



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 8, 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 a Traditional Arts Project grant to the University of New Hampshire (VC #177867), Durham, NH in the amount of \$6,000 to support the New Hampshire Italian America Foodways Project effective upon Governor and Executive Council approval through December 31, 2021. 100% Federal Funds.

Funding is available in account, Federal Arts Partnership Grant, as follows:

03-035-035-353510-41110000-072-500575 – Grants-Federal	<u>FY 2021</u> \$6,000
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EXPLANATION

Folklife and Traditional Arts Projects grants support a focus on presenting, cultivating, documenting, and preserving folklife and traditional arts in New Hampshire. The goals of this funding category are to promote a deeper appreciation for and a better understanding of folklife traditions so that they continue to be a meaningful and visible part of our community life and document the variety of folklife traditions and traditional arts so that future generations may continue to benefit from them. The University of New Hampshire's Italian Studies Program has proposed using lesser-known aspects of Italian American food traditions as the first phase in developing an online center for the documentation of the Italian America experience in New Hampshire. Through research, interviews, hands-on workshops, public panel discussions with home cooks who are esteemed by their communities, and a documentary film that brings all of these components together, this project will help tell the stories of these bearers of tradition, and how the traditions are practiced and passed from one generation to another.

The research and documentation will include a focus on Italian immigration to NH and the formation of communities; stories and artifacts; interviews; interactive maps; issues of contemporary significance that extend beyond the Italian American experience, such as immigration, citizenship, and cultural awareness resources. All experiences will be free to the public. The State Art Council's grant categories and deadlines are advertised through the divisions' website, social media, and electronic newsletters.

At a recent meeting, the NH State Art Councilors unanimously voted to accept the Arts Division's Traditional Arts Review Panel's recommendations for the grants based on its funding priority ranking within a competitive review. The five-member peer panel considered 6 criteria to arrive at a consensus ranking for each application. The evaluative criteria range from the administrative capacity of the organization, to quality of programming, participant benefit, community support, accessibility, and equity.

Earlier in Fiscal Year 2021, the University of New Hampshire received an Arts Council grant in the amount of \$6,750. The cumulative total with the grant requested herein is over the \$10,000 threshold therefore requires Governor and Executive Council approval.

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

Respectfully submitted,



Sarah L. Stewart
Commissioner

177867
FY 2021: A / PROJ # 10345
Acct Code: 41110000-35F89 LPO



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 University of 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 \$6,000.00 and apply it to the program(s) described in the grant application and approved budget for To support the New Hampshire Italian American Foodways Project. 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:



University of 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

Continuing Officer for State Agency

[Signature] 2/3/21
Date

Name, Title: Virginia Lupa, Director

[Signature] 3/9/21
Date

Name, Title: Sarah Stewart, Commissioner

GRANTEE SIGNATURE

Org/ Name: University of NH

Address: SPA, 51 College Rd. Durham NH 03824

Karen Jensen, Director, Research Admin

Printed Name of Authorized Official for Grantee

[Signature] 10/21/20
Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack
on file with State

On the 21 day of Oct. 2020

[Signature]
I, Karen Jensen, do hereby certify that the person whose name appears above, and is known to me, has executed this document in the capacity indicated.

[Signature]
Printed Name: Cassandra Mason
My Commission expires: 8/2/2022

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 3/10/2021
Date

Office of Attorney General

Michael Haley, Attorney

State of New Hampshire

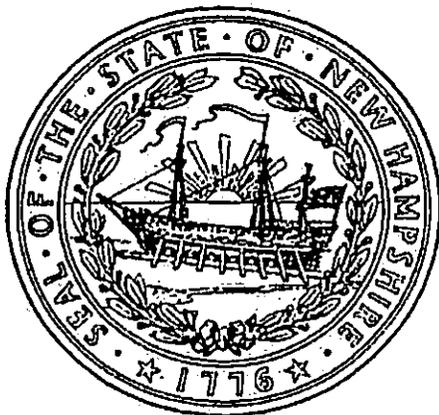
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that UNIVERSITY OF NEW HAMPSHIRE a New Hampshire State Chartered (Legislative) formed to transact business in New Hampshire on July 01, 1923. I further certify that it has paid the fees required by law and has not dissolved.

Business ID: 66982

Certificate Number: 0004846470



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 March 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:	UNIVERSITY OF NEW HAMPSHIRE	Business ID:	66982
Business Type:	State Chartered (Legislative)	Business Status:	Active
Business Creation Date:	07/01/1923	Name in State of Formation:	Not Available
Date of Formation in Jurisdiction:	07/01/1923		
Principal Office Address:	268 Mast Rd, Durham, NH, 03824, USA	Mailing Address:	268 MAST ROAD, DURHAM, NH, 03824, USA
Citizenship / State of Formation:	Domestic/New Hampshire		
		Last Annual Report Year:	N/A
		Next Report Year:	N/A
Duration:	Perpetual		
Business Email:	venky@unhdot.edu	Phone #:	603-862-0015
Notification Email:	NONE	Fiscal Year End Date:	NONE

Principal Purpose

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

Principals Information

No Principal(s) listed for this business.

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
ACORNS RESTAURANT, CAFE' AND LOUNGE (/online/BusinessInquire/TradeNameInformation? businessID=101573)	377298	Expired
BIGGIES! (/online/BusinessInquire/TradeNameInformation? businessID=102511)	377649	Expired
WITH PANACHE (/online/BusinessInquire/TradeNameInformation? businessID=125198)	442357	Expired
ACORNS IN THE WOODS (/online/BusinessInquire/TradeNameInformation? businessID=322714)	253601	Expired
NEW HAMPSHIRE PUBLIC TELEVISION (/online/BusinessInquire/TradeNameInformation? businessID=36714)	42356	Expired
Granite Society (/online/BusinessInquire/TradeNameInformation? businessID=374473)	556305	Expired
HITTING HOME (/online/BusinessInquire/TradeNameInformation? businessID=67613)	238276	Expired

Trade Name Owned By

Name	Title	Address
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Lavoie, Leanne

From: Lavoie, Leanne
Sent: Tuesday, November 12, 2019 1:39 PM
To: Lavoie, Leanne
Subject: FW: Signing Authority - UNH

Institution	Individual	Title
Granite State College	Lisa Shawney	Dean of Finance & Administration
Keene State College	Susan LaPanne Audrey J. Arsenault	VP for Finance and Planning Director of Sponsored Projects and Research
Plymouth State University	Tracy Claybaugh Andrew Ines	Vice President for Finance and Administration Interim Director, Office of Research & Sponsored Programs
University of New Hampshire	Victor Sosa Karen Jensen Louise Griffin Darrel Covell	Manager of Research Administration Manager of Sponsored Programs Administration Senior Director For Research & Sponsored Program Administration Cooperative Ext - Dir of Finance, Admin, and Facilities
University System of New Hampshire	Catherine Provencher Diane Cotter Heather Huckins	Vice Chancellor for Financial Affairs & Treasurer Senior Contract Officer Interim Senior Contract Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/7/2021

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).

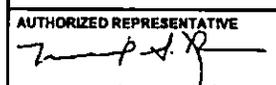
PRODUCER Fred C. Church Insurance 41 Wellman Street Lowell MA 01851		CONTACT NAME: Danielle Ballou PHONE (A/C No. Ext): 978-322-7168 FAX (A/C No.): 978-454-1865 E-MAIL ADDRESS: dballou@fredcchurch.com	
INSURED University System of New Hampshire 5 Chenell Drive, Suite 301 Concord NH 03301		INSURER(S) AFFORDING COVERAGE INSURER A: United Educators Insurance INSURER B: Acadia Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
UNIVSYS-01		NAIC # 10020 31325	

COVERAGES **CERTIFICATE NUMBER:** 1175511833 **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 (NSD) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		E0195B	11/1/2020	11/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CAA5267841	11/1/2020	11/1/2021	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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 1,000,000		E0195B	11/1/2020	11/1/2021	EACH OCCURRENCE \$ 40,000,000 AGGREGATE \$ 40,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Educators Legal Liability		E0195B	11/1/2020	11/1/2021	Each Occurrence \$1,000,000 Aggregate \$3,000,000 Ea. Occ. / Aggregate \$30,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured Status is Provided Where Required by Contract as respects General Liability
 Evidence of Insurance University of New Hampshire at Durham, University of New Hampshire at Manchester, Keene State College, Plymouth State University, NHPB, New Hampshire Public Television (NHPTV), University of New Hampshire Foundation, Inc., UNH Alumni Association, Center for Public Responsibility, and Corporate Citizenship, Granite State College, New Hampshire Fiber Network, Inc. (NHFN, Inc.)

CERTIFICATE HOLDER State of NH Dept of Admin Services State House Annex Room 120 25 Capital Street Concord 03301 USA	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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