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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 16, 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 5 Nonprofit Arts Organizations shown on the attached list in a total amount of \$70,500 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. 100% General Funds.

Funding is available in accounts, State Arts Development, as follows:

03-035-035-353510-41040000-073-500575 - Grants Non Federal

FY 2021
\$70,500

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.

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

Respectfully submitted,



Sarah L. Stewart
Commissioner

Public Value Partnership (PVP) Grants

Nonprofit Arts Organizations	Town / City	Vendor Code	Grant Amount
Colonial Theatre	Keene	157457	\$15,000
Symphony New Hampshire	Nashua	160048	\$13,500
Concord Community Music School	Concord	166571	\$15,000
Community Gallery, Inc. d/b/a AVA Gallery	Lebanon	167176	\$13,500
The Winnipesaukee Playhouse	Meredith	172499	\$13,500
Total Awards:			\$70,500

157457
FY2021OPP2 # 10247

Acct Code: H1040000-073.3558905



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 Colonial Theatre (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

Colonial Theatre 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] 2/3/21
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 2/23/21
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/23/2021
Office of Attorney General Date

Michael Haley, Attorney

GRANTEE SIGNATURE

Org/ Name: Colonial Theatre
95 MAIN STREET, KEENE, NH 03431

Address:
ALEC DOYLE

Printed Name of Authorized Official for Grantee

[Signature] 9/2/20
Authorized Official Signature & Title Date

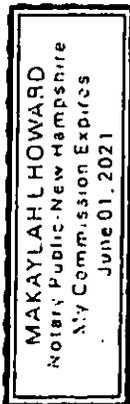
NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 2nd day of September 2020 before the undersigned officer, personally appeared

Alexander Doyle
(Print name of person whose signature is being notarized)
whom I hereby know to be the person whose name appears above, and acknowledge that s/he executed this document in the capacity of

[Signature]
Notary Public/ Justice of the Peace
Printed Name: Makaylah Howard
My Commission expires: 10/01/2021



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 COLONIAL THEATRE GROUP, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 25, 1993. 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: 196021

Certificate Number: 0004784184



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of January A.D. 2020.

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	COLONIAL THEATRE-GROUP, INC.	Business ID:	196021
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	08/25/1993	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	08/25/1993		
Principal Office Address:	95 Main Street, Keene, NH, 03431, USA	Mailing Address:	PO BOX 77, KEENE, NH, 03431, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	NONE	Phone #:	603-357-1233
Notification Email:	NONE	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / ACTIVITIES FOR ADVANCEMENT & IMPROVEMENT OF VISUAL, PERFORMING & OTHER ARTS; ETC	

Page 1 of 1, records 1 to 1 of 1

Principals Information

Name/Title	Business Address
Heather Minkler / Director	115 Darling Road, Keene, NH, 03431, USA
Karen Johnson / Secretary	297 Skyline Drive, Keene, NH, 03431, USA
Abr Abrash Walton / Chairman of the Board of Directors	PO Box 342, Harrisville, NH, 03450, USA
Susan Newcomer / Director	PO Box 199, Spofford, NH, 03462, USA
Chris Pong / Treasurer	303B Poocham Road, West Chesterfield, NH, 03466, USA

< Previous ... 1 ... Page 1 of 4, records 1 to 5 of 17

Registered Agent Information

Name: Not Available

Registered Office Not Available
Address:

Registered Mailing Not Available
Address:

Trade Name Information

Business Name	Business ID	Business Status
COLONIAL THEATRE (/online/BusinessInquire/TradeNameInformation? businessID=44109)	203531	Active
COLONIAL PERFORMING ARTS CENTER (/online/BusinessInquire/TradeNameInformation? businessID=652052)	824016	Active
SHOWROOM (/online/BusinessInquire/TradeNameInformation? businessID=690520)	855511	Active

Corporate Resolution

I, KAREN JOHNSON, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name)
of THE COLONIAL THEATRE GROUP, INC. I hereby certify the following is a true and correct copy of a vote taken at a
(Name of Corporation)
meeting of the Board of Directors/shareholders, duly called and held on AUGUST 26, 2020,
at which a quorum of the directors/shareholders were present and voting.

ALEC DOYLE
Voted: That EXECUTIVE DIRECTOR (may list more than one person) is duly
(Name and Title)

authorized to enter into contracts or agreements on behalf of THE COLONIAL THEATRE GROUP, 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: 8/28/2020

ATTEST: [Signature] Secretary
(Name & Title)

STATE OF New Hampshire
COUNTY OF Chester

On the 28 day of August, before me Karen E Deminico,
the undersigned officer personally appeared Karen P Johnson, 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

KAREN E. DEMINICO
Notary Public - New Hampshire
My Commission Expires February 7, 2023

My Commission Expires:

February 7, 2023



CERTIFICATE OF LIABILITY INSURANCE

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

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).

PRODUCER Clark Mortenson Insurance PO Box 606 Keene NH 03431	CONTACT NAME: Ana O'Donnell, CPIW, CIC	
	PHONE (A.C. No, Ext): (603) 352-2121 FAX (A.C. No): (603) 357-8491 E-MAIL ADDRESS: aodonnell@clark-mortenson.com	
INSURED The Colonial Theatre Group Inc PO Box 77 Keene NH 03431-0077	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Central Mutual Insurance Co Group	36
	INSURER B: Mount Vernon Fire Insurance Co	28522
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 20/21 Master 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	AUTO SUBR INSD WVO	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:		CLP 8674110	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 Liquor Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		CLP 8674110	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 1,000,000 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 RETENTION \$ 0		CXS 8674111	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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 N/A	WC 8674112	10/01/2020	10/01/2021	<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
B	Directors & Officers Liability		NDO2003173S	12/02/2020	12/02/2021	EACH CLAIM \$5,000,000 AGGREGATE \$5,000,000

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

3a State: NH
All officers included

CERTIFICATE HOLDER

CANCELLATION

NH Department of Natural & Cultural Resources 172 Pembroke Rd 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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160048
FY2021 OPP2 # 10238
Acct Code: 40040000 073 3658905



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 Symphony NH (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:



Symphony NH 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] 2/3/21
Signature Date

Name, Title: Virginia Lupi, Director
[Signature] 2/23/21
Signature Date

Name, Title: Sarah Stewart, Commissioner

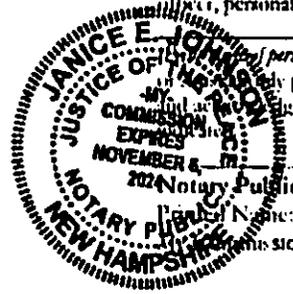
GRANTEE SIGNATURE
Org/ Name: Symphony NH
Address: 6 CHURCH STREET
NASHUA NH 03060
Printed Name of Authorized Official for Grantee
[Signature] 9/2/20
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:
STATE OF NEW HAMPSHIRE, COUNTY OF Hillsborough

On the 2nd day of Sept 2020 before the undersigned
I, Joseph W. Kenny, Notary Public,
do hereby certify that the person whose signature is being notarized
is the person whose name appears above, and that s/he executed this document in the capacity

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

[Signature] 2/23/2021
Office of Attorney General Date
Michael Haley, Attorney



[Signature]
Notary Public/ Justice of the Peace
Name: Janice E. Johnson
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 SYMPHONY NEW HAMPSHIRE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 16, 1960. 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: 61912

Certificate Number: 0004603338



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 October A.D. 2019.

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

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	SYMPHONY NEW HAMPSHIRE	Business ID:	61912
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	11/16/1960	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	11/16/1960		
Principal Office Address:	6 Church Street, Nashua, NH, 03060, USA	Mailing Address:	NONE
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Not Stated		
Business Email:	marc@symphonynh.org	Phone #:	NONE
Notification Email:	marc@symphonynh.org	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	Arts, Entertainment, and Recreation	Musical Groups and Artists
2	OTHER / establish, maintain and operate a symphony orchestra, chorus etc.	

Principals Information

Name/Title

Business Address

Robert Oot / Chairman of the Board of Directors

9 Mendelssohn Drive, Hollis, NH, 03049, USA

Mark Tremallo / Secretary

PO Box 354, Exeter, NH, 03833, USA

Marc Thayer / Director

6 Church St., Nashua, NH, 03060, USA

Page 1 of 1, records 1 to 3 of 3

Registered Agent Information

Name: Not Available

Registered Office: Not Available

Address:

Registered Mailing: Not Available

Address:

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

[Filing History](#)

[Address History](#)

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)

[\(/online/Home/ContactUS\)](#)

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Corporate Resolution

I, Mark Tremallo, hereby certify that I am duly elected ~~Clerk/Secretary/Officer~~
(Name)
of Symphony NH. 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 Sept. 1, 2020,
at which a quorum of the directors/shareholders were present and voting.

Voted: That Any of the officers * (may list more than one person) ^{are} is duly
(Name and Title)

authorized to enter into contracts or agreements on behalf of Symphony NH
(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: Sept. 14, 2020

ATTEST: Mark T. M., Secretary
(Name & Title)

STATE OF New Hampshire
COUNTY OF Rockingham

On the 14 day of September, before me Lee Ann Simpson,
the undersigned officer personally appeared Mark Tremallo, 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:

Lee Ann Simpson
Justice of the Peace / Notary Public

My Commission Expires: 10-11-22



**Symphony NH Board of Trustees
2020/21**

Officers

President

Dr. Robert (Bob) Oot
Radiologist, SNH Med Ctr, Retired

Vice President

Dr. Cam McGurk
Speech Language Pathologist, Nashua School District

Secretary

Mark Tremallo
Lawyer, Retired

Treasurer

Joe Kenny, Esq
Partner, Hamblett & Kerrigan

Trustees

David Bahi
IT consultant

Geraldine Boisvert
Splash! By Masi, Retired

Harold "Hal" Clark
Retired from International Marketing

Ann Conway
LICSW, Divorce Coach

Marshall Jespersen
Owner, International Cars Ltd.

Mary Jordan
Educator & Non-profit Executive, Retired

Shoshanna Kelly
Creative Director, Kelly Creative Advertising, LLC

Michael Munster
Retired from Purbeck Biopharma Associates

John Rein
Owner, Audio Video Therapy

Galina Szakacs
Pfizer, Retired; Leadership Coach, Nashua
Chamber of Commerce

Dr. Amir Toosi, DMA
Dean – Division of Business, Rivier University

Wilberto Torres
Exec. Dir., Belltower Home Health Care

Dr. Paul Urbanek
Surgeon, Concord Orthopaedics

Dr. Drew Wilson, DMD
Family Dental Care of Milford

Barbara Young
Owner, PPC Strategies

Ex Officio

Marc Thayer
Executive Director

Rosemary Johnson
Co-President, Friends of SNH

Roger Kalia
Music Director

Cheryl Bishkoff, principal oboe
SNH Players' Committee Rep

Sally Merriman, Acting principal bassoon
SNH Players' Committee Rep

1100.571
FY2021 QPP2 # 10236
Acct Code: 410-10000-073 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 Concord 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:



Concord 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.

- 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 Date 2/3/21

Name, Title: Virginia Lupi, Director

Signature Date 2/23/21

Name, Title: Sarah Stewart, Commissioner

GRANTEE SIGNATURE

Org/ Name: Concord Community Music School
Address: 23 Wall St., Concord, NH 03301

Printed Name of Authorized Official for Grantee
Margaret E. Senter, President + CEO 10-21-20
Authorized Official's Signature & Title Date
Margaret E. Senter, President + CEO 10-21-20

NOTARIZATION REQUIRED:
STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Office of Attorney General Date 2/23/2021
Michael Haley, Attorney



On the 21 day of October 2020 before the undersigned officer, personally appeared
Margaret E. Senter
[Printed name of person whose signature is being notarized]
satisfactorily proven to be the person whose name appears above, and I know that s/he executed this document in the capacity [Printed name of person whose signature is being notarized].

Christine M. Larocque
Notary Public/ Justice of the Peace
Printed Name: Christine M. Larocque
My Commission expires: December 5, 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 THE CONCORD COMMUNITY MUSIC SCHOOL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 26, 1984. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 69721

Certificate Number: 0004934544



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd 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, Math Leahy (Name), hereby certify that I am duly elected Clerk/Secretary/Officer of Concord Community Music School (Name of Corporation) 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 June 17, 2003, at which a quorum of the directors/shareholders were present and voting.

Voted: That Margaret E. Senter (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Concord 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 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: 10-22-2020

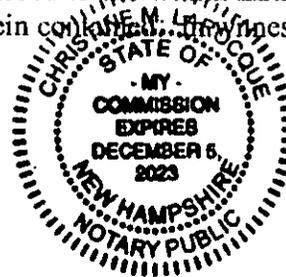
ATTEST: [Signature]
(Name & Title)
Clerk

STATE OF New Hampshire
COUNTY OF Merrimack

On the 22 day of October 2020, before me Matthew E Leahy, the undersigned officer personally appeared _____, 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: December 5, 2023





CONCCOM-02

MSNELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2020

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

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

PRODUCER Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	CONTACT NAME: Mary Ellen Snell, CIC PHONE (A/C, No., Ext.): (603) 715-9754 FAX (A/C, No.): (603) 225-7935 E-MAIL ADDRESS: msnell@davistowle.com
INSURED Concord Community Music School 23 Wall Street Concord, NH 03301	INSURER(S) AFFORDING COVERAGE INSURER A: The Hanover Insurance Companies NAIC # 22292 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ZDVA052163	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 HNO \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC OTHER						
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY	SCHEDULED AUTOS X NON-OWNED AUTOS ONLY	ZDVA052163	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A X	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	UHVA052173	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 DED X RETENTION \$ 10,000
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 N/A	WHVA051987	7/1/2020	7/1/2021	X PER STATUTE 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)
Workers Compensation - States covered: NH

CERTIFICATE HOLDER NH State Council on the Arts Dept. of Natural & Cultural Resources 19 Pillsbury Street 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 
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167176

FY2021OPP2 # 10235

Acct Code: 4104 0000 - 073 35 589 05



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 Community Gallery 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:



Community Gallery 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] 2/3/21
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 2/23/21
Signature Date

Name, Title: Sarah Stewart, Commissioner

GRANTEE SIGNATURE

Org/ Name: Community Gallery Inc.

Address: 11 Bank Street, Lebanon, NH
Heidi J. Reynolds 03766

Printed Name of Authorized Official for Grantee
[Signature] Executive Director 8/6/20
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 6th day of August 2020 before the undersigned officer, personally appeared

Heidi Reynolds
(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: ZACHARY J. McGARRY, Notary Public
My Commission expires: My Commission Expires July 10, 2024

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/23/2021
Office of Attorney General Date

Michael Haley, Attorney

State of New Hampshire

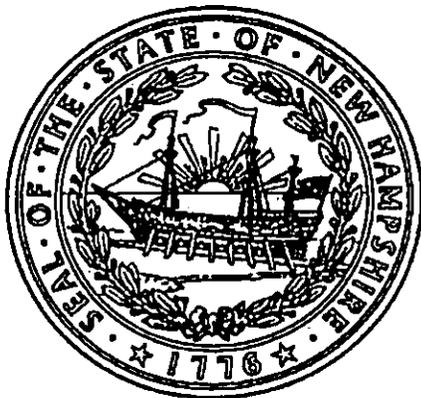
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that AVA GALLERY is a New Hampshire Trade Name registered to transact business in New Hampshire on September 02, 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: 447786

Certificate Number: 0004936201



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 cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name: AVA GALLERY	Business ID: 447786
Business Type: Trade Name	Business Status: Active
Expiration Date: 9/2/2023	Last Renewal Date: 3/29/2018
Business Creation Date: 09/02/2003	Name in State of Formation: Not Available
Date of Formation in Jurisdiction: 09/02/2003	
Principal Office Address: 11 BANK ST, Lebanon, NH, 03766, USA	Mailing Address: 11 BANK ST, Lebanon, NH, 03766, USA
Business Email: NONE	Phone #: NONE
Notification Email: NONE	Fiscal Year End Date: NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / ART EDUCATION AND GALLERY	

Page 1 of 1, records 1 to 1 of 1

Trade Name Information

Business Name	Business ID	Business Status
---------------	-------------	-----------------

Trade Name Owned By

Name	Title	Address
COMMUNITY GALLERY, INC. (/online/BusinessInquire/TradeNameInformation?businessID=44192)	Business	Administratively Dissolved

Corporate Resolution

I, Andrew Gauthwaite, hereby certify that I am duly elected Clerk/Secretary/Officer
of Community Gallery, Inc. d/b/a AVA Gallery and Art Center.
(Name) (Name of Corporation) Thereby certify the following is a true of a vote taken at a

meeting of the Board of Directors/shareholders, duly called and held on 15 OCTOBER 2019
at which a quorum of the directors/shareholders were present and voting.

Voted: That Heidi Reynolds (may list more than one person) is duly
(Name and Title)

authorized to enter into contracts or agreements on behalf of Community Gallery, Inc.
d/b/a AVA Gallery and Art 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: 8/28/20

ATTEST: Andrew Gauthwaite, AVA Board Chair
(Name & Title)

STATE OF Vermont
COUNTY OF Windsor

On the 28 day of August, 2020, before me Nicolas Bekken
the undersigned officer personally appeared Andrew Gauthwaite, 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:

Nicolas Bekken
Justice of the Peace / Notary Public

My Commission Expires: 1/31/2021

172499
FY2021OPP2 # 10261
Acct Code: 410400100733558905



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 The Winnepesaukee PlayHouse (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

The Winnepesaukee PlayHouse 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

Virginia Lupi 2/3/21
Signature Date

Name, Title: Virginia Lupi, Director

Sarah Stewart 2/23/21
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Michael Haley 2/23/2021
Office of Attorney General Date

Michael Haley, Attorney



GRANTEE SIGNATURE

Org/ Name: The Winnepesaukee PlayHouse

Address: 33 FOOTLIGHT CIRCLE MERIDEN, NH 08253

Thomas D. Beauclerk FINANCE OFFICER
Printed Name of Authorized Official for Grantee

Thomas D. Beauclerk 2/24/2021
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Belknap

On the 26th day of August 2020 before the undersigned officer, personally appeared

Thomas D. Beauclerk
(Print name of person whose signature is being notarized)

is satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated

Marcia A. Gagnon
Notary Public/ Justice of the Peace

Printed Name: Marcia A. Gagnon

My Commission expires: 06-08-2023

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 THE WINNIPESAUKEE PLAYHOUSE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 21, 2006. 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: 569312

Certificate Number: 0004637014



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of January A.D. 2020.

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

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	THE WINNIPESAUKEE PLAYHOUSE	Business ID:	569312
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	12/21/2006	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	12/21/2006		
Principal Office Address:	33 Footlight Circle, Meredith, NH, 03253, USA	Mailing Address:	33 Footlight Circle, Meredith, NH, 03253, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	info@winniplayhouse.org	Phone #:	NONE
Notification Email:	thom@winniplayhouse.org	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / Develop and stage professional, community-based theatrical/artistic productions etc.	

Page 1 of 1, records 1 to 1 of 1

Principals Information

Name/Title	Business Address
Julia Thomson / Chairman of the Board of Directors	33 Footlight Circle, Meredith, NH, 03253, USA
Thomas Beaulieu / Other Officer	33 Footlight Circle, Meredith, NH, 03253, USA
Neil Pankhurst / Other Officer	33 Footlight Circle, Meredith, NH, 03253, USA

Page 1 of 1, records 1 to 3 of 3

Registered Agent Information

Name: Not Available

Registered Office Not Available
Address:

Registered Mailing Not Available
Address:

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

[Filing History](#) [Address History](#) [View All Other Addresses](#) [Name History](#)

[Shares](#) [Businesses Linked to Registered Agent](#) [Return to Search](#) [Back](#)

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)
[\(/online/Home/ContactUS\)](#)

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Corporate Resolution

I, Robert Manley, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name)
of Winnepesaukee Playhouse. I hereby certify the following is a true of a vote taken ~~at a~~ via email by
(Name of Corporation)
meeting of the Board of Directors/shareholders, duly called and held on Aug. 20, 2020,
at which a quorum of the directors/shareholders were present and voting.

Voted: That Thom Beaulieu (may list more than one person) is duly
(Name and Title)
authorized to enter into contracts or agreements on behalf of Winnepesaukee Playhouse
(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: 8-21-2020

ATTEST:

(Name & Title)

Melissa Stevenson Board Chair

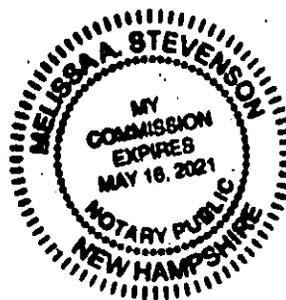
STATE OF New Hampshire
COUNTY OF Belknap

On the 21 day of August before me Robert Manley
the undersigned officer personally appeared Robert Manley, 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:

Melissa Stevenson
Justice of the Peace / Notary Public

My Commission Expires:

May 18, 2021





CERTIFICATE OF LIABILITY INSURANCE

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

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).

PRODUCER Melcher & Prescott Insurance 426 Main Street Laconia NH 03246		CONTACT NAME: Jessica Landry PHONE (A/C, No, Ext): (603) 524-4535 FAX (A/C, No): E-MAIL: jlandry@melcher-prescott.com ADDRESS:	
INSURED The Winnepesaukee Playhouse 33 Footlight Circle Meredith NH 03253		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Co. NAIC # 10677 INSURER B: Allied Eastern Indemnity Co. 11242 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 21/22 MASTER REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			EPP0519477	01/01/2019	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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			EBA 0519561	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea 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 DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0519477	01/01/2019	01/01/2022	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	0000115959	01/01/2021	01/01/2022	<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

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

NH Workers Comp

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

Jessica Landry

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