

FOR  
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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  
Phone: (603) 271-2789 FAX: (603) 271-3584

December 2, 2021

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

**REQUESTED ACTION**

Pursuant to RSA 261:97-c, Use of Funds, authorize the Department of Natural and Cultural Resources, State Arts Council, to award a Conservation Number Plate (Moose Plate) Grant to the Portsmouth Historical Society (VC #154242), Portsmouth, NH in the amount of \$16,725 to support the repair of infrastructure in the exhibit gallery to increase access and protect artworks effective upon Governor and Executive Council approval through June 30, 2022. 100% Other Funds (Agency Income).

Funds are available in account, Conservation Plate Fund, as follows:

	<u>FY 2022</u>
03-035-035-350010-34050000-073-509074 – Grants Non-Federal	\$16,725

**EXPLANATION**

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

In review of their facilities report, the Portsmouth Historical Society recognized the need to strengthen the infrastructure of the exhibit gallery in order meet curatorial standards to increase their eligibility to receive loans of artwork from larger institutions and collections. This will create an opportunity for the organization to provide the community access to more diverse exhibits, expand the demographic reach and increase current annual visitation.

The Portsmouth Historical Society has consulted with historic preservation experts to ensure the needed work, installation of UV blocking film and increased LED lighting, will meet the required historic structures standards.

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

Respectfully submitted,

(15M)

Sarah L. Stewart  
Commissioner

154242  
FY2022CC # 10516  
Acct Code: 34050000-073



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

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

**1. GRANT PERIOD: FY2022**

**2. OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$16,725.00 and apply it to the program(s) described in the grant application and approved budget for **To support the repair of infrastructure in the exhibit gallery to increase access to and protect artworks.** 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

Portsmouth Historical Society is supported in part by a grant from the New Hampshire State Council on the Arts & the Cultural Conservation Mooseplate Program.

- 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] 10/28/21  
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 12/10/21  
Signature Date

Name, Title: Sarah Stewart, Commissioner

**APPROVED BY ATTORNEY GENERAL**

as to form, substance and execution:

[Signature] 12/15/2021  
Office of Attorney General Date

**GRANTEE SIGNATURE**

Org/ Name: Portsmouth Historical Society

Address: 10 middle Street POBox 728  
Portsmouth, NH 03802-0728

Printed Name of Authorized Official for Grantee: Sue Ann Pearson 10/19/21  
Authorized Official's Signature & Title: [Signature] Date

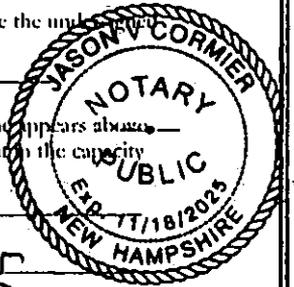
**NOTARIZATION REQUIRED:**

STATE OF NEW HAMPSHIRE, COUNTY OF Rockingham

On the 19 day of October 2021 before the undersigned officer, personally appeared Sue Ann Pearson

(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: Jason Cormier  
My Commission expires: 11/18/2025



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# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PORTSMOUTH HISTORICAL SOCIETY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 04, 1917. 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: 65128

Certificate Number: 0005455045



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of October A.D. 2021.

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

William M. Gardner  
Secretary of State

Corporate Resolution

I, Reagan Ruedig, hereby certify that I am duly elected Clerk/Secretary/Officer  
*(Name of Person A)*  
of Portsmouth Historical Society. I hereby certify the following is a true of a vote taken at a  
*(Name of Organization)*  
meeting of the Board of Directors/shareholders, duly called and held on Sept 6, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Sue Ann Pearson (may list more than one person) is duly  
*(Name and Title-cannot be Person A)*

authorized to enter into contracts or agreements on behalf of  
Portsmouth Historical Society  
*(Name of Organization)*

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: 11/1/21

ATTEST: Reagan Ruedig VP Board of  
*(Signature of Person A)* Trustees

STATE OF New Hampshire  
COUNTY OF Merrimack

On the 1 day of November, before me Cassandra Mason  
the undersigned officer personally appeared Reagan Ruedig, 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:

Cassandra Mason  
Justice of the Peace / Notary Public

My Commission Expires 8/2/22

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/17/2020

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

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

<b>PRODUCER</b> Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	<b>CONTACT NAME:</b> Jessica Hildreth <b>PHONE (A/C No. Ext):</b> (803) 669-2615 <b>FAX (A/C No.):</b> (803) 589-4286 <b>E-MAIL ADDRESS:</b> jessioah@averyinsurance.net													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Zurich American Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: American Guarantee &amp; Liability Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: Security National Ins Co</td> <td>19879</td> </tr> <tr> <td>INSURER D: Mt Vernon Fire Ins Co</td> <td>26522</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Ins Co		INSURER B: American Guarantee & Liability Ins Co		INSURER C: Security National Ins Co	19879	INSURER D: Mt Vernon Fire Ins Co	26522	INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
<b>INSURED</b> Portsmouth Historical Society PO Box 728 Portsmouth NH 03802														

COVERAGES      CERTIFICATE NUMBER: CL20121710822      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.

INER LTR	TYPE OF INSURANCE	ADDL SUBR INSD	INVD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPO 0238814	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 Hired/Non-Owned Auto \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			AUC 1842807	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SWC1314921	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER    3A State(s): NH E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors & Officers Liability			NDO2551504B	08/01/2019	08/01/2022	Each Claim \$1,000,000 Aggregate \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coverage as per terms and conditions of policy. Historical Society.

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Natural and Cultural Resources 33 Hazen Drive Concord NH 03305	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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