checkbox"/> Property (Special Risk includes Fire and Theft)	7/1/2020	7/1/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Blanket Limit, Replacement Cost (unless otherwise stated)</td> <td style="text-align: right;">Deductible: \$ 1,000</td> </tr> </table>	Blanket Limit, Replacement Cost (unless otherwise stated)	Deductible: \$ 1,000						
Blanket Limit, Replacement Cost (unless otherwise stated)	Deductible: \$ 1,000										
Description: Proof of Primex Member coverage only.											

CERTIFICATE HOLDER:	Additional Covered Party	Loss Payee	Primex - NH Public Risk Management Exchange
State of New Hampshire Department of Natural & Cultural Resources 172 Pembroke Rd Concord, NH 03301			By: Steph Eric Dwyer
			Date: 10/2/2020 mpurcal@nhprimex.org Please direct inquiries to: Primex Claims/Coverage Services 603-225-2841 phone 603-228-3833 fax

LIST OF CONTRACTORS
KELLEY CORNER SCHOOL – PHASE II

JR Stockwell
PO Box 51
Gilmanton, NH 03237
603-267-7502

Stephen Decatur
Wooden Window Repair & Restoration
PO Box 262
Alton, NH 03809
603-875-5621