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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

March 2, 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 4 Nonprofit Arts Organizations shown on the attached list in a total amount of \$57,000 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:

	<u>FY 2021</u>
03-035-035-353510-41040000-073-500575 - Grants Non Federal	\$57,000

**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**

<b>Nonprofit Arts Organizations</b>	<b>Town / City</b>	<b>Vendor Code</b>	<b>Grant Amount</b>
League of NH Craftsmen, Inc.	Concord	154205	\$15,000
Rochester Opera House, Inc.	Rochester	154980	\$13,500
North Country Chamber Players, Inc.	Franconia	155304	\$15,000
Opera North	Lebanon	166554	\$13,500
<b>Total Awards:</b>			<b>\$57,000</b>

154205

FY2021OPP2 # 10254

Acct Code: 41040000-673.3558905



### 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 League of NH Craftsmen 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 \$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:



League of NH Craftsmen 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] 2/25/21  
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 3/2/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 3/4/2021  
Office of Attorney General Date

Michael Haley, Attorney



#### GRANTEE SIGNATURE

Org/ Name: League of NH Craftsmen Inc.

Address: 495 Main St. Concord, NH 03301

[Signature]  
Miriann Carter

Printed Name of Authorized Official for Grantee: Miriann Carter Executive Director 2/18/21

Authorized Official's Signature & Title Date

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 16 day of February, 21 before the undersigned officer, personally appeared

[Signature]  
Miriann Carter

(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: Katherine W Fuller  
NOTARY PUBLIC Expires: June 24, 2025

State of New Hampshire  
My Commission Expires  
June 24, 2025

# State of New Hampshire

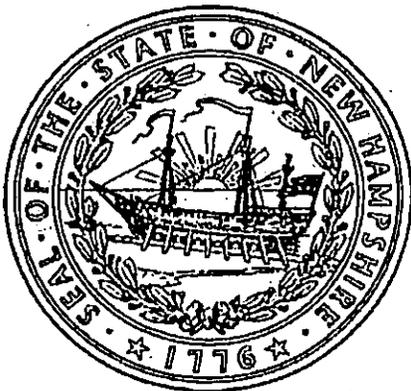
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 27, 1932. 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: 64181

Certificate Number: 0005269407



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 25th day of February A.D. 2021.

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

William M. Gardner  
Secretary of State

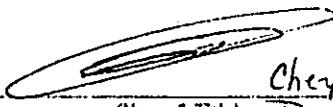
Corporate Resolution

I, Ceryl Coletti-Lawson, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of The League of NH Craftsmen. 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 February 11, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Miriam Carter (may list more than one person) is duly  
(Name and Title)  
authorized to enter into contracts or agreements on behalf of The League of NH Craftsmen  
(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 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: 2/15/21

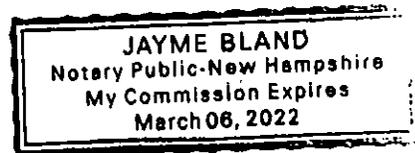
ATTEST:   
(Name & Title) Ceryl Coletti-Lawson  
Board Chair

STATE OF New Hampshire  
COUNTY OF Merrimack

On the 15 day of February, 2021, before me Jayme Bland,  
the undersigned officer personally appeared Ceryl Coletti-Lawson, 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:

Jayme Bland  
Justice of the Peace / Notary Public

My Commission Expires:





154980

FY2021OPP2 # 10248

Acct Code: 41040000-073 3558908



### 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 Rochester Opera House (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:



Rochester Opera House 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] 2/21/21  
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 3/2/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**

as to form, substance and execution:

[Signature] 3/4/2021  
Office of Attorney General Date  
Michael Hakey, Attorney

**GRANTEE SIGNATURE**

Org/ Name: Rochester Opera House

Address: 31 Water Street St.

[Signature]  
Printed Name of Authorized Official for Grantee

[Signature] 2/11/21  
Authorized Official's Signature & Title Date

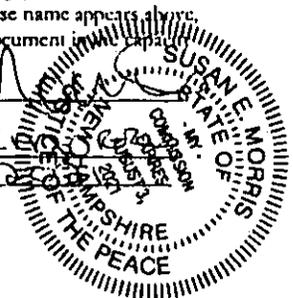
**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF Stratford

On the 11th day of Feb 2021 before the undersigned officer, personally appeared Anthony Gargue

(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: [Signature]  
My Commission expires: 8-3-2021



# 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 ROCHESTER OPERA HOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 20, 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: 431131

Certificate Number: 0005251669



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 8th day of February A.D. 2021.

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

William M. Gardner  
Secretary of State

Corporate Resolution

I, John McKenna, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Rochester Opera House, 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 February 8, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Anthony Ejanoue (may list more than one person) is duly  
(Name and Title)  
Executive Director  
authorized to enter into contracts or agreements on behalf of Rochester Opera House, 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: 2/9/21

ATTEST: John McKenna  
(Name & Title)  
President

STATE OF New Hampshire  
COUNTY OF Stratford

On the 9<sup>th</sup> day of Feb. 2021, before me Susan E Morris  
John McKenna SM  
the undersigned officer personally appeared John McKenna, 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:

Susan E Morris  
Justice of the Peace / Notary Public

My Commission Expires:

SUSAN E. MORRIS, Notary Public  
State of New Hampshire  
My Commission Expires February 1, 2022





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/25/20

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> Voyager Insurance Services 371 Segamore Road Rye NH 03870		<b>CONTACT NAME:</b> Commercial Lines <b>PHONE (A/C, No., Ext):</b> 603-786-1990 <b>FAX (A/C, No):</b> 603-590-7822 <b>E-MAIL ADDRESS:</b> info@voyager-ins.com	
<b>INSURED</b> Rochester Opera House 31 Wakefield Street Rochester NH 03867		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Utica National Insurance Group 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 INSD	SUBR WVD	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 - COM/PO/ AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<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/A	4653848	06/05/2020	06/05/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)  
 Statutory State(s): NH

**CERTIFICATE HOLDER****CANCELLATION**

NH Department of Natural & Cultural Resources  
 20 Park 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  
 Lisa W. Davis

155304  
FY2021 OPP2 # 10244  
Acct Code: 4104000-35589.05

### 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 North Country Chamber Players (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:



North Country Chamber Players 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

Acting Officer for State Agency  
  
Date: 2/10/21

Title: Virginia Lupi, Director  
  
Date: 3/2/21

Title: Sarah Stewart, Commissioner

#### GRANTEE SIGNATURE

Org/ Name: North Country Chamber Players  
Address: 283 FOREST HILL ROAD  
FRANCONIA, NH. 03580  
Printed Name of Authorized Official for Grantee:  
JOYCE PETKOVICH, EX. DIR. 1/28/2021  
Authorized Official's Signature & Title

NOTARIZATION REQUIRED:  
STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 29 day of January, 2021 before the undersigned officer, personally appeared  
Joyce Petkovich

(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: Tamara A. Gearhart  
My Commission expires: April 19, 2022

#### APPROVED BY ATTORNEY GENERAL

to fornia, substance and execution:  
  
Date: 3/4/2021  
Title: Michael Haley, Attorney

TAMBRA A. GEARHART, Notary Public  
State of New Hampshire  
My Commission Expires April 19, 2022

# State of New Hampshire

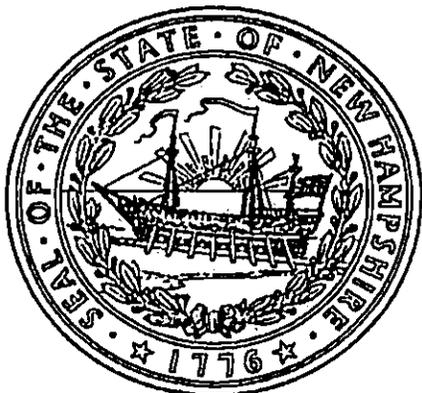
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTH COUNTRY CHAMBER PLAYERS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 20, 1978. 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: 66442

Certificate Number : 0004494353



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 April A.D. 2019.

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

William M. Gardner  
Secretary of State

# Business Information

## Business Details

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Business Name:	NORTH COUNTRY CHAMBER PLAYERS, INC.	Business ID:	66442
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	12/20/1978	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	12/20/1978		
Principal Office Address:	273 Forest Hill Road - Route 142, Franconia, NH, 03580, USA	Mailing Address:	PO Box 865, Franconia, NH, 03580, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

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## Principal Purpose

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S.No	NAICS Code	NAICS Subcode
No records to view.		

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**Principals Information**

<b>Name/Title</b>	<b>Business Address</b>
Joyce Petkovich / Director	PO Box 865, Franconia, NH, 03580, USA
Michael Girouard / President	PO Box 865, Franconia, NH, 03580, USA
Katherine Terrie / Vice President	PO Box 865, Franconia, NH, 03580, USA
Michael Claflin / Treasurer	PO Box 865, Franconia, NH, 03580, USA
Shepherd Holcombe / Secretary	PO Box 865, Franconia, NH, 03580, USA

Page 1 of 1, records 1 to 5 of 5

**Registered Agent Information**

Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

**Trade Name Information**

<b>Business Name</b>	<b>Business ID</b>	<b>Business Status</b>
MUSIC IN THE WHITE MOUNTAINS (/online/BusinessInquire/TradeNameInformation? businessID=48392)	210453	Expired

**Trade Name Owned By**

<b>Name</b>	<b>Title</b>	<b>Address</b>
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**Trademark Information**

<b>Trademark Number</b>	<b>Trademark Name</b>	<b>Business Address</b>	<b>Mailing Address</b>
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No records to view.

Corporate Resolution

I, SHEPHERD HOLCOMBE (Name) hereby certify that I am duly elected Clerk/Secretary/Officer of NORTH COUNTRY CHAMBER PLAYERS (NCCP) (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 10/11, 2019, at which a quorum of the directors/shareholders were present and voting.

Voted: That JOYCE PETKOVICH (Name and Title) EX. DIR. (may list more than one person) is duly

authorized to enter into contracts or agreements on behalf of NORTH COUNTRY CHAMBER PLAYERS (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: 1/29/2021

ATTEST: Tambra Gearhart (Name & Title)

STATE OF New Hampshire  
COUNTY OF Grafton

On the 29 day of January, 2021, before me Tambra Gearhart, the undersigned officer personally appeared Shepherd Holcombe, 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:

Tambra A. Gearhart  
Justice of the Peace / Notary Public

TAMBRA A. GEARHART, Notary Public  
State of New Hampshire  
My Commission Expires April 19, 2022

My Commission Expires: April 19, 2022



160554

FY2021 OPP2 # 10256

Acct Code: 410000-573-358905

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 Opera North (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:



Opera North 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]* 2/10/21  
Signature Date

Name, Title: Virginia Lupi, Director  
*[Signature]* 3/2/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL  
as to form, substance and execution:  
*[Signature]* 3/4/2021  
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: Opera North  
Address: 20 WEST PAUL, Lebanon NH  
*[Signature]*  
Printed Name of Authorized Official for Grantee  
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 29th day of Jan 2021 before the undersigned officer, personally appeared  
*[Signature]*  
(Print name of person whose signature is being witnessed)  
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

# 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 OPERA NORTH is a Vermont Nonprofit Corporation registered to transact business in New Hampshire on February 16, 2016. 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: 739443

Certificate Number: 0005029813



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 18th day of October A.D. 2020.

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

William M. Gardner  
Secretary of State

Certificate of Authority # 1

(Corporation, Non-Profit Corporation)

**Corporate Resolution**

I, Sarah H (Sally) RUTTER, hereby certify that I am duly elected Clerk/Secretary/Officer of  
(Name)

OPERA NORTH I hereby certify the following is a true copy of a vote taken at  
(Name of Corporation)

a meeting of the Board of Directors/shareholders, duly called and held on 9/29, 2018

at which a quorum of the Directors/shareholders were present and voting.

VOTED: That TIMOTHY WAGG, TREASURER (may list more than one person) is  
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

OPERA NORTH with the State of New Hampshire and any of  
(Name of Corporation)

its agencies or departments and further is authorized to execute any documents  
which may in his/her judgment be desirable or necessary to effect 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  
remains valid for thirty (30) days from the date of this Corporate Resolution. I further certify  
that it is understood that the State of New Hampshire will rely on this certificate as evidence that  
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 any 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: 2-23-21

ATTEST: Sarah H (Sally) RUTTER  
(Name & Title)



State of New Hampshire  
County of Grafton

Sarah Rutter personally appeared before me on February 23, 2021  
Debra J. Curtis (Notary)



OPRANOR-01

MCOLEMAN

# 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> Maury, Donnelly & Parr 24 Commerce St Baltimore, MD 21202	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (410) 685-4625 FAX (A/C, No): (410) 685-3071 E-MAIL ADDRESS:																					
<b>INSURED</b>  Opera North 20 West Park St Lebanon, NH 03766	<table border="0"> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: right;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b></td> <td>GREAT DIVIDE INSURANCE COMPANY</td> <td style="text-align: right;">25224</td> </tr> <tr> <td><b>INSURER B:</b></td> <td>Berkley National Insurance Company</td> <td style="text-align: right;">38911</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	<b>INSURER A:</b>	GREAT DIVIDE INSURANCE COMPANY	25224	<b>INSURER B:</b>	Berkley National Insurance Company	38911	<b>INSURER C:</b>			<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>		
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<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	ADOL. SUBR INSD. Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPA7502368-12	5/31/2020	5/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER <input type="checkbox"/>						
B	<input type="checkbox"/> AUTOMOBILE LIABILITY 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	CAA7502358-12	5/31/2020	5/31/2021	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 EXCESS LIAB CLAIMS-MADE		CUA7502362-12	5/31/2020	5/31/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	<input type="checkbox"/> 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	WCA7502344-13	5/31/2020	5/31/2021	<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
A	<input type="checkbox"/> Property		CPA7502368-12	5/31/2020	5/31/2021	Theatrical Property 200,000

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

### CERTIFICATE HOLDER

### CANCELLATION

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