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STATE OF NEW HAMPSHIRE  
DEPARTMENT of NATURAL and CULTURAL RESOURCES  
STATE COUNCIL on the ARTS

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301  
Telephone (603) 271-2789 FAX (603) 271-3584

February 9, 2021

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

**REQUESTED ACTION**

Authorize the Department of Natural and Cultural Resources, Division of the Arts, to award Public Value Partnership grants to the Nonprofit Arts Organizations shown on the attached list in a total amount of \$187,600 to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors effective upon Governor and Executive Council approval through June 30, 2021. 84% General Funds and 16% Federal Funds.

Funding is available in accounts, State Arts Development and Federal Arts Partnership Grant, as follows:

	<u>FY 2021</u>
03-035-035-353510-41040000-073-500575 - Grants Non Federal	\$157,600
03-035-035-353510-41110000-072-500575 - Grants-Federal	<u>\$30,000</u>
<i>Total:</i>	\$187,600

**EXPLANATION**

Public Value Partnerships are awarded to nonprofit arts organizations, with a minimum of 5 years of continuous arts programming and professional staffing, to strengthen their capacity for offering affordable, diverse arts program to New Hampshire's residents and visitors. Grant categories and deadlines are advertised through the divisions' website, social media and electronic newsletters.

These grants are awarded on a two-year cycle, with this request representing the second year of the cycle. At the time of evaluation, the NH State Art Councilors unanimously voted to accept the Arts Division's Public Value Partnership Review Panel's recommendations for the partnerships based on its funding priority ranking within a competitive review. The six-member peer panel, facilitated by an Arts Councilor, considered 17 criteria to arrive at a consensus ranking for each application. The evaluative criteria range from the administrative capacity of the organization, to artistic quality, strategic planning, community impact, and accessibility.

Earlier in Fiscal Year 2021, the Saint Kieran Community Center for the Arts and Haverhill Heritage, Inc. both received Arts Council NH CARES Act grants in the amount of \$7,500. Their cumulative totals with the grants requested here are over the \$10,000 threshold therefore require Governor and Executive Council approval.

The Attorney General's office has approved the grant agreements as to form, substance and execution.

Respectfully submitted,

*Sarah Stewart*

\_\_\_\_\_  
Sarah L. Stewart  
Commissioner

**Public Value Partnership (PVP) Grants**

<b>Nonprofit Arts Organizations</b>	<b>Town / City</b>	<b>Vendor Code</b>	<b>Grant Amount</b>
Peterborough Players, Inc.	Peterborough	154380	\$13,500
Bethlehem Redevelopment Assoc./Colonial Theater	Bethlehem	155633	\$15,000
Manchester Community Music School	Manchester	155769	\$15,000
NH Theatre Project	Portsmouth	156466	\$15,000
Lebanon Opera House	Lebanon	157014	\$15,000
Haverhill Heritage, Inc.	Haverhill	157685	\$5,600
Moving Company Dance Center d/b/a MOCO Arts	Keene	158916	\$15,000
Revels North, Inc.	Hanover	166600	\$11,000
Capitol Center for the Arts	Concord	166729	\$15,000
Apple Hill Center for Chamber Music	Sullivan	167103	\$13,500
Saint Kieran Community Center for the Arts	Berlin	167176	\$9,000
Portsmouth Music & Arts Center	Portsmouth	207373	\$15,000
<b>Sub-Total General Fund Awards:</b>			<b>\$157,600</b>
Currier Museum of Art	Manchester	154158	\$15,000
Friends of the Music Hall	Portsmouth	156203	\$15,000
<b>Sub-Total Federal Fund Awards:</b>			<b>\$30,000</b>
<b>Total Awards:</b>			<b>\$187,600</b>

154380  
FY2021 OPP2 # 10243  
Acct Code: 440-10000-0733558905



**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Peterborough Players Inc. (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- 1. **GRANT PERIOD:** FY2021
- 2. **OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$13,500.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



**Peterborough Players Inc. is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.**

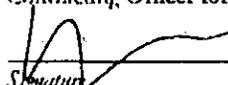
- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.

3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

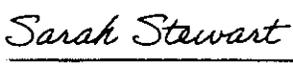
4. **FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

5. **SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

Contracting Officer for State Agency  
 1/12/21  
Signature Date

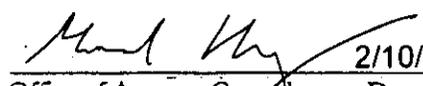
Name, Title: Virginia Lupi, Director

 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**

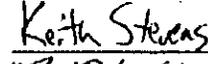
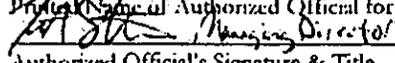
as to form, substance and execution:

 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

**GRANTEE SIGNATURE**

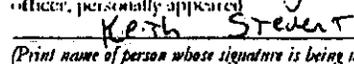
Org/ Name: **Peterborough Players Inc.**

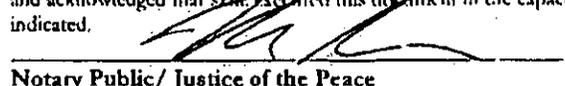
Address: **PO Box 118, 55 Hadley Rd, Peterborough, NH**

  
Print Name of Authorized Official for Grantee  
 Managing Director 8/7/2020  
Authorized Official's Signature & Title Date

**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF Hillsboro

On the 7 day of Aug 2020 before the undersigned officer, personally appeared Keith Stevas  
  
(Print name of person whose signature is being notarized)  
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

Notary Public/ Justice of the Peace  
Printed Name: Mike Jusman  
  
My Commission Expires: 6-5-24

**Michael T. Jusman**  
Notary Public, State of New Hampshire  
My Commission Expires 6/5/2024

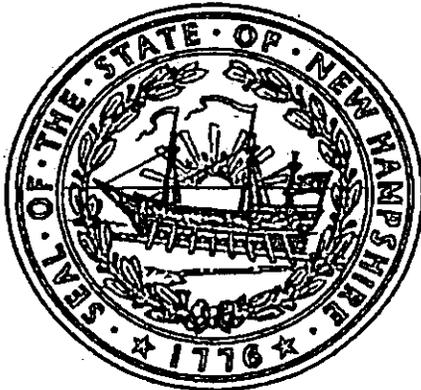
**State of New Hampshire**  
**Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PETERBOROUGH PLAYERS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 25, 1962. 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: 64732

Certificate Number : 0004926284



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 5th day of June A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

Corporate Resolution

I, Maria Mead, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Peterborough Players Inc. I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on June 5, 2020,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Keith Stevens Manning Director (may list more than one person) is duly  
(Name and Title)  
authorized to enter into contracts or agreements on behalf of Peterborough Players Inc.  
(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: 8-7-20

ATTEST: Maria M Mead Secretary 8/7/20  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Hillsborough

On the 7<sup>th</sup> day of Aug 2020, before me MARIA MEAD,  
the undersigned officer personally appeared in person, 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:

[Signature]  
Justice of the Peace / Notary Public

Michael T. Justason  
Notary Public, State of New Hampshire  
My Commission Expires 6/5/2024

My Commission Expires: 6-5-24-



PETEPLA-01

JNORTH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/5/2020

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).

<b>PRODUCER</b> Kapiloff Insurance Agency, Inc. 16 Dublin Rd Rta 101 Peterborough, NH 03458	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (603) 924-7007 FAX (A/C, No.): (603) 357-1217 E-MAIL Address: jnorth@kapiloff.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  Peterborough Players Inc. P.O. Box 118 Peterborough, NH 03458	<b>INSURER A:</b> Philadelphia Insurance <b>NAIC #</b> 18058
	<b>INSURER B:</b> Benchmark Insurance Company <b>41394</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**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.

PROD LTR	TYPE OF INSURANCE	ADOL (REQ)	SUBR (REQ)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK2115068	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 600,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	BRX10193200	4/1/2020	4/1/2021	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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

### CANCELLATION

NH Department of Natural and Cultural Resources 172 Pembroke Road 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.  AUTHORIZED REPRESENTATIVE 
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155633  
FY2021 OPP2 # 10259  
Acct Code: 41040000-073-3588905



**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Bethlehem Redevelopment Assoc. (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD:** FY2021

2. **OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



New Hampshire  
State Council on the Arts

Bethlehem Redevelopment Assoc. is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
  - 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 may cease. That determination rests within the sole discretion of the Council.
3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
4. **FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
5. **SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

Contracting Officer for State Agency

[Signature] 1/12/21  
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**

as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

**GRANTEE SIGNATURE**

Org/ Name: Bethlehem Redevelopment Assoc.

Address: 2050 Main Street Bethlehem

STEPHEN DIGNAZIO  
Printed Name of Authorized Official for Grantee

[Signature] 8/12/20  
Authorized Official's Signature & Title Date

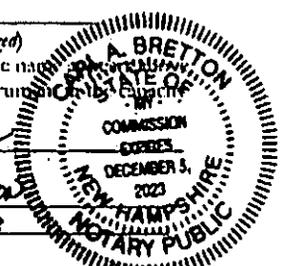
**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF HERFORD

On the 12<sup>TH</sup> day of AUGUST 2020 before the undersigned officer, personally appeared  
STEPHEN DIGNAZIO

(Print name of person whose signature is being notarized) or satisfactorily proven to be the person whose name and acknowledged that s/he executed this document in the capacity indicated

[Signature]  
Notary Public/Judge of the Peace  
Printed Name: CARL BRETTON  
My Commission expires: 12.25.2023



Conditional Approval: Provide up-to-date certificate of good standing or attach printout from Secretary of State's website showing that the entity has filed its annual filing.

# 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 BETHLEHEM REDEVELOPMENT ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 21, 1982. 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: 62240

Certificate Number: 0004819202



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28th day of February A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State



[Back to Home](#)

**Business Information**

Business Details	
Business Name: BETHLEHEM REDEVELOPMENT ASSOCIATION	Business ID: 62240
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 09/21/1982	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 09/21/1982	Mailing Address: PO Box 204, Bethlehem, NH, 03574, USA-
Principal Office Address: 2050 Main Street, Bethlehem, NH, 03574, USA	Last Nonprofit Report Year: 2020
Citizenship / State of Incorporation: Domestic/New Hampshire	Next Report Year: 2025
Duration: Perpetual	Phone #: 603-869-5603
Business Email: GOTOSHOW@BETHLEHEMCOLONIAL.ORG	Fiscal Year End Date: NONE
Notification Email: GOTOSHOW@BETHLEHEMCOLONIAL.ORG	

Principal Purpose	
S.No	NAICS Code
1	OTHER / PROMOTE THE EXPANSION OF BUSINESS VENTURES

Corporate Resolution

I, Priscilla Hindley hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of FRIENDS of THE COLONIAL I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)

meeting of the Board of Directors/shareholders, duly called and held on JUNE 29, 2009,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That STEPHEN DIGNARDIO E.D. (may list more than one person) is duly  
(Name and Title)

authorized to enter into contracts or agreements on behalf of FRIENDS of THE COLONIAL  
(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: 12 Aug. 2020

ATTEST: Priscilla Hindley  
(Name & Title)

STATE OF NEW HAMPSHIRE  
COUNTY OF GRAFTON

On the 12TH day of AUGUST, before me CARL BRETON PRISCILLA HINDLEY,  
the undersigned officer personally appeared PRISCILLA HINDLEY, 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:

Carl Bretton  
Justice of the Peace / Notary Public

My Commission Expires:





COLONIAL-1

MDEMICK

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/30/2020

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).

<b>PRODUCER</b> A. B. Gile, Inc. PO Box 66 Hanover, NH 03765	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (603) 643-4540		FAX (A/C, No): (603) 643-6382
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Bethlehem Redevelopment Association dba Friends of the Colonial Theatre P.O. Box 204 Bethlehem, NH 03574	<b>INSURER A:</b> Arch Insurance Company		<b>NAIC #</b>
	<b>INSURER B:</b> Travelers Insurance Company		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

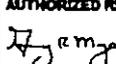
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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.

INSUR LTR	TYPE OF INSURANCE	ADOL SUBR INSD INVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SNCGL0110503	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP. (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/PROP AGG \$ 5,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		SNAUT0027403	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N    N/A	UB0H82121A	4/1/2020	4/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Stables Covered-Part 3.A. NH

Evidence of Insurance

<b>CERTIFICATE HOLDER</b> Department of Natural and Cultural Resources 19 Pillsbury Street Concord, NH 03301	<b>CANCELLATION</b> 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 
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155769

FY2021 OPP2 # 10250

Acct Code: 41040000-07335589 ~~XXXX~~ AE



### NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, <sup>U</sup>New Hampshire State Council on the Arts (hereinafter "Council") and Manchester Community Music School (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. GRANT PERIOD: FY2021

2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for Investment in Cultural Infrastructure. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



Manchester Community Music School is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshire State Council on the Arts

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
  - 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 may cease. That determination rests within the sole discretion of the Council.
3. PAYMENT will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
4. FINAL REPORT: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
5. SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

#### COUNCIL APPROVAL

Contracting Officer for State Agency

[Signature] 1/12/21  
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date

Michael Haley, Attorney

#### GRANTEE SIGNATURE

Org/ Name: Manchester Community Music School

Address: 2291 Elm Street Manchester NH 03104

Piper Kunkin - Bareford  
Printed Name of Authorized Official for Grantee  
Piper G. Kunkin - Bareford 8/26/20  
Authorized Official's Signature & Title Date  
Executive Director

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF HILLSBOROUGH

On the 26th day of August 2020 before the undersigned officer, personally appeared Piper Kunkin - Bareford  
(Print name of person whose signature is being notarized)  
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

[Signature]  
Notary Public, Justice of the Peace  
Printed Name:  
My Commission expires:

JENNIFER R. RIVETT, Notary Public  
State of New Hampshire  
My Commission Expires March 11, 2025

**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 MANCHESTER COMMUNITY MUSIC SCHOOL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 17, 1983. 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: 30135

Certificate Number: 0004929390



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 11th day of June A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

Corporate Resolution

I, JENNIFER R. RIVETT, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of MANCHESTER COMMUNITY. I hereby certify the following is a true and correct copy of a vote taken at a  
(Name of Corporation) Music School  
meeting of the Board of Directors/shareholders, duly called and held on August 24, 2020,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That APRIL KENNEDY-BARTON, (may list more than one person) is duly  
(Name and Title) Executive Director  
authorized to enter into contracts or agreements on behalf of MANCHESTER COMMUNITY Music School  
(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 of 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: August 26 2020

ATTEST: [Signature]  
(Name & Title)

STATE OF NEW HAMPSHIRE  
COUNTY OF HILLSBOROUGH

On the 24th day of August, 2020, before me Janet E. Poulin,  
the undersigned officer personally appeared JENNIFER R. RIVETT, 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:

Janet E. Poulin  
Justice of the Peace / Notary Public

My Commission Expires: JANET E. POULIN, Notary Public  
State of New Hampshire  
My Commission Expires July 18, 2022



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/13/2021

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).

<b>PRODUCER</b> FIAU/Cross Insurance 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Pamela Bennett, CIC <b>PHONE (A/C, No, Ext):</b> (603) 669-3218 <b>FAX (A/C, No):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> pbennet@crossagency.com	
<b>INSURED</b> Manchester Community Music School 2291 Elm Street  Manchester NH 03104		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Ins Co NAIC # 18058 <b>INSURER B:</b> AmGuard Ins Co 42390 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

COVERAGES CERTIFICATE NUMBER: 20-21 All lines 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	ADDRESS (INSR) (Y/Y)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per campus GL aggregate		PHPK2048237	10/24/2020	10/24/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY ALTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2048237	10/24/2020	10/24/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Terrorism \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHU8696736	10/24/2020	10/24/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A		MAWC197983 (3a.) NH	10/21/2020	10/21/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Board of Directors is excluded from workers compensation coverage					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Refer to policy for exclusionary endorsements and special provisions.

## CERTIFICATE HOLDER

Department of Natural and Cultural Resources  
172 Pembroke Road  
  
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  
*Lisa K. [Signature]*

15104106  
FY2021 OPP2 # 10251  
Acct Code: 411040000-073 355895



### NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and NH Theatre Project (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. GRANT PERIOD: FY2021

2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



New Hampshire  
State Council on the Arts

NH Theatre Project is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

3. PAYMENT will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

4. FINAL REPORT: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

5. SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

#### COUNCIL APPROVAL

Contracting Officer for State Agency

[Signature] 1/30/21  
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

#### GRANTEE SIGNATURE

Org/ Name: NH Theatre Project

Address: 959 Islington St, Portsmouth NH 03801  
Genevieve Aichele

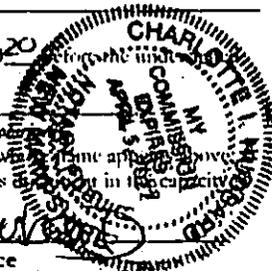
Printed Name of Authorized Official for Grantee  
Genevieve Aichele 8/5/20  
Authorized Official's Signature & Title Date

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Rockingham

On the 5<sup>th</sup> day of August 2020,  
I, a Notary Public in and for the State of New Hampshire,  
personally appeared Genevieve Aichele  
(Print name of person whose signature is being notarized)  
and acknowledged that s/he executed this instrument in the capacity indicated.

[Signature]  
Notary Public/ Justice of the Peace  
Printed Name: Charlotte Hubbard  
My Commission expires: 4-5-22



**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 THEATRE PROJECT is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 11, 1988. 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: 125613

Certificate Number: 0004953583



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 July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

Corporate Resolution

I, MAXENE FEINTUCH hereby certify that I am duly elected Clerk/Secretary/Officer of AM Theatre Project. I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Aug. 16, 20 18, at which a quorum of the directors/shareholders were present and voting.

Voted: That Genevieve A. Adick (Name and Title) Executive Director (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of AM Theatre Project (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: 8/5/2020

ATTEST: Maxene Feintuch, clerk, NHTP (Name & Title)

STATE OF New Hampshire  
COUNTY OF Rockingham

On the 5<sup>th</sup> day of August, 2020, before me Charolette Hubbard, the undersigned officer personally appeared Maxene Feintuch, 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 me hand and official seal:

Charolette Hubbard  
Justice of the Peace / Notary Public

My Commission Expires:  
April 5, 2022





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/01/2021

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).

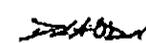
<b>PRODUCER</b> Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510		<b>CONTACT NAME:</b> Lisa Lee <b>PHONE (Off. Use Only):</b> (803) 569-2515 <b>FAX (Off. Use Only):</b> (803) 569-4266 <b>EMAIL:</b> lee@averyinsurance.net <b>ADDRESS:</b>	
<b>INSURED</b> New Hampshire Theatre Project 969 Islington St #3 Portsmouth NH 03801		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Union Insurance Co	NAIC # 25844
		INSURER B: Technology Insurance Co	42376
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL212110770 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.

CLASS	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPA5278421	12/17/2020	12/17/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 2,000,000 (Hired/Non-Owned Auto) \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	QWC1140149	02/05/2021	02/05/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)  
Coverage as per terms and conditions of policy. Theater

<b>CERTIFICATE HOLDER</b>  NH Department of Natural and Cultural Resources 172 Pembroke Rd  Concord NH 03301	<b>CANCELLATION</b> 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 
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157014

FY2021OPP2 # 10249

Acct Code: 41010000-073.358890S



### NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Lebanon Opera House Improvement (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- GRANT PERIOD: FY2021**
- OBLIGATIONS OF THE GRANTEE:**
  - The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
  - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:
 

Lebanon Opera House Improvement is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.
  - The Grantee acknowledges that the NIISCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NIISCA.
  - 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 may cease. That determination rests within the sole discretion of the Council.
- PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
- FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
- SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

#### COUNCIL APPROVAL

Contracting Officer for State Agency  
  
 Signature 1/30/21  
 Date

Name, Title: Virginia Lupi, Director

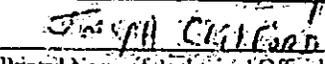
Sarah Stewart 2/10/21  
 Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL as to form, substance and execution:

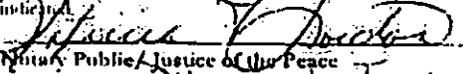
  
 Office of Attorney General Date 2/10/2021  
 Michael Haley, Attorney

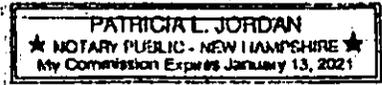
#### GRANTEE SIGNATURE

Org/ Name: Lebanon Opera House Improvement  
 Address: 57 N. PARK ST / P.O. Box 384 LEBANON NH  
  
 Printed Name of Authorized Official for Grantee  
EXECUTIVE DIRECTOR  
 Authorized Official's Signature & Title Date 8/5/21

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Crafton

On the 5th day of August 2021 before the undersigned officer, personally appeared  
Joseph Clifford  
 Print name of person whose signature is being notarized  
 or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.  
  
 Notary Public/ Justice of the Peace  
 Printed Name: Patricia L. Jordan  
 My Commission expires:



**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 **LEBANON OPERA HOUSE IMPROVEMENT CORPORATION** is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 26, 1991. 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: 154688

Certificate Number: 0004631634



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 23rd day of December A.D. 2019.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State

Certificate of Authority #1

(Corporation, Non-profit Corporation)

Corporate Resolution

I, Matthew A. Locker (Name) hereby certify that I am duly elected Clerk/Secretary/Officer of LISHIC (Name of Corporation). I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on August 3, 2020, at which a quorum of the directors/shareholders were present and voting.

Voted: That JOE CLIFFORD (Name and Title) EXECUTIVE DIRECTOR authorized to enter into contracts or agreements on behalf of LEFANOS OPERA HOUSE (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.

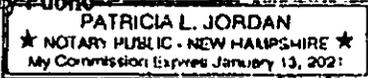
DATED: August 5, 2020

ATTEST: Matthew A. Locker (Name & Title) President

STATE OF NH  
COUNTY OF Suffolk

On the 5<sup>th</sup> day of August 2020, before me Patricia Jordan, the undersigned officer personally appeared Matthew Locker, 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:

Patricia Jordan  
Justice of the Peace / Notary Public



My Commission Expires:



LEBAOPE-01

MDEMICK

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/17/2020

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).

<b>PRODUCER</b> A.B. Gile, Inc. PO Box 66 Hanover, NH 03755	<b>CONTACT NAME:</b> PHONE (A/C No., Ext.) (603) 643-4540	FAX (A/C No.) (603) 643-7202
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Lebanon Opera House Improvement Corporation P. O. Box 384 Lebanon, NH 03766	<b>INSURER A:</b> Liberty Mutual Ins. Co.	
	<b>INSURER B:</b> Liberty Mutual Insurance	
	<b>INSURER C:</b> Travelers Indemnity Co.	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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	ADDITIONAL INSURED	SUBJECT	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKW58388823	3/11/2020	3/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAW58388823	3/11/2020	3/11/2021	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$ 10,000			USO58388823	3/11/2020	3/11/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6JUB-1K89207-2-20	3/11/2020	3/11/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Covered States 3.A. Part One: NH; 3.C. Part Three: Form WC00-03-20(A). Excluded Officers: Steven Theriault, George Lightbody, Eric Janson.

Evidence of Insurance

<b>CERTIFICATE HOLDER</b>  NH State Council on the Arts 19 Pillsbury Street Concord, NH 03301	<b>CANCELLATION</b>  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 
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157685  
FY2021 OPP2 # 10257  
Acct Code: 41040000-073-3558905



**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Haverhill Heritage Inc. (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

**1. GRANT PERIOD: FY2021**

**2. OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$5,600.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



Haverhill Heritage Inc. is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshire  
State Council on the Arts

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

**3. PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

**4. FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

**5. SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

Contracting Officer for State Agency

[Signature] 1/30/21  
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**

as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date

Michael Haley, Attorney

**GRANTEE SIGNATURE**

Org/ Name: Haverhill Heritage Inc.

Address: P.O. Box 175 - Haverhill, NH 03765

Patricia Buchanan  
Printed Name of Authorized Official for Grantee  
Patricia Buchanan, President 8-11-20  
Authorized Official's Signature & Title Date

**NOTARIZATION REQUIRED:**  
STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

the 13<sup>th</sup> day of August 2020 before the undersigned officer, personally appeared Patricia Buchanan (Print name of person whose signature is being notarized) satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated: Donna M. Acker



Donna M. Acker  
Notary Public Justice of the Peace  
Printed Name: Donna M. Acker  
My Commission expires: Oct. 5, 2021

Corporate Resolution

I, Karina Snow, hereby certify that I am duly elected Clerk/Secretary/Officer of Haverhill Heritage, Inc. 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 2/20, 2020, at which a quorum of the directors/shareholders were present and voting.

Voted: That Patricia Buchanan, <sup>PRES</sup> (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Haverhill Heritage Inc

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 position(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: 2/20/2020 ATTEST: K Snow Secretary

STATE OF New Hampshire  
COUNTY OF Grafton

On the 25th day of August, 2020, before me Angela L Williams <sup>(w)</sup>  
the undersigned officer personally appeared Karina Snow 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:

Angela L Williams  
Justice of the Peace / Notary Public  
My Commission Expires: 2/1/2022



**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 HAVERHILL HERITAGE INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 25, 1994. 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: 207201

Certificate Number: 0004968965



IN TESTIMONY WHEREOF,

I have set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 30th day of July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State



HAVEHER-02

SDWYER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/2/2021

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).

<b>PRODUCER</b> Kinney Pike Insurance Inc. 347 Portland Street PO Box 389 Saint Johnsbury, VT 05819	<b>CONTACT NAME:</b> Kinney Pike Insurance Inc.	
	<b>PHONE (A/C, No. Ext):</b> (802) 748-1010	<b>FAX (A/C, No.):</b> (802) 748-1012
<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b>  Haverhill Heritage, Inc DBA Alumni Hall P.O. Box 125 Haverhill, NH 03785	<b>INSURER A:</b> Patriot Insurance Company <b>NAIC #</b> 32069	
	<b>INSURER P:</b> Frankenmuth Insurance <b>13986</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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

INSR. LTR.	TYPE OF INSURANCE	ADDL. SUBR. INFO	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER. <input type="checkbox"/> LOC OTHER:		6631047	6/30/2020	6/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 8,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> MIXED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		6631048	6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE NAME/PER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	6645414	12/2/2020	12/2/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)

<b>CERTIFICATE HOLDER</b>  Department of Natural & Cultural Resources New Hampshire State Council on the Arts Van McLeod Building - 19 Pillsbury Street, 1st Floor Concord, NH 03301	<b>CANCELLATION</b>  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>Stephano C. Dwyer</i>
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53914

FY2021OPP2 # 10255

Acct Code: 41040000-073 3558905



NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and MOCO Arts (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

Moving Company Dance Center  
DBA MOCO Arts

1. GRANT PERIOD: FY2021

2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for Investment in Cultural Infrastructure. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



MOCO Arts is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshire State Council on the Arts

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

3. PAYMENT will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

4. FINAL REPORT: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

5. SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

COUNCIL APPROVAL

Contracting Officer for State Agency

Signature: [Signature] Date: 1/30/21

Name, Title: Virginia Lupi, Director

Signature: Sarah Stewart Date: 2/10/21

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Signature: [Signature] Date: 2/10/2021  
Office of Attorney General  
Michael Haley, Attorney

GRANTEE SIGNATURE

Org/ Name: MOCO Arts Moving Company Dance Center  
Address: 40 Roxbury Street Keene NH 03421  
DBA MOCO Arts

Signature: [Signature] Printed Name: Reagan V. Messer  
Authorized Official for Grantee  
Authorized Official's Signature & Title: EXECUTIVE DIRECTOR 8/8/2020 Date

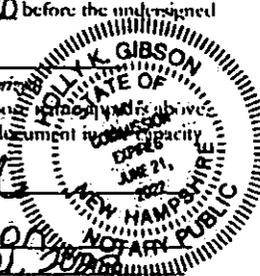
NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 8th day of August 2020 before the undersigned officer, personally appeared

Reagan V. Messer  
(Print name of person whose signature is being notarized)  
or satisfactorily proven to be the person whose name is above and acknowledged that he executed this document in his capacity indicated.

Signature: [Signature] Printed Name: Holly K. Gibson  
Notary Public/ Justice of the Peace  
My Commission expires: June 21, 2022



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 THE MOVING COMPANY DANCE CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 20, 2000. 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: J35541

Certificate Number : 0004916973



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 15th day of May A.D. 2020.

A handwritten signature in cursive script, appearing to read "William Gardner".

William M. Gardner  
Secretary of State

**Corporate Resolution**

I, Christine G. Smart, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of The Manna Company Dance Center, DBA MOCO ARTS. I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on September 28, 2012,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Reagan V. Messer (may list more than one person) is duly  
(Name and Title)

authorized to enter into contracts or agreements on behalf of The Manna Company Dance Center  
(Name of Corporation) DBA MOCO ARTS  
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: 8-6-2020

ATTEST: Christine G. Smart  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Cheshire

On the 10th day of August, 2020, before me Holly K. Gibson,  
the undersigned officer personally appeared CHRISTINE G. SMART, 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 herein contained. In witness whereof,  
I hereunto set my hand and official seal:

Holly K. Gibson  
Justice of the Peace / Notary Public



My Commission Expires:  
June 21, 2022



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/03/2021

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).

<b>PRODUCER</b> Clark Mortenson Insurance PO Box 606  Keene NH 03431		<b>CONTACT NAME:</b> Lisa Wydan; ACSR <b>PHONE (AC, Res, Ext):</b> (603) 352-2121 <b>FAX (AC, Res):</b> (603) 357-8491 <b>EMAIL ADDRESS:</b> lwydan@clark-mortenson.com	
<b>INSURED</b> MoCo Arts The Moving Company Dance Centre 40 Roxbury St Keene NH 03431		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Clnchrd Ins Co NAIC # 10677 <b>INSURER B:</b> Mt. Vernon Fire Insurance Co 28522 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

COVERAGES CERTIFICATE NUMBER: CL2112658111 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.

FORM LTR	TYPE OF INSURANCE	ADD. BURN	RETO	WYO	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:				EPP0209094	09/01/2018	09/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Design'd Oper Excl \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY				EPP0209094	09/01/2019	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF: RETENTION \$				EPP0209094	09/01/2019	09/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A		EWC0395840	09/01/2020	09/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Directors and Officers Liability				NDO2550071G	09/01/2020	09/01/2021	DO 1,000,000 EPLI 500,000 Deductible 1,000

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

Workers Compensation policy provides coverage per the laws of the state of NH as listed in 3A.

## CERTIFICATE HOLDER

## CANCELLATION

New Hampshire State Council on the Arts 19 Pillsbury Street  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.  AUTHORIZED REPRESENTATIVE 
--	---

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11010600  
FY 2021(PPF) # 10252  
Acct Code: 41010000-073-358890S

### NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT



This agreement between the State of New Hampshire, New Hampshire State Council on the Arts hereinafter "Council", and Revels North Inc hereinafter "Grantee" is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD: FY2021**

2. **OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$11,000.00 and apply it to the program(s) described in the grant application and approved budget for investment in Cultural Infrastructure. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



Revels North Inc is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

4. **FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

5. **SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

Contracting Officer for State Agency  
*[Signature]* 1/30/21  
Date

Name, Title: Virginia Lapp, Director  
Sarah Stewart 2/10/21  
Date  
Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**  
as to form, substance and execution

*[Signature]* 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

**GRANTEE SIGNATURE**

Org/ Name: Revels North Inc  
Address: PO Box 415, Hanover, NH 03755  
Brian Cook  
Printed Name of Authorized Official for Grantee  
Executive Director  
Official's Signature & Title  
8/25/20  
Date

**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack  
I, the 25 day of August 2020 before me the undersigned  
subject personally appeared  
Brian Cook  
Whose name of person whose signature is hereon attested,  
or some other person to be the person whose name appears above,  
and acknowledged that s/he executed this document in the capacity  
of  
Cassandra Mason  
Notary Public/Justice of the Peace  
Printed Name Cassandra Mason  
My Commission expires: 8/2/2022

Conditional Approval: Provide up-to-date certificate of good standing or attach printout from Secretary of State's website showing that the entity has filed its annual filing.

# 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 REVELS NORTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 29, 1990. 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: 149892

Certificate Number: 0004782277



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 21st day of January A.D. 2020.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State

**Corporate Resolution**

I, Kim Rheinlander, hereby certify that I am duly elected Clerk/Secretary/Officer of Revels North. I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on July 21, 2020, at which a quorum of the directors/shareholders were present and voting.

Voted: That Brian Cook, Exec. Director (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Revels North Inc. 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: 8/21/2020

ATTEST: [Signature]  
*(Name & Title) board president*

STATE OF NH  
COUNTY OF Grafton  
St

On the 21 day of August 2020, before me Patricia L Jordan the undersigned officer personally appeared Kim Rheinlander, 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 me hand and official seal:

[Signature]  
Justice of the Peace (Notary Public)

My Commission Expires:





REVENOR-01

ARJUDIO

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/3/2021

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).

<b>PRODUCER</b> Kinney Pike Insurance Inc. 1011 North Main Street, Suite 4 White River Junction, VT 05001	<b>CONTACT NAME:</b> Judy Larabee		
	<b>PHONE (A/C, No, Ext):</b> (800) 296-5722 3735	<b>FAX (A/C, No):</b> (802) 296-6126	
<b>E-MAIL ADDRESS:</b> jlarabee@kinneypike.com			
<b>INSURED</b>  Revels North, Inc. PO Box 415 Hanover, NH 03755-0415	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Nautilus Insurance Company		17370
	<b>INSURER B:</b> Hartford Fire Insurance Compan		19682
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**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	ADOL (SUBR) (R3D) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OBJECT <input type="checkbox"/> LOC OTHER:		NN1181335	10/17/2020	10/17/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	6S60UB4233P80419	5/18/2020	5/18/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)  
Workers Compensation Statutory Coverage applies in NH. Richard Brown, Rick Barrows and William Schutts are excluded officers.

<b>CERTIFICATE HOLDER</b>  New Hampshire Department of Natural & Cultural Resources 172 Pembroke Rd. Concord, NH 03301	<b>CANCELLATION</b>  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  
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1166729

FY2021 OPP2 # 10241  
Acct Code: 41040000-0733558905



**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Capitol Center for the Arts (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

**1. GRANT PERIOD: FY2021**

**2. OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



Capitol Center for the Arts is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

**3. PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

**4. FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

**5. SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

Contracting Officer for State Agency

[Signature] 1/30/21  
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**  
as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

**GRANTEE SIGNATURE**

Org/ Name: Capitol Center for the Arts

Address: 44 S. Main St Concord NH

Nichelle B. Clarke  
Printed Name of Authorized Official for Grantee

[Signature]  
Authorized Official's Signature & Title Date

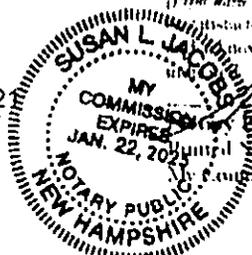
**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF \_\_\_\_\_

On the 7th day of April 2020 before the undersigned officer, personally appeared

Nichelle B. Clarke

Grant made of person's signature is being witnessed.  
I have instantaneously proven to be the person whose name appears above, and I have acknowledged that s/he executed this document in the capacity



[Signature]  
Public/ Justice of the Peace  
Name: Susan L. Jacobbe  
My Commission Expires: 1/22/23

Conditional approval: Attach legible certificate of good standing.  
(Date appears good, but organization name is not readable.)



Back to Home

Business Information

Business Details

Business Name: CAPITOL CENTER FOR THE ARTS	Business ID: 157209
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 07/11/1991	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 07/11/1991	Mailing Address: 44 S MAIN ST, Concord, NH, 03301, USA
Principal Office Address: 44 S MAIN ST, Concord, NH, 03301, USA	
Citizenship / State of Incorporation: Domestic/New Hampshire	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	Phone #: NONE
Business Email: sjacobs@cconh.com	Fiscal Year End Date: NONE
Notification Email: sjacobs@cconh.com	

Principal Purpose

S.No	NAICS Code	NAICS Subcode
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**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 CAPITOL CENTER FOR THE ARTS is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 11, 1991. 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: 157209

Certificate Number: 0004487106



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 26th day of March A.D. 2019.

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

William M. Gardner  
Secretary of State

Certificate of Authority #1

(Corporation, Non-profit Corporation)

**Corporate Resolution**

I, Cynthia Rowley hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Capital Center for the Arts I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on August 1, 2007,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That N. Robert B. Clarke (may list more than one person) is duly  
(Name and Title)  
authorized to enter into contracts or agreements on behalf of Capital Center for the Arts  
(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: 8/14/2007

ATTEST: Cynthia J. Rowley  
(Name & Title) Secretary

STATE OF New Hampshire  
COUNTY OF Merrimack

On the 14th day of August, before me Susan L. Jacobs  
the undersigned officer personally appeared Cynthia J. Rowley 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 and as a witness whereof,  
I hereunto set my hand and official seal:

Justice of the Peace / Notary Public Susan L. Jacobs

My Commission Expires: 1/22/25





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/27/2020

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 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> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Basil Makris <b>PHONE (AG No. Ext.):</b> (603) 224-2562 <b>FAX (AG No.):</b> (603) 224-0513 <b>E-MAIL ADDRESS:</b> bmakris@rowleyagency.com
<b>INSURED</b> Capitol Center For The Arts CCA North Corp. 44 S Main St Concord NH 03301	<b>INSURERS AFFORDING COVERAGE</b> <b>INSURER A:</b> American Guarantee and Liability Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

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.

INSURER	TYPE OF INSURANCE	AGENCY (AG) / PROD. (PRD) / DIV. (DIV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		CP00210534-03	7/31/2020	7/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CP00210534-03	7/31/2020	7/31/2021	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		ACC 8258631-03	7/31/2020	7/31/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> <input type="checkbox"/> CIV. FR. E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
US Bancorp Community Development Corporation is named as additional insured for general liability as respects 16-18 South Main Street, Concord, NH 03301, as per endorsement CG2026 0413.

<b>CERTIFICATE HOLDER</b> maria@traxlertong.com US Bancorp Community Development Corp Deal ID #25670 PO Box 279 San Anselmo, CA 94979	<b>CANCELLATION</b> 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 Basil Makris/BCM
--	--

167103  
FY2021 OPP2 # 10253  
Acct Code: 41040000-073-35589

AE  
10/15



**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Apple Hill Center for Chamber Music (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

**1. GRANT PERIOD: FY2021**

**2. OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$13,500.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



New Hampshire  
State Council on the Arts

Apple Hill Center for Chamber Music is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

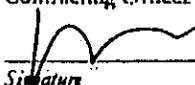
- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.

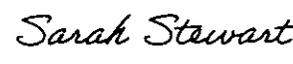
**3. PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

**4. FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

**5. SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

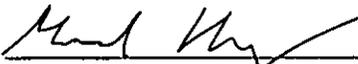
Contracting Officer for State Agency  
 1/12/21  
Signature Date

Name, Title: Virginia Lupi, Director  
 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

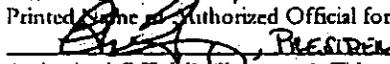
**APPROVED BY ATTORNEY GENERAL**

as to form, substance and execution:

 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

**GRANTEE SIGNATURE**

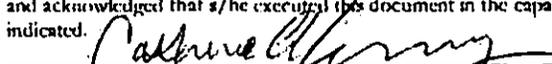
Org/ Name: Apple Hill Center for Chamber Music  
Address: PO Box 217, SULLIVAN NH 03445-0217

GLENN GALLOWAY, PRESIDENT  
Printed Name of Authorized Official for Grantee  
 PRESIDENT 8/14/2020  
Authorized Official's Signature & Title Date

**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 14 day of August, 2020 before the undersigned officer, personally appeared  
Glenn Galloway  
(Print name of person whose signature is being notarized)  
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

  
Notary Public/ Justice of the Peace  
Printed Name: CATHERINE A. KENNEY  
My Commission expires  
**CATHERINE A. KENNEY**  
Notary Public, New Hampshire  
My Commission Expires October 07, 2020

**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 APPLE HILL CENTER FOR CHAMBER MUSIC, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 30, 1971. 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: 62133

Certificate Number: 0004980722



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 17th day of August A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

Corporate Resolution

I, CECILE GOFF, hereby certify that I am duly elected Clerk/Secretary Officer  
(Name)  
of APPLE HILL CENTER FOR CHAMBER MUSIC. I hereby certify the following is a true of a vote taken at a  
(Name of Corporation) MUSIC  
meeting of the Board of Directors/shareholders, duly called and held on AUGUST 7, 2020,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That GREEN GALLOWAY, PRES. (may list more than one person) is duly  
(Name and Title)  
authorized to enter into contracts or agreements on behalf of APPLE HILL CENTER FOR CHAMBER MUSIC  
(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: 8/14/20

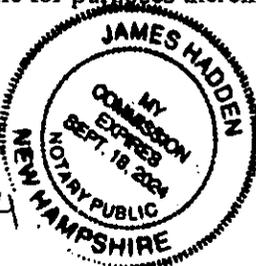
ATTEST: Cecile Goff  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Cheshire

On the 14<sup>th</sup> day of August, 2020, before me James Hadden,  
the undersigned officer personally appeared Cecile Goff, 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 me hand and official seal:

James Hadden  
Justice of the Peace / Notary Public

My Commission Expires: 09-18-2024





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/11/2020

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).

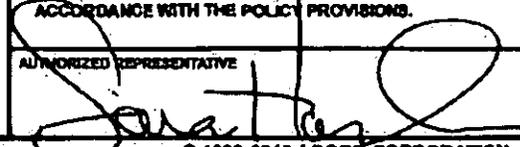
<b>PRODUCER</b> E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gifford NH 03247-7425	<b>CONTACT NAME:</b> Fairley Kennedy <b>PHONE (No. Ext.):</b> (603) 293-2791 <b>EMAIL:</b> fairley@esinsurance.net <b>ADDRESS:</b>	<b>FAX (No. Ext.):</b> (603) 293-7188
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Great American Insurance Group <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> Apple Hill Center for Chamber Music PO Box 217 Sufivan NH 03448-0217		

**COVERAGES**      **CERTIFICATE NUMBER:** 2020-2021      **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.

USER LTR	TYPE OF INSURANCE	ADULT/CHILD (INSR)	INSUR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC 5052043 15	04/01/2020	04/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 2,000,000 Abuse and Molestation \$ 100,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CAP 2246785 15	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 6,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB 5052044 15	04/01/2020	04/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Department of Natural and Cultural Resources 19 Pillsbury St 1st floor Concord NH 03301	<b>CANCELLATION</b> 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 
--	--



APPLHIL-01

BSTOCKTON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/12/2021

**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).**

<b>PRODUCER</b> Kapiloff Insurance Agency, Inc. 417 Winchester St Keene, NH 03431	<b>CONTACT</b> NAME: _____ PHONE (A/C, No, Ext): (603) 362-2224 FAX (A/C, No): (603) 367-1217 E-MAIL: _____ Address: bstockton@kapiloff.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Apple Hill Center for Chamber Music P.O. Box 217 410 Apple Hill Road East Sullivan, NH 03445	<b>INSURER A:</b> Twin City Fire Insurance Company      NAIC # 29459	
	<b>INSURER B:</b> _____	
	<b>INSURER C:</b> _____	
	<b>INSURER D:</b> _____	
	<b>INSURER E:</b> _____	
	<b>INSURER F:</b> _____	

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INAD Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (EA occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPIOP AGG \$ _____ OTHER \$ _____
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EA accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ OTHER \$ _____
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: _____    RETENTION \$: _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ OTHER \$ _____
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	04WECCL7098	12/19/2020	12/19/2021	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)

<b>CERTIFICATE HOLDER</b> Department of Cultural & Natural Resources 19 Pittsbury St Concord, NH 03301	<b>CANCELLATION</b> 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>Bartlett Stockton</i>

ACORD 25 (2016/03)

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167176  
FY2021 OPP2 # 10258 073  
Acct Code: 41040000 - 3558905



### NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Saint Kieran Community Center for the Arts (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- 1. GRANT PERIOD: FY2021
- 2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$9,000.00 and apply it to the program(s) described in the grant application and approved budget for Investment in Cultural Infrastructure. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



New Hampshire  
State Council on the Arts

Saint Kieran Community Center for the Arts is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

- 3. PAYMENT will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
- 4. FINAL REPORT: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
- 5. SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

#### COUNCIL APPROVAL

Contracting Officer for State Agency  
[Signature] 1/30/21  
Signature Date

Name, Title: Virginia Lupi, Director  
Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

#### GRANTEE SIGNATURE

Org/ Name: Saint Kieran Community Center for the Arts  
Address: 155 EMERY ST Berlin NH  
MONIQUE LAVERTU  
Printed Name of Authorized Official for Grantee  
Monique P Lavertu 8/20/20  
Authorized Official's Signature & Title Date

#### NOTARIZATION REQUIRED: STATE OF NEW HAMPSHIRE, COUNTY OF COWS

On the 20<sup>th</sup> day of Aug, 2020 before the undersigned officer, personally appeared  
MONIQUE LAVERTU  
*(Print name of person whose signature is being notarized)*  
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated  
[Signature] BRIDGET A. GOUDREAU  
NOTARY PUBLIC  
State of New Hampshire  
Notary Public Justice of the Peace My Commission Expires  
Printed Name: Bridget Goudreau January 22, 2025  
My Commission expires: 1/22/2025

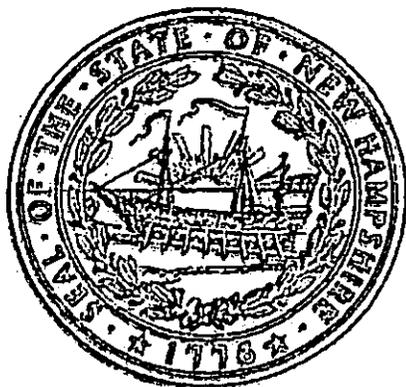
**State of New Hampshire**  
**Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ST. KIERAN COMMUNITY CENTER FOR THE ARTS is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 14, 2000. 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: 363683

Certificate Number: 0004928616



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 10th day of June A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

Corporate Resolution

I, JANET CARON (Name) hereby certify that I am duly elected Clerk/Secretary/Officer of St Kieran Comm Ctr/Arts (Name of Corporation) I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on 8-27-2020 at which a quorum of the directors/shareholders were present and voting.

Voted: That Manoëlle Lavertu (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of St Kieran Comm Ctr/Arts (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: 8-27-2020

ATTEST: Janet Caron (Name & Title)

STATE OF NH  
COUNTY OF COOS

On the 27<sup>th</sup> day of August 2020, before me Diane Gilbert the undersigned officer personally appeared Janet Caron, 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 me hand and official seal:

Diane L. Gilbert  
Justice of the Peace / Notary Public

My Commission Expires: DIANE L. GILBERT, Notary Public  
My Commission Expires November 18, 2020



STKIERA-01

MDEMICK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/29/2021

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).

<b>PRODUCER</b> A.B. Gile, a division of The Rowley Agency PO Box 66 Hanover, NH 03755	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (603) 643-4540 FAX (A/C, No): (603) 643-6382 E-MAIL ADDRESS:
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance Co. INSURER B: First Comp INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> St. Kieran Community Center For The Arts 155 Emery St. Berlin, NH 03570	

**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.

INBR LTR	TYPE OF INSURANCE	AGOL (INS)	SUBR (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2228060	1/20/2021	1/20/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2228060	1/20/2021	1/20/2022	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0103438-12	1/8/2021	1/8/2022	<input checked="" type="checkbox"/> PER <input type="checkbox"/> STA/ITE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 No Excluded Officers. States Covered: NH

Evidence of Insurance

<b>CERTIFICATE HOLDER</b> NH Department of Natural & Cultural Resources 172 Pembroke Road Concord, NH 03301	<b>CANCELLATION</b> 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>[Signature]</i>
--	--

ACORD 25 (2016/03)

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207373

FY2021OPP2 # 10260

Acct Code: 4104000-07B-35589



**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Portsmouth Music & Arts Ctr (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- GRANT PERIOD:** FY2021
- OBLIGATIONS OF THE GRANTEE:**
  - The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
  - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:
 

Portsmouth Music & Arts Ctr is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.
  - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
  - 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 may cease. That determination rests within the sole discretion of the Council.
- PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
- FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
- SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

Contracting Officer for State Agency  
[Signature] 1/12/21  
Signature Date

Name, Title: Virginia Lupi, Director  
Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**  
as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

**GRANTEE SIGNATURE**

Org/ Name: Portsmouth Music & Arts Ctr  
Address: 973 Islington St. Portsmouth NH  
Russell B. Grazier Jr.  
Printed Name of Authorized Official for Grantee  
[Signature] CEO 8/17/2020  
Authorized Official's Signature & Title Date

**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF ROCKINGHAM

On the 14th day of AUG 2020 before the undersigned officer, personally appeared  
RUSSELL B GRAZIER

(Print name of person whose signature is being notarized)  
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

[Signature]  
Notary Public/ Justice of the Peace  
Printed Name: SUSAN R. HAUSE, Notary Public  
My Commission expires February 21, 2023

**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 PORTSMOUTH MUSIC AND ARTS CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 29, 2003. 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: 426650

Certificate Number: 0004935784



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 24th day of June A.D. 2020.

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

William M. Gardner  
Secretary of State

Corporate Resolution

I, Aileen Dugan, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Portsmouth Music Arts Center hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on December 18, 2018,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Russell B. Grazer Jr., CEO (may list more than one person) is duly  
(Name and Title)

authorized to enter into contracts or agreements on behalf of Portsmouth Music and Arts Center  
(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: 8-15-2020.

ATTEST: Aileen Dugan Vice Chair  
(Name & Title)  
PMAC.

STATE OF New Hampshire  
COUNTY OF Rockingham

On the 18<sup>th</sup> day of August 2020, before me Cleopatra Villaflores,  
the undersigned officer personally appeared Aileen Dugan, 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 me hand and official seal:

Cleopatra P. Villaflores  
Justice of the Peace / Notary Public

My Commission Expires:





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2020

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).

<b>PRODUCER</b> E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425		<b>CONTACT NAME:</b> Fairley Kenneally <b>PHONE (AC Ins. Ext.):</b> (603) 293-2791 <b>FAX (AC Not):</b> (603) 293-7188 <b>EMAIL ADDRESS:</b> fairley@esinsurance.net	
<b>INSURED</b> Portsmouth Music And Arts Center Inc 873 Islington Street Portsmouth NH 03801		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance Co INSURER B: FirstComp INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES      CERTIFICATE NUMBER: 2021      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	ADDITIONAL INSURED (INS)	STATUS (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	PHPK2088445	03/17/2020	03/17/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGO \$ 2,000,000 AdMol Grp 2 Schools \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			PHUB708963	03/17/2020	03/17/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0143646-08	03/17/2020	03/17/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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 is an additional insured as required by signed contract with the named insured.

**CERTIFICATE HOLDER****CANCELLATION**

Department of Natural & Cultural Resources 19 Pittsbury Street 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.  AUTHORIZED REPRESENTATIVE <i>Fairley Kenneally</i>
---	---

154158

FY2021 OPP2 # 10237

Acct Code: 41110000-070-3578905



**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Currier Museum of Art (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

**1. GRANT PERIOD: FY2021**

**2. OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



Currier Museum of Art is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

**3. PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

**4. FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

**5. SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

**COUNCIL APPROVAL**

Contacting Officer for State Agency

[Signature] 8/8/20  
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**

as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

Conditional Approval: Provide up-to-date certificate of good standing or attach printout from Secretary of State's website showing that the entity has filed its annual filing.

**GRANTEE SIGNATURE**

Org/ Name: Currier Museum of Art  
Address: 150 Ash St., Manchester NH 03104

Alan Chong  
Printed Name of Authorized Official for Grantee

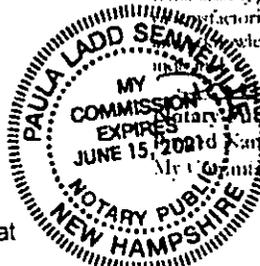
[Signature] Date  
Authorized Official's Signature & Title: Director and CEO. 8/5/2020

**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF Hillsborough

On the 5<sup>th</sup> day of August, 2020 before the undersigned officer, personally appeared Alan Chong

Whose name of person whose signature is being notarized, acknowledged that s/he executed this document in the capacity



Paula Ladd Seaveille  
Notary Public Name: Paula Ladd Seaveille  
My Commission Expires: June 15, 2021

[Back to Home](#)

### Business Information

Business Details	
Business Name: THE CURRIER MUSEUM OF ART	Business ID: 574306
Business Type: Trade Name	Business Status: Active
Expiration Date: 3/15/2022	Last Renewal Date: 3/13/2017
Business Creation Date: 03/15/2007	Name in State of Formation: Not Available
Date of Formation in Jurisdiction: 03/15/2007	
Principal Office Address: 150 Ash Street, Manchester, NH, 03104, USA	Mailing Address: 150 Ash Street, Manchester, NH, 03104, USA
Business Email: NONE	Phone #: NONE
Notification Email: NONE	Fiscal Year End Date: NONE

Principal Purpose		
S.No	NAICS Code	NAICS Subcode
1	OTHER / museum of fine art	

Page 1 of 1, records 1 to 1 of 1

### Trade Name Information

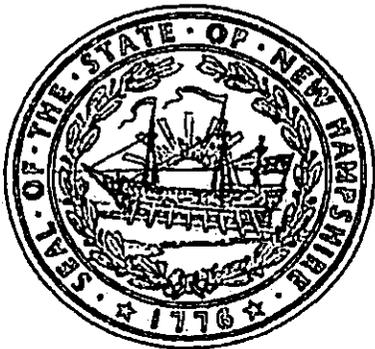
**State of New Hampshire**  
**Department of State**

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE CURRIER MUSEUM OF ART is a New Hampshire Trade Name registered to transact business in New Hampshire on March 15, 2007. 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: 574306

Certificate Number: 0004790545



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28th day of January A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

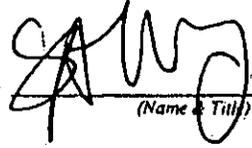
Corporate Resolution

I, Stephen Duprey (Name), hereby certify that I am duly elected Clerk/Secretary/Officer of the Currier Museum of Art (Name of Corporation). I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on July 30, 20 20, at which a quorum of the directors/shareholders were present and voting.

Voted: That Alan Chong, Director and CEO (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of the Currier Museum of Art (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.

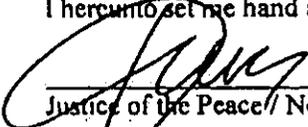
I hereby certify that said vote has not been amended or repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority shall remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify that it is understood 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: July 30, 2020

ATTEST:  (Name & Title)

STATE OF New Hampshire  
COUNTY OF Merrimack

On the 30 day of July 2020, before me Carolina Mamos, the undersigned officer personally appeared Stephen M. Duprey, 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:

  
Justice of the Peace / Notary Public

My Commission Expires: 12-16-2020





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/22/2021

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> Wieczorek Insurance 166 Concord St.  Manchester NH 03104	<b>CONTACT NAME:</b> Cheryl Lapointe <b>PHONE (AC, Ho, Ext):</b> (603) 668-3311 <b>FAX (AC, Ho):</b> (603) 668-9413 <b>E-MAIL ADDRESS:</b> cheryl@wixinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> Currier Museum of Art, DBA: Currier Gallery of Art & The Winter Garden Cafe LLC 150 Ash St. Manchester NH 03104	<b>INSURER A:</b> Citizens Insurance Company of America 31534	
	<b>INSURER B:</b> Service American	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 20-21 Basic

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	BSV8979109	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BSV8979893	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorists combined single \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	UMV8980210	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Cov State NH 780	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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**

tanderson@currier.org

NH State Council on the Arts  
 19 Pillsbury St. 1st Fl  
 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

Robert Wieczorek/DMD

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ACORD 25 (2014/01)  
 INS025 (2014/01)

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156203  
FY2021 OPE # 10245

Acct Code: 4110000-072 35F8908



### NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Friends of the Music Hall (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD: FY2021**

2. **OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for **Investment in Cultural Infrastructure**. 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.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



New Hampshire  
State Council on the Arts

Friends of the Music Hall is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 may cease. That determination rests within the sole discretion of the Council.

3. **PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

4. **FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

5. **SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

#### COUNCIL APPROVAL

Contracting Officer for State Agency

[Signature] 1/12/21  
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/10/2021  
Office of Attorney General Date  
Michael Haley, Attorney

#### GRANTEE SIGNATURE

Org/ Name: Friends of the Music Hall

Address: 20 Chestnut Street, Portsmouth, NH 03801

Tina Sawtelle  
Printed Name of Authorized Official for Grantee  
Tina Sawtelle Exec Dir 8/19/20  
Authorized Official's Signature & Title Date

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Rockingham

On the 19 day of August 2020 before the undersigned officer, personally appeared

Tina Sawtelle  
(Print name of person whose signature is being notarized)  
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated by

[Signature]  
Notary Public/ Justice of the Peace  
Printed Name: ASHLEIGH TUCKER

My Commission expires: May 17, 2020  
ASHLEIGH B. TUCKER, Notary Public  
State of New Hampshire  
My Commission Expires May 17, 2022

**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 FRIENDS OF THE MUSIC HALL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 19, 1986. 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: 101346

Certificate Number: 0004966363



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 27th day of July A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

Corporate Resolution

I, Jessica McKeon, hereby certify that I am duly elected Clerk/Secretary/Officer of The Music Hall. I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on July 22, 2020, at which a quorum of the directors/shareholders were present and voting.

Voted: That Tina Sawtelle, ED (may list more than one person) is duly

authorized to enter into contracts or agreements on behalf of The Music Hall

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 position(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: Aug 19, 2020

ATTEST: [Signature]  
(Name & Title) secretary

STATE OF New Hampshire  
COUNTY OF Rockingham

On the 19 day of August, before me Jessica McKeon, the undersigned officer personally appeared at The Music Hall, 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 me hand and official seal:

[Signature]  
Justice of the Peace / Notary Public

ASHLEIGH B. TUCKER, Notary Public  
State of New Hampshire  
My Commission Expires May 17, 2022

My Commission Expires:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/27/2020

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).

<b>PRODUCER</b> Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510		<b>CONTACT NAME:</b> Jessica Hildreth <b>PHONE (AC No. Ext):</b> (603) 569-2515 <b>FAX (AC, Met):</b> (603) 569-4288 <b>EMAIL ADDRESS:</b> jessicah@averyinsurance.net	
<b>INSURED</b> Friends of The Music Hall 25 Chestnut Street Portsmouth NH 03801		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Zurich American Ins Co	<b>NAIC #</b>
		<b>INSURER B:</b> American Guarantee & Liability Ins Co	
		<b>INSURER C:</b> Eastern Alliance Ins Co	10724
		<b>INSURER D:</b> Hanover Insurance	22292
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL207810131      **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	ADDRESS PERIOD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR U-GL-1345-B NH (04/13)  GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:		CPO 0238550	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CPO 0238550	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		AJC 1690104	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	0000564078	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors & Officers/Employment Practices/Cyber Liability		LHVA682248-06	07/01/2020	07/01/2021	Directors & Officers \$2,000,000 Employment Practices \$2,000,000 Cyber Liability \$1,000,000	

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

Coverage as per terms and conditions of policy.

<b>CERTIFICATE HOLDER</b> NH Department of Natural & Cultural Resources 19 Pillsbury Street Concord NH 03301	<b>CANCELLATION</b> 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 
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