82

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

February 24, 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 (PVP) grants to the Nonprofit Arts Organizations shown on the attached list in a total amount of $30,250 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% Federal Funds.

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

	FY 2022
03-035-035-353510-41110000-072-500575 – Grants-Federal	$30,250

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. 44 organizations applied and 43 grants were awarded. 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,

Sarah Stewart

Sarah L. Stewart
Commissioner

Public Value Partnership (PVP) Grants			
Nonprofit Arts Organizations	**Town / City**	**Vendor Code**	**Grant Amount**
The Barnstormers Theater	Tamworth	154417	$10,000
North Country Center for the Arts	Lincoln	156149	$8,000
Nashua Community Musc School	Nashua	331382	$12,250
		Total Awards:	$30,250

154417

FY2022OPP1 # 10455
Acct Code: 4111000-072357890S

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 Barnstormers Theater 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 **$10,000.00** and apply it to the program(s) described in the grant application and approved budget for **To support cultural organizations in NH.** In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
   - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:

     New Hampshire State Council on the Arts

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

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

COUNCIL APPROVAL

Contracting Officer for State Agency

1/28/22
Signature *Date*

Name, Title: Virginia Lupi, Director

Sarah Stewart 3/1/22
Signature *Date*

Name, Title: Sarah Stewart, Commissioner

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

3/3/2022
Office of Attorney General Date

GRANTEE SIGNATURE
Org/ Name: The Barnstormers Theater Inc.

Address: PO Box 434
Tamworth, NH 03886

Dorothy Veracka 1/18/2022
Printed Name of Authorized Official for Grantee
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:
STATE OF NEW HAMPSHIRE, COUNTY OF Carroll

On the 18th day of January 2022 before the undersigned officer, personally appeared Dorothy Veracka
(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.

Emily Rossetti
~~Notary Public/ Justice of the Peace~~
Printed Name: Emily Rossetti
My Commission expires: 3/3/2026

EMILY R ROSSETTI
★ NOTARY PUBLIC - NEW HAMPSHIRE ★
My Commission Expires March 3, 2026

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE BARNSTORMERS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 26, 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: **61025**
Certificate Number: **0005636954**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 18th day of January A.D. 2022.

William M. Gardner
Secretary of State

Certificate of Authority #1 (Corporation, Non-profit Corporation)

Corporate Resolution

I, LOU DEMAIO, **hereby certify** that I am duly elected Clerk/Secretary/Officer
(Name of Person A)
of THE BARNSTORMERS THEATRE. 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 JAN 22, 2022
at which a quorum of the directors/shareholders were present and voting.

Voted: That DOROTHY VERNERA (may list more than one person) is duly
(Name and Title cannot be Person A))
TREASURER
authorized to enter into contracts or agreements on behalf of THE BARNSTORMERS THEATRE 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 of repealed and remains in full force and effect as the date of the contract to which this certificate is attached. This authority **shall remain valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 1-15-22 **ATTEST:** _____
(Signature of Person A)

STATE OF NH
COUNTY OF BELKNAP

On the 18 day of JANUARY 2022, before me C. Anna Kenerson,
the undersigned officer personally appeared LOUIS Joseph DEMAIO, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set me hand and official seal:

_____
Justice of the Peace / Notary Public

My Commission Expires:

CARRYANNA KENERSON NOTARY PUBLIC NEW HAMPSHIRE MY COMMISSION EXPIRES MARCH 22, 2022

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/17/2022

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

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

PRODUCER	**CONTACT NAME:** Jessica Hildreth
Melcher & Prescott Insurance	**PHONE (A/C, No, Ext):** (603) 524-4535 **FAX (A/C, No):**
426 Main Street	**E-MAIL ADDRESS:** jhildreth@melcher-prescott.com
Laconia NH 03246	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A:** Cincinnati Insurance Co 10677
The Barnstormers, Inc.	**INSURER B:** Eastern Alliance Ins Company 10724
PO Box 434	**INSURER C:**
	INSURER D:
	INSURER E:
Tamworth NH 03886-0434	**INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** CL2162507340 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:			EPP 0493248	06/21/2019	06/21/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			EBA 0493290	06/19/2021	06/19/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured Motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			EPP 0493248	06/21/2019	06/21/2022	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		0000120328	06/21/2021	06/21/2022	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	3A State(s): NH $ 500,000 $ 500,000 $ 500,000

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

Theater Location: 104 Main St, Tamworth NH 03886
Housing Location: 52 Tamworth Rd, Tamworth NH 03886

CERTIFICATE HOLDER

NH Dept of Natural & 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

Jennifer Reichmeyer

160149

FY2022OPPI # 10467

Acct Code: 4111000-072 35 F8905

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 Center for the 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 **$8,000.00** and apply it to the program(s) described in the grant application and approved budget for **To support cultural organizations in NH**. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
   - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:

     New Hampshire Arts

     North Country Center for the 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

1/19/22

Signature *Date*

Name, Title: Virginia Lapi, Director

Sarah Stewart 3/1/22

Signature *Date*

Name, Title: Sarah Stewart, Commissioner

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

3/3/2022

Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: **North Country Center for the Arts**

Address: PO Box 1060
Lincoln NH 03251

Printed Name of Authorized Official for Grantee
LYN O. WINTER, Managing Director

Authorized Officials Signature & Title Date
1/18/2022

NOTARIZATION REQUIRED:
STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

On the 18 day of Jan 2022 before the undersigned officer, personally appeared
Lyn O Winter
(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.

Belinda A Bailey

Notary Public/ Justice of the Peace
Printed Name: Belinda A Bailey
My Commission expires:

BELINDA A. BAILEY
NOTARY PUBLIC
State of New Hampshire
My Commission Expires
May 5, 2026

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTH COUNTRY CENTER FOR THE ARTS, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 20, 1986. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **101736**

Certificate Number: **0005367344**

IN TESTIMONY WHEREOF,

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

William M. Gardner

Secretary of State

Certificate of Authority #1 (Corporation, Non-profit Corporation)

Corporate Resolution

I, Robert Wetherell (Name), hereby certify that I am duly elected Clerk/Secretary/Officer of North Country Center for the Arts (Name of Corporation) I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on December 9, 20 21, at which a quorum of the directors/shareholders were present and voting.

Voted: That Lyn Osborne Winter, Managing Director (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of North Country Center for the Arts, 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 of 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: December 20, 2021 **ATTEST:** Robert J Wetherell, Secretary (Name & Title)

STATE OF NH
COUNTY OF Grafton

On the 20 day of December, 2021, before me Hayli Ash, the undersigned officer personally appeared Robert Wetherell, 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:

Hayli Ash
Justice of the Peace / Notary Public

My Commission Expires:

HAYLI A. ASH
Notary Public - New Hampshire
My Commission Expires April 7, 2026

NORTCOU-09 TREINHOLZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/6/2021

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 Noyes Insurance Agency PO Box 420 Plymouth, NH 03264	CONTACT NAME: PHONE (A/C, No, Ext): (603) 536-1735 FAX (A/C, No): (603) 536-4298 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : The Hanover Insurance Companies	22292
INSURED North Country Center for the Arts PO Box 1060 Lincoln, NH 03251	INSURER B : Citizens Insurance of America	31534
	INSURER C : Travelers Insurance	19046
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR			ZHV6333335	7/1/2021	7/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE			UHV9605349	7/1/2021	7/1/2022	AGGREGATE	$
	DED RETENTION $							$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		6JUB1K87381921	3/15/2021	3/15/2022	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

Department of Natural and Cultural Resources
19 Pillsbury Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael Robb

331382
FY2022OPP1 # 10462
Acct Code: 41110000-072 35F890S

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 **Nashua Community Music School** (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD: FY2022**
2. **OBLIGATIONS OF THE GRANTEE:**
   - The Grantee agrees to accept **$12,250.00** and apply it to the program(s) described in the grant application and approved budget for **To support cultural organizations in NH**. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
   - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:

New Hampshire State Council on the Arts

Nashua Community Music School 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 1/19/22 *Date*

Name, Title: Virginia Lupi, Director

Sarah Stewart 3/1/22

Signature *Date*

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

3/3/2022

Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: **Nashua Community Music School**

Address: 2 Lock St. Nashua, NH 03064

Lindsay Rinaldi

Printed Name of Authorized Official for Grantee

Executive Director 1/13/22

Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Hillsborough

On the 13 day of Jan 2022 before the undersigned officer, personally appeared Lindsay Rinaldi

(Print name of person whose signature is being notarized)

who is satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

XAVIER A NAVARRETE Notary Public - New Hampshire My Commission Expires Jul 31, 2024

Notary Public/ Justice of the Peace

Printed Name: Xavier Navarrete

My Commission expires: 07/31/2024

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 NASHUA COMMUNITY MUSIC SCHOOL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 04, 1984. 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: **55831**

Certificate Number : **0005461780**

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 **October** A.D. **2021.**

William M. Gardner

Secretary of State

Certificate of Authority #1 (Corporation, Non-profit Corporation)

Corporate Resolution

I, Jacob Boyer (Name), **hereby certify** that I am duly elected Clerk/Secretary/Officer of Nashua Community Music School (Name of Corporation). I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on 01/13, 2022, at which a quorum of the directors/shareholders were present and voting. via email.

Voted: That Lindsay Rinaldi (Name and Title) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Nashua Community Music School (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 of 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: 01/13/2022 **ATTEST:** [signature] Chairman of the board (Name & Title)

STATE OF New Hampshire
COUNTY OF Hillsborough

On the 13 day of January 2022 before me Xavier Navarrete, the undersigned officer personally appeared Jacob Boyer, 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: 07/31/2024

XAVIER A NAVARRETE
Notary Public - New Hampshire
My Commission Expires Jul 31, 2024

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/14/2021

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 Eaton & Berube Insurance Agency, LLC 11 Concord St Nashua NH 03064	CONTACT NAME: Debra Amadei PHONE (A/C, No, Ext): 603-882-2766 FAX (A/C, No): 603-886-4230 E-MAIL ADDRESS: damadei@eatonberube.com
INSURED COMMMUS-01 Community Music School 2 Lock St Nashua, NH 03064	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : AmTrust North America, Inc. — 42376 INSURER B : Markel/FirstComp Underwriters Group INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER: 858280475** **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			WPP1834094	9/4/2021	9/4/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			WPP1834094	9/4/2021	9/4/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC0214515-01	6/6/2021	6/6/2022	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NH Workers Compensation: Volunteer Board of Directors Excluded.

CERTIFICATE HOLDER

The Department of Natural & 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
Mark R Berube