



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 \$107,600 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

FY 2022  
\$107,600

**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 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 grant agreements as to form, substance, and execution.

Respectfully submitted,

(MSL)

Sarah L. Stewart  
Commissioner

**Public Value Partnership (PVP) Grants**

<b>Nonprofit Arts Organizations</b>	<b>Town / City</b>	<b>Vendor Code</b>	<b>Grant Amount</b>
Lebanon Opera House	Lebanon	157014	\$15,000
North Country Chamber Players	Franconia	155304	\$15,000
MOCO Arts	Keene	158916	\$15,000
Symphony NH	Nashua	160048	\$13,500
Haverhill Heritage Inc.	Haverhill	157685	\$5,600
Colonial Theatre	Keene	157457	\$15,000
Winnipesaukee Playhouse	Meredith	172499	\$13,500
Bethlehem Redevelopment   Colonial Theatre	Bethlehem	155633	\$15,000
<b>Total Awards:</b>			<b>\$107,600</b>



### 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 Lebanon Opera House Improvement (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 \$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:
 

**Lebanon Opera House Improvement 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] 2/2/22  
Signature Date

Name, Title: Virginia Lupi, Director  
[Signature] 2/7/22  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### GRANTEE SIGNATURE

Org/ Name: Lebanon Opera House Improvement

Address: 51 N PARK ST  
LEBANON NH 03766

Printed Name of Authorized Official for Grantee: JOHN STEWART EXECUTIVE DIRECTOR 2/2/22  
Authorized Official's Signature & Title: [Signature] Date

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack

On the 20 day of January, 2021 before the undersigned officer, personally appeared

[Signature]  
as to name of person whose signature is being attested, 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: 2/2/2022

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

[Signature] 2/8/2022  
Office of Attorney General Date

# State of New Hampshire

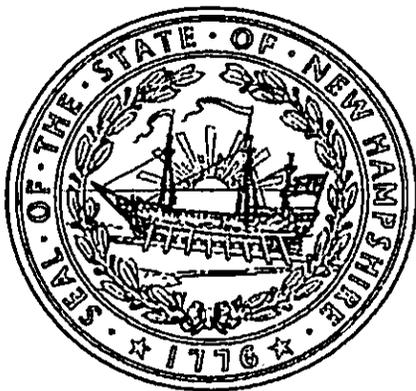
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LEBANON OPERA HOUSE IMPROVEMENT CORPORATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 26, 1991. 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: 154688

Certificate Number: 0005464419



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 November A.D. 2021.

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

William M. Gardner  
Secretary of State

Corporate Resolution

I, Ann Greenwood, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name of Person A)  
of Lebanon Opera House. 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 NOV 1, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Tex Clifford (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 Lebanon Opera House  
(Name of Organization)  
with the State of New Hampshire and any of its agencies and departments and further is  
authorized to execute any documents which may in his/her judgement to be desirable or  
necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force  
and effect as the date of the contract to which this certificate is attached. This authority shall  
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify  
that it is understood the State of New Hampshire will rely on this certificate as evidence the  
person(s) listed above currently occupy the positions(s) indicated and that they have full  
authority to bind the corporation. To the extent that there are limits on the authority of any listed  
individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

DATED: 11/2/21

ATTEST: Ann Greenwood  
(Signature of Person A)

STATE OF New Hampshire  
COUNTY OF Coverdale

On the 2nd day of November 2021, before me Ann Greenwood, Notary  
the undersigned officer personally appeared Ann Greenwood, 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:  
**ZACHARY J. MCGARRY, Notary Public**  
My Commission Expires July 10, 2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/5/2021

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).

<b>PRODUCER</b> THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	<b>CONTACT NAME:</b> Maureen Demick <b>PHONE (AC, No, Ext):</b> (603) 224-2562 <b>FAX (AC, No):</b> (603) 224-0012 <b>E-MAIL ADDRESS:</b> mdemick@abgile.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Liberty Mutual Ins Co (Peerless)</td> <td></td> </tr> <tr> <td>INSURER B: Travelers Indemnity</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Mutual Ins Co (Peerless)		INSURER B: Travelers Indemnity		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> Lebanon Opera House Improvement Corporation PO Box 384 Lebanon NH 03766														

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER: 21-22 COI</b>	<b>REVISION NUMBER:</b>
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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 INSD	SUBR YVD	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"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKW58386823	3/11/2021	3/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eg occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAN58386823	3/11/2021	3/11/2022	COMBINED SINGLE LIMIT (Eg accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			US058386823	3/11/2021	3/11/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
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/M N	5R783900	3/16/2021	3/11/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Evidence of Insurance

<b>CERTIFICATE HOLDER</b> Department of Natural and Cultural Resour 19 Pillsbury Street Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Maureen Demick/DEMICK
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155304

FY2022 OPP1 # 10495

Acct Code: 41040000-073.358905



NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and North Country Chamber Players (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:



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

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: 1/22/22

Name, Title: Virginia Lupi, Director

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

Name, Title: Sarah Stewart, Commissioner

GRANTEE SIGNATURE

Org/ Name: North Country Chamber Players

Address: P.O. BOX 865, FRANCONIA, NH. 03580

KATHARINE TERRIE
Printed Name of Authorized Official for Grantee
Authorized Official's Signature & Title Date: 12-15-21

NOTARIZATION REQUIRED:

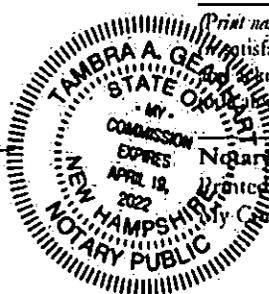
STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 15 day of December 2021 before the undersigned officer, personally appeared Katharine Terrie

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

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



(Print name of person whose signature is being notarized) satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity of [Handwritten Name]
Notary Public/ Justice of the Peace
Name: Tamara A. Gearhart
Commission expires: April 19, 2022

# State of New Hampshire

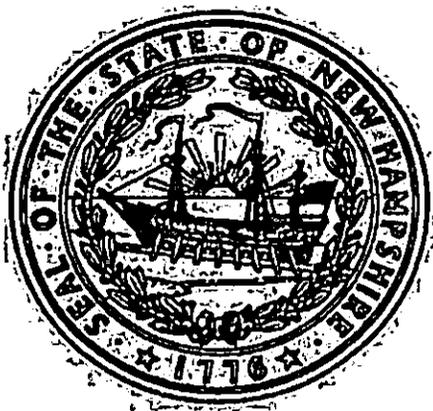
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTH COUNTRY CHAMBER PLAYERS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 20, 1978. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 66442

Certificate Number: 0005468199



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 November A.D. 2021.

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

William M. Gardner  
Secretary of State

Corporate Resolution

I, SHEPHERD HOLCOMBE JR., hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of NORTH COUNTRY CHAMBER PLAYERS. I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on NOV. 15, 2021,  
at which a quorum of the directors/shareholders were present and voting.

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

authorized to enter into contracts or agreements on behalf of NORTH COUNTRY CHAMBER PLAYERS  
(Name of Corporation)  
with the State of New Hampshire and any of its agencies and departments and further is  
authorized to execute any documents which may in his/her judgement to be desirable or  
necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force  
and effect as the date of the contract to which this certificate is attached. This authority shall  
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify  
that it is understood the State of New Hampshire will rely on this certificate as evidence the  
person(s) listed above currently occupy the positions(s) indicated and that they have full  
authority to bind the corporation. To the extent that there are limits on the authority of any listed  
individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

DATED: 12.15.2021

ATTEST: [Signature] SECRETARY  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Grafton

On the 15 day of December, before me Tambra A. Gearhart,  
the undersigned officer personally appeared Shepherd Holcombe Jr, 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:

Tambra A. Gearhart  
Justice of the Peace / Notary Public

My Commission Expires: April 19, 2022





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/10/2021

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).

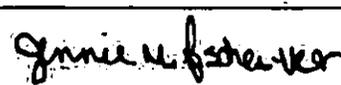
PRODUCER Hunkins & Eaton Insurance Agency 93 Main Street Littleton, NH 035814018	CONTACT NAME: Teresa Dodge	
	PHONE (AG, No. Ext): 603-444-3975	FAX (AG, No.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Union Mutual Fire Insurance Company	NAC # 25880
	INSURER B: Travelers Indemnity Company	TRAIN1
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	AGG. (USD)	SEVER. (USD)	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			BOP0023888	02/18/2021	02/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 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"/> 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) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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	N/A	6JUB-1K35716-7-21	04/29/2021	04/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 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)

<b>CERTIFICATE HOLDER</b>  Department of Natural & Cultural Resources 172 Pembroke Rd Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

158916  
FY2022 OPP1 # 10500  
Acct Code: 410-0000-073358905



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 MOCO Arts (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

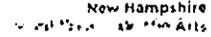
1. GRANT PERIOD: FY2022

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:



MOCO Arts 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]* 1/27/22  
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: MOCO Arts

Address: 40 Roxbury St. Keene NH 03431

*[Signature]*  
Printed Name of Authorized Official for Grantee

*[Signature]* 12-20-2022  
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 20th day of Dec, 2021, before the undersigned officer, personally appeared Reagan Messer

(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: MARGARET ELLEN KUPIEC, Notary Public  
My Commission expires: State of New Hampshire  
My Commission Expires March 27, 2024

**State of New Hampshire**  
**Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE MOVING COMPANY DANCE CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 20, 2000. 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: 335541

Certificate Number : 0005368416



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of May A.D. 2021.

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

William M. Gardner  
Secretary of State

Corporate Resolution

I, Christine G. Smart hereby certify that I am duly elected Clerk/Secretary/Officer  
of Mo Co Arts I hereby certify the following is a true of a vote taken at a  
(Name)  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on Sept 24 20 21  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Reagan Messier (may list more than one person) is duly  
(Name and Title)  
authorized to enter into contracts or agreements on behalf of Mo Co Arts  
(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: Dec 16, 2021 ATTEST: Christine G. Smart  
(Name & Title)  
STATE OF New Hampshire  
COUNTY OF Cheshire

On the 16 day of December, before me Jessica Weston  
the undersigned officer personally appeared Christine G. Smart, 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:

Jessica Weston  
Justice of the Peace / Notary Public

My Commission Expires:





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/30/2021

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 Clark Mortenson Insurance PO Box 606  Keene NH 03431	CONTACT NAME: Elizabeth Ravesi	PHONE (AC, No, Ext): (603) 352-2121	FAX (AC, No): (603) 357-8481
	E-MAIL ADDRESS: lravesi@clark-mortenson.com		
INSURED  740 Roxbury St  Keene NH 03431-3265	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Cincinnati Ins Co		10677
	INSURER B: The Cincinnati Ind Co		23280
	INSURER C: Mt. Vernon Fire Insurance Co		26522
	INSURER D:		
	INSURER E:		

COVERAGES      CERTIFICATE NUMBER: CL2101582720      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	ADDITIONAL INSURER	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:		EPP 0209094	09/01/2019	09/01/2022	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 - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		EPP 0209094	09/01/2019	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$		EPP 0209094	09/01/2019	09/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	EWC 0395840	09/01/2021	09/01/2022	<input checked="" type="checkbox"/> PER-STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers		NDO2550071H	09/01/2021	09/01/2022	Each Claim \$1,000,000 Aggregate \$1,000,000

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

Workers Compensation policy provides coverage per the laws of the State of New Hampshire as listed in 3A.

CERTIFICATE HOLDER  NH Department of Natural and Cultural Resources 172 Pembroke Road  Concord NH 03301	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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160048  
FY2022 OPP1 # 10490  
Acct Code: 404000088073 35 S 8905



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

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

- GRANT PERIOD: FY2022**
- OBLIGATIONS OF THE GRANTEE:**
  - The Grantee agrees to accept \$13,500.00 and apply it to the program(s) described in the grant application and approved budget for **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:
 

**Symphony NH is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.**
  - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
  - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
- 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] 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: Symphony NH  
Address: 6 Church St., Nashua NH 03060  
Deanna R. Hoving

Printed Name of Authorized Official for Grantee  
Deanna R. Hoving 10/27/21  
Authorized Official's Signature & Title Date

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF HILLSBOROUGH

On the 27th day of October 2021, before the undersigned officer, personally appeared DEANNA HOVING

(Print name of person whose signature is being witnessed and satisfactorily proven to be the person who executed this document and acknowledged that s/he executed this document voluntarily and indicated)

[Signature]  
Notary Public/ Justice of the Peace  
Printed Name: Joseph W. Kenney  
My Commission expires: \_\_\_\_\_



# State of New Hampshire

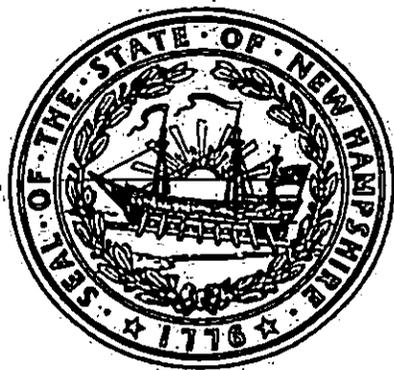
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SYMPHONY NEW HAMPSHIRE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 16, 1960. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 61912

Certificate Number: 0005448645



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 27th day of September A.D. 2021.

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

William M. Gardner  
Secretary of State

Corporate Resolution

I, Robert Oot, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Symphony NH. I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on 11<sup>th</sup> Oct, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Jeanne R. Hoying (may list more than one person) is duly  
(Name and Title)

authorized to enter into contracts or agreements on behalf of Symphony NH  
(Name of Corporation)

with the State of New Hampshire and any of its agencies and departments and further is  
authorized to execute any documents which may in his/her judgement to be desirable or  
necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force  
and effect as the date of the contract to which this certificate is attached. This authority shall  
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify  
that it is understood the State of New Hampshire will rely on this certificate as evidence the  
person(s) listed above currently occupy the positions(s) indicated and that they have full  
authority to bind the corporation. To the extent that there are limits on the authority of any listed  
individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

DATED: 10/27/21

ATTEST: [Signature]

(Name & Title)  
President, SMH Board

STATE OF NEW HAMPSHIRE  
COUNTY OF HILLS

On the 27<sup>th</sup> day of OCTOBER 2021, before me ROBERT OOT,  
the undersigned officer personally appeared \_\_\_\_\_, known to me  
or satisfactorily proven to be the person whose name is subscribed to the within instrument and  
acknowledged that he/she executed the same for purposes therein contained. In witness whereof,  
I hereunto set me hand and official seal.

[Signature]  
Justice of the Peace / Notary Public  
My Commission Expires: \_\_\_\_\_  


**CERTIFICATE OF LIABILITY INSURANCE**

08/30/2021

**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. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>INSURER</b> vsby Insurance Agency Fund Ct, Suite B Box 1807 Rimack, NH 03054-1807	<b>CONTACT NAME:</b> Morgan Doty <b>PHONE (A/C, No, Ext):</b> (800) 258-1776 <b>FAX (A/C, No):</b> (603) 429-1843 <b>E-MAIL ADDRESS:</b> mdoty@minutemangroup.com														
<b>RED</b> Symphony New Hampshire 6 Church Street Nashua, NH 03060-3425	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td>18051</td> </tr> <tr> <td>INSURER B: Technology Insurance Company, Inc.</td> <td>42371</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Company	18051	INSURER B: Technology Insurance Company, Inc.	42371	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: Technology Insurance Company, Inc.	42371														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**TERMS / COVERAGE 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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK2280432	08/26/2021	08/26/2022	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 CYBER security liability \$ 25,000
<b>AUTOMOBILE LIABILITY</b> <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			2280432PHPK	08/26/2021	08/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE			PHUB769914	08/26/2021	08/26/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3397179	08/26/2021	08/26/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)**

<b>CERTIFICATE HOLDER</b>  The Department of Natural & Cultural Resources 19 Pillsbury St  Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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157685  
FY2022OPP1 #10507  
Acct Code: 4104000-073 3558905



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

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Haverhill Heritage Inc. (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 \$5,600.00 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:



Haverhill Heritage Inc. 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] 11/11/21  
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: Haverhill Heritage Inc.

Address: 75 Court St. PO Box 125

Haverhill, NH 03765

Printed Name of Authorized Official for Grantee

[Signature] 11/1/21  
Authorized Official's Signature & Title Date

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 1<sup>st</sup> day of November 2021, before me, the undersigned officer, personally appeared Patricia S. Buchanan (Print name of person whose signature is being notarized) or satisfactorily proved to be the person whose name appears above and acknowledged that she executed this document in the capacity indicated.

Notary Public / Justice of the Peace

Printed Name: Joseph L. Hasselmann  
My Commission expires: 3/11/2025



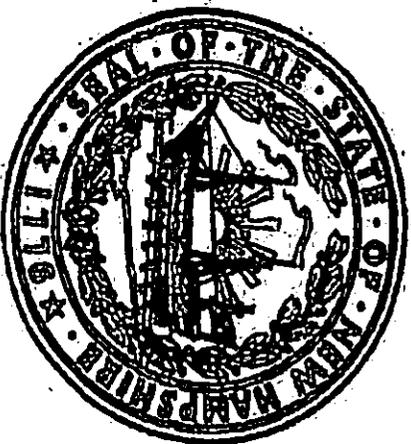
State of New Hampshire  
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HAVERRILL HERITAGE INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 25, 1994. 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: 207201

Certificate Number: 0000000003



IN TESTIMONY WHEREOF,

I have set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 30th day of July A.D. 2004.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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Business Name: HAVERHILL HERITAGE INC.	Business ID: 207201
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 03/25/1994	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 03/25/1994	
Principal Office Address: 75 Court St, Haverhill, NH, 03765, USA	Mailing Address: PO Box 125, Haverhill, NH, 03765, USA
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	
Business Email: info@alumnihall.org	Phone #: NONE
Notification Email: info@alumnihall.org	Fiscal Year End Date: NONE

---

### Principal Purpose

---

S.No	NAICS Code	NAICS Subcode
1	OTHER / SUPPORT & IMPLEMENT PROPERTY DEV. IN HAVERHILL TO PRESERVE HISTORIC HERITAGE	

## Principals Information

---

### Name/Title

### Business Address

Elizabeth Lenore Bayne / Treasurer

PO Box 125, 75 Court Street, Haverhill, NH, 03765, USA

Patricia Buchanan / President

PO Box 125, 75 Court Street, Haverhill, NH, 03765, USA

Patricia Buchanan / Chairman of the Board of Directors

PO Box 125, 75 Court Street, Haverhill, NH, 03765, USA

Page 1 of 1, records 1 to 3 of 3

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## Registered Agent Information

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Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

---

## Trade Name Information

---

### Business Name

### Business ID

### Business Status

Court Street Arts at Alumni Hall

Expired

(/online/BusinessInquire/TradeNameInformation? businessID=482910)

---

## Trade Name Owned By

---

### Name

### Title

### Address

---

## Trademark Information

---

### Trademark Number Trademark Name

### Business Address

### Mailing Address

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, Patricia Buchanan hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Haverhill Heritage Inc I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on Feb 20, 2020,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Patricia Buchanan (may list more than one person) is duly  
(Name and Title) President  
authorized to enter into contracts or agreements on behalf of Haverhill Heritage Inc  
(Name of Corporation)  
with the State of New Hampshire and any of its agencies and departments and further is  
authorized to execute any documents which may in his/her judgement to be desirable or  
necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force  
and effect as the date of the contract to which this certificate is attached. This authority shall  
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify  
that it is understood the State of New Hampshire will rely on this certificate as evidence the  
person(s) listed above currently occupy the positions(s) indicated and that they have full  
authority to bind the corporation. To the extent that there are limits on the authority of any listed  
individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

DATED: 11/1/21

ATTEST: Patricia S. Buchanan, President  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Grafton

On the 1<sup>st</sup> day of November, 2021 before me Joseph L. Hasselmann Jr.  
the undersigned officer personally appeared Patricia S. Buchanan, 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:

Joseph L. Hasselmann Jr.  
Justice of the Peace / Notary Public

My Commission Expires: 3/11/2025





157457

FY2022OPPI # 10498

Acct Code: 41040000-073-35 889 05

①



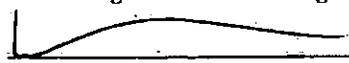
**NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT**

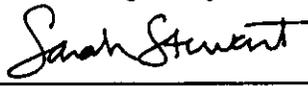
This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Colonial Theatre (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- 1. **GRANT PERIOD:** 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:
 

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

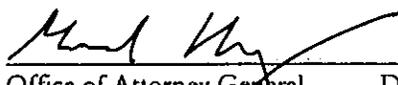
**COUNCIL APPROVAL**

Contracting Officer for State Agency  
 12/1/21  
Signature Date

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

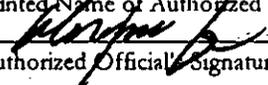
Name, Title: Sarah Stewart, Commissioner

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

 2/2/2022  
Office of Attorney General Date



**GRANTEE SIGNATURE**

Org/ Name: Colonial Theatre  
Address: PO BOX 77, KEENE, NH 03431-0077  
ALEXANDER M. DOYLE, EXECUTIVE DIRECTOR  
Printed Name of Authorized Official for Grantee  
 1/22/21  
Authorized Official Signature & Title Date

**NOTARIZATION REQUIRED:**  
STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 22 day of November 2021 before the undersigned officer, personally appeared Alexander Doyle  
(Print name of person whose signature is being notarized)  
or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

**Notary Public/ Justice of the Peace**  
Printed Name: Katherine L. Folts  
My Commission expires: December 16, 2025

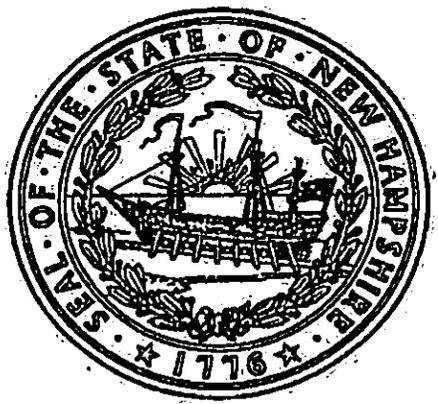
**State of New Hampshire  
Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COLONIAL THEATRE GROUP, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 25, 1993. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 196021

Certificate Number: 0005067232



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 January A.D. 2021.

William M. Gardner  
Secretary of State

# Business Information

## Business Details

Business Name: COLONIAL THEATRE	Business ID: 203531
Business Type: Trade Name	Business Status: Active
Expiration Date: 1/12/2024	Last Renewal Date: 7/16/2018
Business Creation Date: 01/12/1994	Name in State of Formation: Not Available
Date of Formation in Jurisdiction: 01/12/1994	
Principal Office Address: 95 MAIN STREET PO BOX 77, Keene, NH, 03431, USA	Mailing Address: 95 MAIN STREET PO BOX 77, Keene, NH, 03431, USA
Business Email: NONE	Phone #: NONE
Notification Email: NONE	Fiscal Year End Date: NONE

## Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / NOT FOR PROFIT THEATRE	

Page 1 of 1, records 1 to 1 of 1

## Trade Name Information

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

## Trade Name Owned By

Name	Title	Address
COLONIAL THEATRE GROUP, INC. (/online/BusinessInquire/TradeNameInformation? businessID=42572)	Business	Good Standing

## Trademark Information

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

Certificate of Authority #1

(Corporation, Non-profit Corporation)

Corporate Resolutions

I, ALAN KINTISCH, hereby certify that I am duly elected Clerk/Secretary/Officer of THE COLONIAL THEATRE GROUP, INC. I hereby certify the following is a true of a vote taken at a

(Name of Corporation)

meeting of the Board of Directors/shareholders, duly called and held on 11/17, 2021, at which a quorum of the directors/shareholders were present and voting.

ALEC DOYLE

Voted: That EXECUTIVE DIRECTOR (may list more than one person) is duly

(Name and Title)

authorized to enter into contracts or agreements on behalf of THE COLONIAL THEATRE GROUP, INC.

(Name of Corporation)

with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority shall remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 4/19/2021

ATTEST: [Signature] Secretary  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Cheshire

On the 19<sup>th</sup> day of November, before me Suzanne Duffly, the undersigned officer personally appeared Alan Kintisch, 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: 6.21.22





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/05/2021

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

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

<b>PRODUCER</b> Clark Mortenson Insurance PO Box 606  Keene NH 03431	<b>CONTACT NAME:</b> Ana O'Donnell, CPIW, CIC <b>PHONE (A.C. No. Ext.):</b> (603) 352-2121 <b>FAX (A.C. No.):</b> (603) 357-8491 <b>E-MAIL ADDRESS:</b> aodonnell@clark-mortenson.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Central Mut Ins Co</td> <td>20230</td> </tr> <tr> <td>INSURER B: Mount Vernon Fire Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Central Mut Ins Co	20230	INSURER B: Mount Vernon Fire Insurance Co		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Central Mut Ins Co	20230													
INSURER B: Mount Vernon Fire Insurance Co														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> The Colonial Theatre Group Inc PO Box 77  Keene NH 03431-0077														

COVERAGES      CERTIFICATE NUMBER: 21/22 master      REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR INSR	Y1	Y2	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					CLP 8674110	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					CLP 8674110	10/01/2021	10/01/2022	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					CXS 8874111	10/01/2021	10/01/2022	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	WC 8674112	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	DIRECTORS & OFFICERS					NDO2003173S	12/02/2020	12/02/2021	EACH CLAIM \$5,000,000 AGGREGATE \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
3a State: NH  
All officers included

CERTIFICATE HOLDER      CANCELLATION

Department of Natural and Cultural Resources	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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172499  
FY2022 OPP1 # 10503  
Acct Code: 41040000-03358905



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

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

- GRANT PERIOD:** FY2022
- OBLIGATIONS OF THE GRANTEE:**
  - The Grantee agrees to accept \$13,500.00 and apply it to the program(s) described in the grant application and approved budget for **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:
 

 **The Winnepesaukee PlayHouse is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.**
  - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
  - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
- 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  
 \_\_\_\_\_ 12/16/21  
 Signature Date  
 Name, Title: Virginia Lupi, Director  
 \_\_\_\_\_ 1/25/2022  
 Signature Date  
 Name, Title: Sarah Stewart, Commissioner

#### GRANTEE SIGNATURE

Org/ Name: The Winnepesaukee PlayHouse  
 Address: 33 FAIRLIGHT CIRCLE MEREDITH, NH 03257  
 \_\_\_\_\_  
 Printed Name of Authorized Official for Grantee  
 \_\_\_\_\_  
 Authorized Official's Signature & Title FINANCE & FUNDRAISING  
 \_\_\_\_\_  
 Date 12/10/2021

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Belknap

#### APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:  
 \_\_\_\_\_ 2/2/2022  
 Office of Attorney General Date



in the 10<sup>th</sup> day of December 2021 before the undersigned  
 officer, personally appeared:  
 \_\_\_\_\_  
 (Print name of person whose signature is being notarized)  
 \_\_\_\_\_  
 satisfactorily proven to be the person whose name appears above,  
 and acknowledged that s/he executed this document in the capacity  
 indicated.  
 \_\_\_\_\_  
 Notary Public/ Justice of the Peace  
 Printed Name: Marcia A Gagnon  
 My Commission expires: 06-08-2023

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE WINNIPESAUKEE PLAYHOUSE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 21, 2006. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 569312

Certificate Number: 0005061840



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28th day of December A.D. 2020.

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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

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### Principal Purpose

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

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## Principals Information

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

Page 1 of 1, records 1 to 3 of 3

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## Registered Agent Information

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Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

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## Trade Name Information

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No Trade Name(s) associated to this business.

---

## Trade Name Owned By

---

No Records to View.

---

## Trademark Information

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

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[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, KATHLIN M. O'NEIL, hereby certify that I am duly elected Clerk ~~(Secretary)~~ Officer  
(Name of Person A)  
of The Winnepesaukee Playhouse, Inc. 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 November 18 2021,  
at which a quorum of the directors/shareholders were present and voting.

Thom Beaulieu  
Voted: That Director of Finance & Fundraising (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 The Winnepesaukee Playhouse, 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: 11-19-2021

ATTEST: Kathryn E. Benvie  
(Signature of Person A)

STATE OF New Hampshire  
COUNTY OF Belknap

On the 19 day of November, before me Kathryn E. Benvie,  
the undersigned officer personally appeared Kathlin M. O'Neil, 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:

Kathryn E. Benvie  
Justice of the Peace / Notary Public

My Commission Expires: September 15, 2026





# 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).

<b>PRODUCER</b> Melcher & Prescott Insurance 426 Main Street Laconia NH 03248		<b>CONTACT NAME:</b> Jessica Hildreth <b>PHONE (A/C No. Ext):</b> (803) 524-4535 <b>E-MAIL ADDRESS:</b> jhildreth@melcher-prescott.com <b>FAX (A/C No.):</b>	
<b>INSURED</b> The Winnepesaukee Playhouse 33 Footlight Cir Meredith NH 03253		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Cincinnati Insurance Co	<b>NAIC #</b> 10877
		<b>INSURER B:</b> Allied Eastern Indemnity Co	11242
		<b>INSURER C:</b> Mount Vernon Fire Ins. Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 22/23 Master      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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:			EPP 0519477	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA 0519581	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BABE \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			EPP 0519477	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0000115959	01/01/2022	01/01/2023	<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	Management Liability			NPP2561267G	01/01/2022	01/01/2023	Directors & Officers \$ 3,000,000 Employment Practices \$ 3,000,000 Retention \$ 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Comp 3A State(s): NH

<b>CERTIFICATE HOLDER</b> NH Department of Natural & Cultural Resources 172 Pembroke Road Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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155633

FY2022CPP1 # 10494

Acct Code 41040000-073 35589 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 Bethlehem Redevelopment Assoc. (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:



Bethlehem Redevelopment Assoc. 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: [Handwritten Signature] Date: 12/10/21

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: Bethlehem Redevelopment Assoc.

Address: 2050 Main Street Bethlehem NH 03574

Signature: [Handwritten Signature] Printed Name of Authorized Official for Grantee: CHRISTINE KELLY

Authorized Official's Signature & Title: [Handwritten Signature] Date: 12/6/21

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 6 day of December, 2021 before the undersigned officer, personally appeared Christine Kelly

(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: Tamara A. Gearhart

My Commission expires: April 18, 2022

# State of New Hampshire

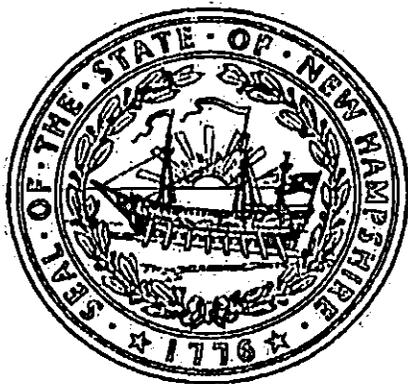
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FRIENDS OF THE COLONIAL is a New Hampshire Trade Name registered to transact business in New Hampshire on October 04, 2006. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 565474

Certificate Number: 0005368544



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 17th 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, Priscilla Hindley, hereby certify that I am duly elected Clerk/Secretary/Officer  
of Bethlehem Redevelopment Association (Name of Corporation) hereby certify the following is a true of a vote taken at a

meeting of the Board of Directors/shareholders, duly called and held on January 19, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Christine Kelly, Executive Director (Name and Title) (may list more than one person) is duly

authorized to enter into contracts or agreements on behalf of Bethlehem Redevelopment Association (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: 12-12-21

ATTEST: Priscilla Hindley (Name & Title) Secretary

STATE OF New Hampshire  
COUNTY OF Grafton

On the 6 day of December, 2021, before me Tambur Gearhart  
the undersigned officer personally appeared Priscilla Hindley, 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:

Tambur A. Gearhart  
Justice of the Peace / Notary Public

My Commission Expires: April 19, 2022





COLONIAL-1

MDEMICK

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/12/2021

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

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

<b>PRODUCER</b> A.B. Gile, a division of The Rowley Agency PO Box 66 Hanover, NH 03755	<b>CONTACT NAMES</b> PHONE (A/C, H/O, E/O): (603) 643-4540 FAX (A/C, H/O): (603) 643-6382 E-MAIL ADDRESS:
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<b>INSURED</b> Bethlehem Redevelopment Association dba Friends of the Colonial Theatre P.O. Box 204 Bethlehem, NH 03574	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Arch Insurance Company INSURER B: Travelers Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b>
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**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.

HIGH LTR	TYPE OF INSURANCE	ADOL SUBR MSD, VYVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SNCGL0110504	4/1/2021	4/1/2022	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMB ADJ AGG \$	1,000,000 1,000,000 Excluded 1,000,000 5,000,000 5,000,000
GENT. AGGREGATE LIMIT APPLIES HERE: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> CLAIM SUBJECT LOC OTHER:							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTO AUTO ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		SNAUT0027404	4/1/2021	4/1/2022	EACH OCCURRENCE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE (Per accident) \$	1,000,000 \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$	\$ \$
DED. RETENTIONS							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY (NON-CONTRACTOR/PART-TIME/EXECUTIVE) (Mandatory in NH) IF YES, describe under "EXCLUSIONS AND CONDITIONS" below	Y/N N N/A	UB0H82121A	4/1/2021	4/1/2022	<input checked="" type="checkbox"/> PER STATUTE OIL-FID E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYER \$ E.L. DISEASE - POLICY LIMIT \$	1,000,000 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
States Covered- Part 3.A, NH

Evidence of Insurance

<b>CERTIFICATE HOLDER</b> Land and Community Heritage Investment Program 3 N. Spring Street, Suite 100 Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
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