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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

January 6, 2022

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

REQUESTED ACTION

Authorize the Department of Natural and Cultural Resources, Division of the Arts, to award Public Value Partnership grants to the Nonprofit Arts Organizations shown on the attached list in a total amount of \$98,700 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, 2022. 100% General Funds.

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

03-035-035-353510-41040000-073-500575 - Grants Non Federal	<u>FY 2022</u> \$98,700
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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.

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

Earlier in Fiscal Year 2022, each applicant received \$8,000 in American Rescue Plan Act funds. Their cumulative totals with the grants requested here are over the \$10,000 threshold therefore require Governor and Executive Council approval.

The Attorney General's office has approved the attached sample agreement as to form and substance and will approve the actual agreements as to execution. Once completed, final agreements are filed in the Department and are available for review upon request.

Respectfully submitted,

(SL)

Sarah L. Stewart
Commissioner

Public Value Partnership (PVP) Grants			
Nonprofit Arts Organizations	Town / City	Vendor Code	Grant Amount
Kimball Jenkins Community Arts School	Concord	332917	\$15,000
Friends of the Music Hall	Portsmouth	156203	\$15,000
Currier Museum of Art	Manchester	154158	\$15,000
The Children's Museum of NH	Dover	155571	\$12,250
Upper Valley Music Center	Lebanon	224344	\$12,250
Women's Rural Entrepreneurial Network (WREN)	Bethlehem	209240	\$11,000
NH Music Festival	Plymouth	154285	\$11,000
Pontine Theatre	Portsmouth	155158	\$7,200
Total Awards:			\$98,700

332917

FY2022OPP1 # 10461

Acct Code: 4110000-072.35F89 OS



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 Kimball Jenkins Community Arts School (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 \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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:



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

New Hampshire State Council on the Arts

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

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

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

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

COUNCIL APPROVAL

Contracting Officer for State Agency

Signature: [Handwritten Signature] Date: 11/21/21

Name, Title: Virginia Lupi, Director

Signature: [Handwritten Signature] Date: 1/25/2022

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Signature: [Handwritten Signature] Date: 2/2/2022
Office of Attorney General

GRANTEE SIGNATURE

Org/ Name: Kimball Jenkins Community Arts School

Address: 266 N. Main St. Concord, NH 0334

Signature: [Handwritten Signature]
Printed Name of Authorized Official for Grantee: Julianne Gadway

Authorized Official's Signature & Title: Julianne Gadway, Executive Director Date: 11/10/21

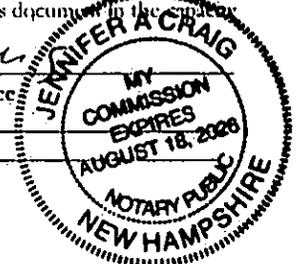
NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack

On the 10 day of NOV 2021 before the undersigned officer, personally appeared Julianne Gadway

(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: [Handwritten Signature]
Notary Public/ Justice of the Peace
Printed Name: Jennifer A. Craig
My Commission expires: AUGUST 18, 2028



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 KIMBALL JENKINS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 30, 2009. 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: 613049

Certificate Number: 0005297044



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. 2021.

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

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name: KIMBALL JENKINS, INC.	Business ID: 613049
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 04/30/2009	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 04/30/2009	
Principal Office Address: 266 North Main St, Concord, NH, 03301, USA	Mailing Address: 266 North Main St, Concord, NH, 03301, 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

Principal Purpose

S.No **NAICS Code** **NAICS Subcode**

1 OTHER / Amendment 4/3/18-To operate exclusively for charitable, scientific, literary, educational, civic and community purposes, including the encouragement of the arts, development of youth and civic engagement, and preservation and enhancement of the historic buildings and grounds of the propeerty located at 264-266 North Main St, Concord NH. Kimball Jenkins is a haven of stunning buildings and towering trees that energizes the historic North End of downtown Concord NH. It empowers people of all ages through artistic endeavor, civic engagement, and cultural enrichment. It strives to restore and enhance its buildings and grounds, and open them to all as a unique community gathering place. See article 2 for full business purpose.

Page 1 of 1, records 1 to 1 of 1

Principals Information

Name/Title	Business Address
Colin Callahan / Chairman of the Board of Directors	325 Pleasant St, Concord, NH, 03301, USA
Nannu Nobis / Other Officer	27 Longview Dr, Bow, NH, 03304, USA
Gary Shirk / Treasurer	49 Evangelyn Dr, Bow, NH, 03304, USA
Robert Kleiner / Secretary	10 Ty Ln, Concord, NH, 03303, USA
Eric Fleming / Director	1 Flume St, Concord, NH, 03301, USA

< Previous ... 1 **2** ... Next > Page 1 of 2, records 1 to 5 of 10 Go to Page

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, Rob Kleiner (Name of Person A), hereby certify that I am duly elected Clerk/Secretary/Officer of Kimball Jenkins, Inc. (Name of Organization). 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 February 23, 2021, at which a quorum of the directors/shareholders were present and voting.

Voted: That Julianne Gadoury (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 Kimball Jenkins, Inc.
(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: 10/22/2021 _____

ATTEST: Rob Kleiner
(Signature of Person A)

STATE OF _____
COUNTY OF _____

On the _____ day of _____, before me _____, 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:

Justice of the Peace / Notary Public

My Commission Expires:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/2/2021

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	CONTACT NAME: Sarah Fifield PHONE (AC, No, Ext): (603) 224-2562 FAX (AC, No): (603) 224-8012 E-MAIL ADDRESS: sfifield@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Ins Co INSURER B: A. I. M. INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Kimball Jenkins Inc. 266 No. Main Street Concord NH 03301	

COVERAGES	CERTIFICATE NUMBER: 21/22 Master	REVISION NUMBER:
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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 RSD	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 OTHER:		CPO0238363	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY A/T/O ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPO0238363	5/1/2021	5/1/2022	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: RETENTION \$ - 0 -		AUC0247745-02	5/1/2021	5/1/2022	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	3A States: NH ECC-600-4000949	5/1/2021	5/1/2022	<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)
Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER State of New Hampshire 25 Capitol St., #120 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 Sarah Fifield/SEF <i>Sarah Fifield</i>
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NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

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

1. GRANT PERIOD: FY2022

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 To support cultural organizations in NH. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



New Hampshire
State Council on the Arts

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

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

COUNCIL APPROVAL

Contracting Officer for State Agency
[Signature] 10/31/21
Signature Date

Name, Title: Virginia Lupi, Director
[Signature] 1/25/2022
Signature Date

Name, Title: Sarah Stewart, Commissioner

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

[Signature] 2/2/2022
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: Friends of the Music Hall
Address: 20 CHESTNUT ST.
PORTSMOUTH, NH 03801

Printed Name of Authorized Official for Grantee: *[Signature]* 10/27/21
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:
STATE OF NEW HAMPSHIRE, COUNTY OF



[Signature]
On the 27 day of Oct. 2021 before the undersigned
I, TINA SAWTELLE
personally appeared

(Signature of person whose signature is being notarized)
This 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: ASHLEIGH TUCKER
My Commission expires: MAY 17, 2022

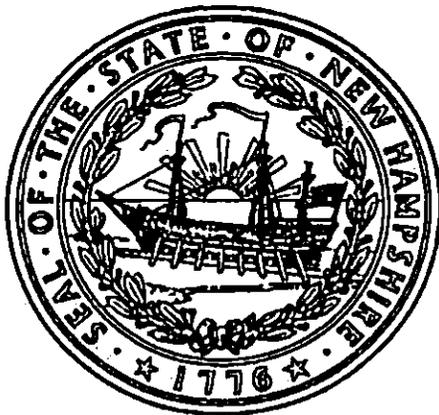
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FRIENDS OF THE MUSIC HALL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 19, 1986. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 101346

Certificate Number: 0005287653



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 March A.D. 2021.

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

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name: FRIENDS OF THE MUSIC HALL	Business ID: 101346
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 09/19/1986	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 09/19/1986	
Principal Office Address: 28 Chestnut Street, Portsmouth, NH, 03801, USA	Mailing Address: 28 Chestnut Street, Portsmouth, NH, 03801, USA
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	
Business Email: tsawtelle@themusichall.org	Phone #: NONE
Notification Email: spatrakis@themusichall.org	Fiscal Year End Date: NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / TO FURTHER THE ARTS IN THE CITY OF PORTSMOUTH, N.H.	

Principals Information

Name/Title	Business Address
Tina Sawtelle / Director	28 Chestnut Street, Portsmouth, NH, 03801, USA
Edwin Garside / President	28 Chestnut Street, Portsmouth, NH, 03801, USA

Page 1 of 1, records 1 to 2 of 2

Registered Agent Information

Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

Trade Name Information

Business Name	Business ID	Business Status
THE MUSIC HALL (/online/BusinessInquire/TradeNameInformation? businessID=583899)	758854	Active
ICE CREAM FESTIVAL (/online/BusinessInquire/TradeNameInformation? businessID=66431)	289285	Expired
THE PORTSMOUTH MUSIC HALL (/online/BusinessInquire/TradeNameInformation? businessID=98568)	371028	Expired

Trade Name Owned By

Name	Title	Address
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Trademark Information

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

Corporate Resolution

I, Robert M. Lord (Name of Person A), hereby certify that I am duly elected Clerk/Secretary/Officer of The Music Hall (Name of Organization). 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 October 15, 2012 at which a quorum of the directors/shareholders were present and voting.

Voted: That Tina Sautelle (Name and Title-cannot be Person A) is duly authorized to enter into contracts or agreements on behalf of The Music Hall (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: October 15, 2012

ATTEST:

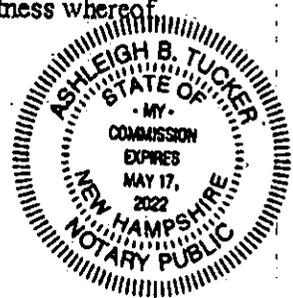
[Signature]
(Signature of Person A)

STATE OF NEW HAMPSHIRE
COUNTY OF ROKINGHAM

On the 15 day of OCTOBER, before me ASHLEIGH TUCKER the undersigned officer personally appeared ROBERT LORD, 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: May 17, 2022





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2021

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 Avery Insurance 21 South Main Street PO Box 1610 Wolfeboro NH 03894-1510	CONTACT NAME: Lin Schwarz PHONE (AC, No, Ext): (803) 589-2515 FAX (AC, No): (803) 589-4266 E-MAIL: lin@averyagency.com ADDRESS:
	INSURER(S) AFFORDING COVERAGE
INSURED Friends of The Music Hall 28 Chestnut Street Portsmouth NH 03801	INSURER A: Zurich American Ins Co INSURER B: Safety Property and Casualty INSURER C: American Guarantee & Liability Ins Co INSURER D: Eastern Alliance Ins Co INSURER E: Hanover Insurance INSURER F:
	NAIC #
	12808
	10724
	22292

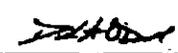
COVERAGES **CERTIFICATE NUMBER:** CL217211287 **REVISION NUMBER:**

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 RSD 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		CPO 0238550	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC OTHER:								
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000								
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		6267996	06/10/2021	06/10/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000			
	DED RETENTION \$								
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AUC 1890104	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 3A States: NH			
	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000								
D	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	0000584078	07/01/2021	07/01/2022	Directors & Officers \$2,000,000 Employment Practices \$2,000,000 Cyber Liability \$1,000,000			
	N/A								
E	Non-Profit Liability Package		LHVA682248-06	07/01/2021	07/01/2022				

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

This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms exclusions, and conditions afforded by the policy or policies referenced herein.

CERTIFICATE HOLDER NH Department 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 
---	---

154158

FY2022 OPP1 # 10499

Acct Code: 41110000-072 35 F89 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 Currier Museum of Art (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 \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



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

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

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

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

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

COUNCIL APPROVAL

Contracting Officer for State Agency
Signature: [Signature] Date: 11/11/21

Name, Title: Virginia Lupi, Director
Signature: Sarah Stewart Date: 1/25/2022

Name, Title: Sarah Stewart, Commissioner

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

[Signature] Date: 2/2/2022
Office of Attorney General

GRANTEE SIGNATURE

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

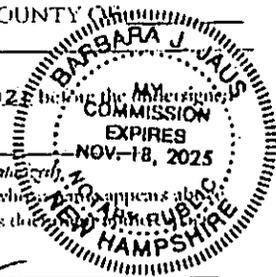
Karen A. Graham
Printed Name of Authorized Official for Grantee
Authorized Official's Signature & Title: Karen A. Graham, Deputy Director & COO Date: 11/03/21

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Hillsborough

On the 3rd day of November 2021 before me, the undersigned officer, personally appeared Karen A. Graham or satisfactorily proven to be the person who appears and acknowledged that s/he executed this the indicated.

[Signature] Notary Public/ Justice of the Peace
Printed Name: Barbara J. Jaus
My Commission expires: November 18, 2025



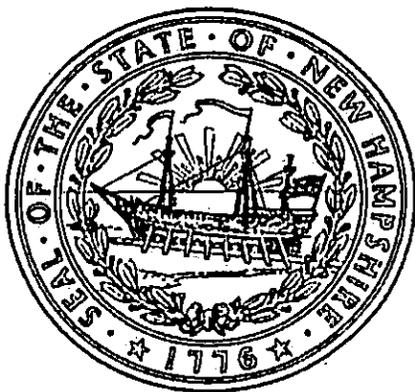
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE CURRIER MUSEUM OF ART is a New Hampshire Trade Name registered to transact business in New Hampshire on March 15, 2007. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 574306

Certificate Number: 0005275541



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 March A.D. 2021.

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

Principal Purpose

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

Page 1 of 1, records 1 to 1 of 1

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

Name	Title	Address
The Currier Gallery of Art	Applicant	150 Ash St, Manchester, NH, 03104, USA

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

Corporate Resolution

I, Alan Chong, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name)
of The Carrier Museum of A.A. 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 October 22, 2019,
at which a quorum of the directors/shareholders were present and voting.

Voted: That Alan Chong and Andrew Spahr (may list more than one person) is duly
(Name and Title)

authorized to enter into contracts or agreements on behalf of The Carrier Museum of A.A.
(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: September 22, 2021

ATTEST: [Signature]
(Name & Title)

STATE OF New Hampshire
COUNTY OF Hillsborough

On the 22nd day of September, 2021, before me Barbara J. Jaus,
the undersigned officer personally appeared Alan Chong, 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:
November 18, 2025





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/21/2022

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

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

PRODUCER Wieczorek Insurance 166 Concord St. Manchester NH 03104		CONTACT NAME: Cheryl Lapointe PHONE (A/C, No, Ext): (603) 668-3311 FAX (A/C, No): (603) 668-8413 E-MAIL ADDRESS: cheryl@wizinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Citizens Insurance Company of America	
		INSURER B: Service American Indemnity Co	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 21-22 AI** **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 EXCLUSION 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
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:	X		ZBV897910910	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ABV89799893	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	X		UHV898021010	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
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	Cov State NH SAMCBRNE0043501	12/31/2021	12/31/2022	<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)
The certificate holder is named as Additional Insured with regards to liability if required by written contract or agreement.

CERTIFICATE HOLDER New Hampshire State Council on the Arts 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 Robert Wieczorek/DMD
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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 Childrens Museum of NH (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 \$12,250.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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 Childrens Museum 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

Contracting Officer for State Agency

[Signature] 12/1/21
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 1/25/2022
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/2/2022
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: The Childrens Museum of NH

Address: 6 Washington St, Dover, NH 03820

[Signature]
Printed Name of Authorized Official for Grantee
[Signature] 10/28/21
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Stratford

On the 20th day of October 2021 before the undersigned officer personally appeared JANE E. BAILE
(Print name of person whose signature is being notarized)
or satisfactorily proven to be the person whose name appears above, and acknowledged that he executed this document in the capacity indicated.

Notary Public/ Justice of the Peace
Printed Name: Tracy Hughes

My Commission Expires: 08/23/2022
TRACY E. HUGHES
Notary Public, State of New Hampshire
My Commission Expires Aug. 23, 2022

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE CHILDREN'S MUSEUM OF NEW HAMPSHIRE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 23, 1981. 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: 62159

Certificate Number: 0005067950



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of January A.D. 2021.

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 CHILDREN'S MUSEUM OF NEW HAMPSHIRE	Business ID:	62159
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	12/23/1981	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	12/23/1981		
Principal Office Address:	6 Washington Street, Dover, NH, 03820, USA	Mailing Address:	6 Washington Street, Dover, NH, 03820, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	jbard@childrens-museum.org	Phone #:	NONE
Notification Email:	sarah@childrens-museum.org	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / EDUCATE CHILDREN IN THE ARTS, SCIENCES & DAILY LIFE EXPERIENCES	

Principals Information

Name/Title	Business Address
Jane Bard / President	6 Washington St, Dover, NH, 03820, USA
Erica Johnson / Chairman of the Board of Directors	6 Washington St, Dover, NH, 03820, USA
Jared Koelker / Secretary	6 Washington St, Dover, NH, 03820, USA
Michael Pagan / Treasurer	6 Washington St, Dover, NH, 03820, USA
Paul Silvio / Other Officer	6 Washington St, Dover, NH, 03820, USA

< Previous : ... 1 **2** ... Page 1 of 2, records 1 to 5 of 6

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
Portsmouth Children's Museum (/online/BusinessInquire/TradeNameInformation? businessID=357931)	542101	Expired

Trade Name Owned By

Name	Title	Address
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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](#)

Corporate Resolution

I, Jared Koelker, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name of Person A)
of Children's Museum of NH 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. 23, 20 21,
at which a quorum of the directors/shareholders were present and voting.

Voted: That Jane Bard (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 Children's Museum of NH
(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: 9/29/21

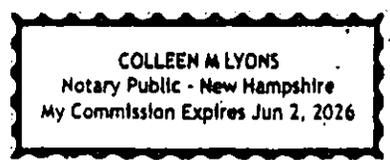
ATTEST: Jared Koelker
(Signature of Person A)

STATE OF NH
COUNTY OF Stratford

On the 29th day of September 2021, before me Colleen Lyons,
the undersigned officer personally appeared Jared Koelker, 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:

Colleen Lyons
Justice of the Peace / Notary Public

My Commission Expires: June 02, 2026





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2021

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 Cross Insurance-Portland 2331 Congress Street Portland ME 04102		CONTACT NAME: Emily Smith PHONE (A/C, No, Ext): (207) 780-1877 E-MAIL ADDRESS: emily.smith@crossagency.com FAX (A/C, No): (207) 780-6377	
INSURED The Children's Museum of New Hampshire, Inc. 6 Washington Street Dover NH 03820		INSURER(S) AFFORDING COVERAGE INSURER A: Citizens Ins Co of America NAIC #: 31534 INSURER B: Hanover Ins Co. 22292 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.

INER 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:			ZBPD704199	09/13/2021	09/13/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AHPD696349	09/13/2021	09/13/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UHPD704701	09/13/2021	09/13/2022	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/A	WBPD702538	09/13/2021	09/13/2022	<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)

CERTIFICATE HOLDER Department of Natural and Cultural Resources 20 Park 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 <i>P.J. Stefano</i>
---	---

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224344
FY2022OPP1 # 10471
Acct Code: 4110000-07235F890S



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 Upper Valley Music Center (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- GRANT PERIOD:** FY2022
- OBLIGATIONS OF THE GRANTEE:**
 - The Grantee agrees to accept \$12,250.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organization in NH. 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:

Upper Valley Music Center is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.
 - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
 - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
- PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
- FINAL REPORT:** The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
- SOVEREIGN IMMUNITY:** No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

COUNCIL APPROVAL

Contracting Officer for State Agency
[Signature] 11/21/21
Signature Date

Name, Title: Virginia Lupi, Director
[Signature] 1/25/2022
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/2/2022
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: Upper Valley Music Center
Address: PO Box 226, 8 South Park St, Lebanon, NH 03766
[Signature]
Printed Name of Authorized Official for Grantee: Benjamin Van Vliet
[Signature] Executive Director 1/1/2021
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack

On the 1 day of Nov 2021 before the undersigned officer, personally appeared [Signature]
Benjamin Van Vliet
(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: Cassandra Mason
My Commission expires: 8/2/2022

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 UPPER VALLEY MUSIC CENTER, INC. is a Vermont Nonprofit Corporation registered to transact business in New Hampshire on March 04, 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: 740066

Certificate Number: 0005453572



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 October A.D. 2021.

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

William M. Gardner
Secretary of State

Corporate Resolution

I, Amy Dingley, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name of Person A)
of Upper Valley Music Center. 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 October 8, 2021,
at which a quorum of the directors/shareholders were present and voting.

Voted: That Benjamin Van Vleet,
Executive Director (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 Upper Valley Music Center
(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.

AD 09/12/21: 2021
DATED: Sept 12, 2021

ATTEST: [Signature]
(Signature of Person A)

STATE OF New Hampshire
COUNTY OF Sraft

On the 12 day of October, before me GAIL Broughton,
the undersigned officer personally appeared Amy Dingley, 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:
GAIL M. BROUGHTON
NOTARY PUBLIC
State of New Hampshire
My Commission Expires 8/4/2028

209240

FY2022OPPI # 10472

Acct Code: ~~HM0000~~ 072.35.F 89 OS



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 WREN (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 \$11,000.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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:



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

New Hampshire State Council on the Arts

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

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

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

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

COUNCIL APPROVAL

Contracting Officer for State Agency

Signature: [Signature] Date: 11/21/21

Name, Title: Virginia Lupi, Director

Signature: Sarah Stewart Date: 1/25/2022

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Signature: [Signature] Date: 2/2/2022
Office of Attorney General

GRANTEE SIGNATURE

Org/ Name: WREN

Address: 2011 MAIN ST / BETHLEHEM, NH 03574

JUDITH RATZEL

Printed Name of Authorized Official for Grantee

Authorized Official's Signature & Title: [Signature] Date: 11/5/21

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 5th day of Nov 2021 before the undersigned officer, personally appeared

Judith Ratzel

(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: Barbara Meaney

Notary Public/ Justice of the Peace

Printed Name: Barbara Meaney

My Commission expires: 7/19/22



State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WOMEN'S RURAL ENTREPRENEURIAL NETWORK ("WREN") is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 16, 1996. 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: 257378

Certificate Number: 0005362219



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of May A.D. 2021.

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

William M. Gardner
Secretary of State

Corporate Resolution

I, Mary Moenke (Name), hereby certify that I am duly elected Clerk/Secretary/Officer of WREN (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 November 4, 20 21, at which a quorum of the directors/shareholders were present and voting.

Voted: That Judy Ratzel (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of WREN (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: 11/4/21

ATTEST: [Signature] Chair (Name & Title)

STATE OF New Hampshire
COUNTY OF Grafton

On the 4 day of NOVEMBER, before me Debra M. Bayley the undersigned officer personally appeared Mary Moenke, 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

My Commission Expires
DEBRA M. BAYLEY, Justice of the Peace
State of New Hampshire
My Commission Expires May 16, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/24/2021

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

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

PRODUCER Foy Insurance Group - Manchester 1889 Elm St Manchester NH 03104		CONTACT NAME: Laura Perrin PHONE (A/C, No, Ext): (603) 641-8111 FAX (A/C, No): (603) 641-0222 E-MAIL ADDRESS: laura.perrin@foyinsurance.com	
INSURED Womens Rural Entrepreneurial Network (WREN) PO Box 331 Bethlehem NH 03574		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ohio Mutual	NAIC # 10202
		INSURER B: Eastern Alliance Insurance Company	10724
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Master 2021-2022 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CG 00 04 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP0034245	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			CX 0004748	2/1/2021	2/1/2022	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		N/A	0000594029	1/18/2021	1/18/2022	<input 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
A	Property off Premises			CPP0034245	2/1/2021	2/1/2022	Limb 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
(2021) Any Person or Organization including Certificate Holder is additional insured if written signed contract or agreement to such exists prior to loss subject to form indicated above in General Liability section.

CERTIFICATE HOLDER cassandra.a.mason@dncr.nh.gov Department of Natural Cultural Resources 19 Pillsbury St 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 Laura Perrin/MLISA
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154285

FY2022OPP1 # 10466

Acct Code: 4110000-072.35 F890S



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 New Hampshire Music Festival (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 \$11,000.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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 Music Festival 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] 11/21/21
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 1/25/2022
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 2/2/2022
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: New Hampshire Music Festival

Address: P.O. Box 64 Plymouth NH 03264

Lucinda Williams

Printed Name of Authorized Official for Grantee 11/10/2021

[Signature] 11/10/2021
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 10th day of November, 2021 before the undersigned officer, personally appeared Lucinda Williams

(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: Tena M Chant

My Commission expires TENA M. CHANT

Notary Public - New Hampshire
My Commission Expires August 5, 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 NEW HAMPSHIRE MUSIC FESTIVAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 23, 1953. 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: 63991

Certificate Number: 0005063601



IN TESTIMONY WHEREOF,

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

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

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	NEW HAMPSHIRE MUSIC FESTIVAL, INC.	Business ID:	63991
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	09/23/1953	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	09/23/1953		
Principal Office Address:	P O Box 64, Plymouth, NH, 03264, USA	Mailing Address:	P O Box 64, Plymouth, NH, 03264, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	info@nhmf.org	Phone #:	603-279-3303
Notification Email:	lucinda@nhmf.org	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	Arts, Entertainment, and Recreation	Musical Groups and Artists
2	NOT REQUIRED	

Principals Information

Name/Title	Business Address
Lucinda L Williams / Chief Executive Officer	P O Box 64, Plymouth, NH, 03264, USA
Phil Boulter Dr. / Chairman of the Board of Directors	98 Osceola Rd., Waterville Valley, NH, 03215, USA
Steve Siegel / Treasurer	11 Bois Circle, Laconia, NH, 03246, USA
Tom Reicher / Vice President	127 Bonita Ave., Piedmont, CA, 94611, USA
Winifred Hohlt / Director	94 Oak Ridge Road, Plymouth, NH, 03264, USA

< Previous ... 1 ... Next > Page 1 of 3, records 1 to 5 of 11 Go to Page

Registered Agent Information

Name: Not Available
Registered Office Address: Not Available
Registered Mailing Address: Not Available

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, Philip Bouler (Name), hereby certify that I am duly elected Clerk/Secretary/Officer of New Hampshire Music Festival (Name of Corporation). I hereby certify the following is a true and correct copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Nov. 4, 2021, at which a quorum of the directors/shareholders were present and voting.

Voted: That Vivian Williams (Name and Title) Executive Director authorized to enter into contracts or agreements on behalf of New Hampshire Music Festival (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: 11/10/2021

ATTEST: Philip Bouler (Name & Title) Board Chairman

STATE OF New Hampshire
COUNTY OF Coastal

On the 10th day of November 2021, before me Tena M Chant, the undersigned officer personally appeared Philip Bouler, 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:

Tena M Chant
Justice of the Peace / Notary Public

My Commission Expires: **TENA M. CHANT**
Notary Public - New Hampshire
My Commission Expires August 5, 2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/06/2022

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 03248		CONTACT NAME: Jessica Hildreth PHONE (A/C, No, Ext): (803) 524-4535 E-MAIL ADDRESS: jhildreth@melcher-prescott.com		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Philadelphia Indemnity Ins Co.		
		INSURER B: Technology Ins Company, Inc.		42376
		INSURER C: Mount Vernon Fire Ins. Company		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 22/23 GL; 21-22 Other **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	<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:	Y	PHPK2355421	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	TWC4037393	12/18/2021	12/18/2022	<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
C	Director & Officers Employment Related Practices		NDO02010729E	10/18/2021	10/18/2022	Each Claim \$2,000,000 Aggregate \$2,000,000

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

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire Department of Natural & Cultural Resources 19 Pillsbury Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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155158

FY2022OPP1 # 10486

Acct Code: 41110000-072 35 F89 OS



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 Pontine Theatre-New Hampshire Mime Co. (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 \$7,200.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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:



Pontine Theatre-New Hampshire Mime Co. 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: [Handwritten Signature] Date: 10/28/21

Name, Title: Virginia Lupi, Director

Signature: [Handwritten Signature] Date: 1/25/2022

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Signature: [Handwritten Signature] Date: 2/2/2022
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: Pontine Theatre-New Hampshire Mime Co.

Address: 1 Plains Ave. Portsmouth NH

Printed Name of Authorized Official for Grantee: Marguerite Mathews

Authorized Official's Signature & Title: [Handwritten Signature] Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF ROCKINGHAM

On the 25th day of OCTOBER 2021 before the undersigned officer, personally appeared MARGUERITE MATHEWS (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.

VICTORIA HOLMES Notary Public/ Justice of the Peace
NOTARY PUBLIC Printed Name: VICTORIA HOLMES
State of New Hampshire Commission expires: April 21, 2024
My Commission Expires April 21, 2026

State of New Hampshire

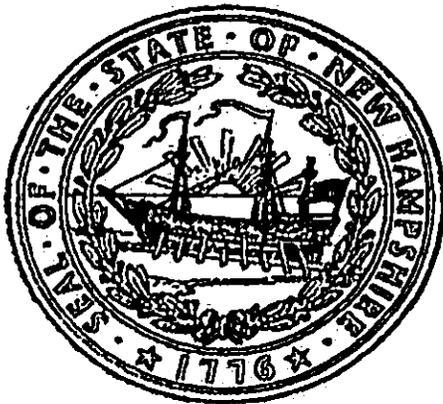
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NEW HAMPSHIRE MIME COMPANY, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 21, 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: 63985

Certificate Number: 0005350834



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 16th day of April A.D. 2021.

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

William M. Gardner
Secretary of State

Corporate Resolutions

I, Greg Gathers hereby certify that I am duly elected Clerk/Secretary/Officer of Pantine Theatre. 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 Oct. 20, 20 21, at which a quorum of the directors/shareholders were present and voting.

Voted: That Marquerite Mathew (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Pantine Theatre 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: 10/20/2021

ATTEST: [Signature], Secretary

STATE OF New Hampshire
COUNTY OF ROCKINGHAM

On the 20th day of OCTOBER 2021 before me Susan R Hauge the undersigned officer personally appeared Gregory Gathers, 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
SUSAN R. HAUGE, Notary Public
My Commission Expires February 21, 2023
My Commission Expires:



PONTMOV-01

ATAYLOR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2021

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 AssuredPartners New England, Inc. 1655 Lafayette Road Portsmouth, NH 03801	CONTACT NAME: Laurie McIntire, ACSR	
	PHONE (A/C No. Ext.): (603) 399-6302	FAX (A/C No.): (603) 399-6302
EMAIL ADDRESS: Laurie.McIntire@AssuredPartners.com		
INSURED Pontine Movement Theatre, Inc., dba Pontine Theatre 1 Plains Ave. Portsmouth, NH 03801-1437	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Ohio Casualty Ins. Co.	NAIC #: 24074
	INSURER B: Benchmark	NAIC #: 41396
	INSURER C:	
	INSURER D:	
	INSURER E:	

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.

REF. LTR	TYPE OF INSURANCE	ADDL. SUBR. (REF. LTR)	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: POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC OTHER:		BK855215550	6/19/2021	6/19/2022	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	BRX10341802	8/22/2021	8/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER B.L. EACH ACCIDENT \$ 100,000 B.L. DISEASE - EA EMPLOYEE \$ 100,000 B.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Department of Natural and Cultural Resources State of New Hampshire 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 <i>Melba Ross</i>