



APR 04 '22 PM 3:42 RCVD

STATE OF NEW HAMPSHIRE
DEPARTMENT of NATURAL and CULTURAL RESOURCES
STATE COUNCIL on the ARTS

JK
73

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301
Telephone (603) 271-2789 FAX (603) 271-3584

March 30, 2022

His Excellency, Governor Christopher T. Sununu
and the Honorable 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 \$41,000 to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors effective upon Governor and Council approval through June 30, 2022. 100% General Funds.

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

	<u>FY 2022</u>
03-035-035-353510-41040000-073-500575 – Grants-Non-Federal	\$41,000

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. There were forty-four applications received and forty-three applications awarded.

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 Council approval.

The Attorney General’s office has approved the grant agreements as to form, substance and execution.

Respectfully submitted,

(PSM)

Sarah L. Stewart
Commissioner

Public Value Partnership (PVP) Grants

Nonprofit Arts Organizations	Town / City	Vendor Code	Grant Amount
New London Barn Playhouse	New London	272611	\$10,000
League of NH Craftsmen	Concord	154205	\$15,000
Arts Alive!	Keene	268783	\$7,000
Mountain Top Music	Conway	158194	\$9,000
Total Awards:			\$41,000

272011
FY2022 OPP # 10465
Acct Code: 404000-073 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 New London Barn Playhouse (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 London Barn Playhouse 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

Virginia Lupi 3/15/22
Signature Date

Name, Title: Virginia Lupi, Director

GRANTEE SIGNATURE

Org/ Name: New London Barn Playhouse

Address: 84 MAIN STREET / P.O. Box 9 ^{NEW} LONDON, NH 03257

ELLIOTT CUNNINGHAM
Printed Name of Authorized Official for Grantee
Elliott Cunningham MANAGING DIRECTOR 11/8/21
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack

On the 7th day of March 2022 before the undersigned officer, personally appeared

Elliott Cunningham
(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: Beth Adele Perregaux
My Commission expires: December 2, 2025

Sarah Stewart 3/31/22
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Beth Adele Perregaux 4/4/2022
Office of Attorney General Date



Corporate Resolution

I, JOHN FINCK, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name)
of NEW LONDON BAN PLAYHOUSE. 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 MARCH 6, 2022,
at which a quorum of the directors/shareholders were present and voting.

Voted: That ELLIOTT CUNNINGHAM MANAGING DIRECTOR
(Name and Title) (may list more than one person) is duly

authorized to enter into contracts or agreements on behalf of NEW LONDON BAN PLAYHOUSE
(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.

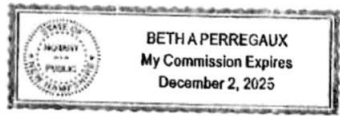
DATED: 3-7-22

ATTEST: [Signature]
(Name & Title)

STATE OF NEW HAMPSHIRE
COUNTY OF KEENE

On the 7th day of March, before me [Signature] (Beth Adele Perregaux)
the undersigned officer personally appeared John Finck, 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: December 2, 2025

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NEW LONDON BARN PLAYHOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 07, 2004. 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: 476554

Certificate Number: 0005698885



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 11th day of March A.D. 2022.

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

William M. Gardner
Secretary of State



NEWLOND-07

HBROWN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2022

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
Colby Insurance Group, Inc.
 276 Newport Rd
 Suite 211
 New London, NH 03257

CONTACT NAME:
 PHONE (A/C, No. Ext): **(603) 526-2451**
 E-MAIL ADDRESS: **insure@colby-group.com**
 FAX (A/C, No): **(603) 526-2903**

INSURED
New London Barn Playhouse, Inc
 c/o Beth Perregaux
 PO Box 9
 New London, NH 03257

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Acadia Insurance Company	
INSURER B:	Zurich-American Ins. Group (Work Comp Assigned Risk)	
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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input checked="checked" type="checkbox"/> PROJECT <input checked="checked" type="checkbox"/> LOC OTHER:			CPA0083288-32	10/1/2021	10/1/2022	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 EMPLOYEE BENEFIT \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="checked" type="checkbox"/> HIRED AUTOS ONLY <input checked="checked" type="checkbox"/> SCHEDULED AUTOS <input checked="checked" type="checkbox"/> NON-OWNED AUTOS ONLY			CAA0083294-32	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="checked" type="checkbox"/> UMBRELLA LIAB <input checked="checked" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0			CUA0083297-32	10/1/2021	10/1/2022	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) <input type="checkbox"/> Y <input checked="checked" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	6ZZUB-9F91086-9-21	8/15/2021	8/15/2022	<input checked="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)

CERTIFICATE HOLDER

CANCELLATION

NH Department of Natural & Cultural Resources
 172 Pembroke Road
 Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE



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 **League of NH Craftsmen 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 **\$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:



League of NH Craftsmen 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 Date 3/15/22

Name, Title: Virginia Lupi, Director


Signature Date 3/31/22

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:


Office of Attorney General Date 4/4/2022

GRANTEE SIGNATURE

Org/ Name: **League of NH Craftsmen Inc.**
Address: **49 South Main St, Concord NH 03301**


Printed Name of Authorized Official for Grantee: **Miriam Carter**
Authorized Official's Signature & Title Date 3/3/22

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF **Merrimack**

On the **3rd** day of **March** 20**22** before me, signed officer, personally appeared **Miriam Carter**

(Print name of person whose signature is being notary public or satisfactorily proven to be the person whose name is indicated and acknowledged that s/he executed the document in the capacity indicated.)



Notary Public/ Justice of the Peace
Printed Name: **Carolyn E. O'Brien**
My Commission expires: **January 24, 2023**

Corporate Resolution

I, Patrick Ellis, hereby certify that I am duly elected Clerk/Secretary/Officer of League of NH Craftsmen. 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 March 1, 2022, at which a quorum of the directors/shareholders were present and voting.

Voted: That Miriam Carter (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of League of NH Craftsmen 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: 3/3/2022

ATTEST: [Signature] Treasurer

STATE OF New Hampshire
COUNTY OF Herrimack

On the 3rd day of March, before me Carolyn E. O'Brien, the undersigned officer personally appeared Patrick Ellis, 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:

Carolyn E. O'Brien
Justice of the Peace / Notary Public



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 THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 27, 1932. 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: 64181

Certificate Number: 0005269407



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 25th day of February A.D. 2021.

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

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC.	Business ID:	64181
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	05/27/1932	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	05/27/1932		
Principal Office Address:	49 South Main St Ste 100, Concord, NH, 03301, USA	Mailing Address:	NONE
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	nhleague@nhcrafts.org	Phone #:	NONE
Notification Email:	mcarter@nhcrafts.org	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / PROMOTE ARTS IN N.H. BY FOSTERING CREATION OF HANDCRAFTED ITEMS; ETC.	

Principals Information

Name/Title

Miriam Carter / Director

Business Address

49 South Main Street, Suite #100, Concord, NH, 03301, USA

Page 1 of 1, records 1 to 1 of 1

Registered Agent Information

Name: Not Available

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

Trade Name Information

Business NameLEAGUE OF NEW HAMPSHIRE CRAFTSMEN
(/online/BusinessInquire/TradeNameInformation? 173493
businessID=42972)**Business ID****Business Status**Active

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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LEAGOFN-01

DBEAUDOIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2022

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.

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.

PRODUCER: Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301. CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

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

CERTIFICATE HOLDER: NH Department of 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: Donne P. Beaudoin

Vendor Code: 268 783

FY2022OPPI # 10497

Acct Code: 41040000-073 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 Arts Alive 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 \$7,000.00 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:



Arts Alive 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] 3/15/22
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 3/31/22
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 4/4/2022
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: **Arts Alive Inc.**

Address: _____

[Signature]
Printed Name of Authorized Official for Grantee

[Signature] Executive Director 3/11/22
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Cheshire

On the 11th day of March 2022 before the undersigned officer, personally appeared Jessica Gelter

(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: Carole L Whippie
My Commission expires: _____

CAROLE L. WHIPPIE
NOTARY PUBLIC
State of New Hampshire
My Commission Expires
August 8, 2023

Corporate Resolution

I, PELAGIA VINCENT (Name of Person A) hereby certify that I am duly elected Clerk/Secretary/Officer of ARTS ALIVE! (Name of Organization). I hereby certify the following is a true of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Jan 27, 2022 at which a quorum of the directors/shareholders were present and voting.

Voted: That JESSICA GELTER (Name and Title-cannot be Person A) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of ARTS ALIVE! (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: 2/15/22

ATTEST: [Signature]
(Signature of Person A)

STATE OF NH
COUNTY OF HILLSBOROUGH

On the 15th day of FEBRUARY 2022, before me Tammy Wright, the undersigned officer personally appeared PELAGIA VINCENT, 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: TAMMY L. WRIGHT
Justice of the Peace - New Hampshire
My Commission Expires November 22, 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 ARTS ALIVE is a New Hampshire Trade Name registered to transact business in New Hampshire on March 31, 2011. 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: **647006**

Certificate Number: **0005367612**



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 "William M. Gardner".

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name: ARTS ALIVE, INC.	Business ID: 608788
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 02/17/2009	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 02/17/2009	
Principal Office Address: 15 Eagle Ct., Keene, NH, 03431, USA	Mailing Address: NONE
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	
Business Email: NONE	Phone #: NONE
Notification Email: NONE	Fiscal Year End Date: NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / advancement of arts/culture in the Monadnock Region	

Principals Information

Name/Title	Business Address
Kathy Hodgkins / Treasurer	15 Eagle Ct, Keene, NH, 03431, USA
Andy Oram / Chairman of the Board of Directors	15 Eagle Ct, Keene, NH, 03431, USA
Eric Russell / Director	15 Eagle Cy, Keene, NH, 03431, USA
Palagia Vincent / Secretary	15 Eagle Ct, Keene, NH, 03431, USA
Brian Wallace / Director	15 Eagle Ct, Keene, NH, 03431, USA

< Previous ... 1 ... Next > Page 1 of 2, records 1 to 5 of 8 Go to Page

Registered Agent Information

Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

Trade Name Information

Business Name	Business ID	Business Status
Arts Alive (/online/BusinessInquire/TradeNameInformation? businessID=469208)	647006	Active

Trade Name Owned By

Name	Title	Address
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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](#)



CERTIFICATE OF LIABILITY INSURANCE

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

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

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


PRODUCER Kapiloff Insurance Agency, Inc. 417 Winchester St Keene, NH 03431	CONTACT NAME: PHONE (A/C, No, Ext): (603) 352-2224 FAX (A/C, No): (603) 357-1217
	E-MAIL ADDRESS: documents@kapiloff.com INSURER(S) AFFORDING COVERAGE INSURER A : Citizens Insurance Company of America NAIC # 31534 INSURER B : Hanover American 36064 INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Arts Alive 15 Eagle Ct Suite 3 Keene, NH 03431	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		OBVD640495	7/15/2021	7/15/2022	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WZVD640496	7/15/2021	7/15/2022	<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)

CERTIFICATE HOLDER Department of Natural and Cultural Resources 172 Pembroke Rd 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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158194

FY2022OPP1 # 10508


Acct Code: 41040000-073 355890S



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 Mountain Top Music Center (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 \$9,000.00 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:

 Mountain Top Music Center is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.
 - The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
 - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
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 Date 3/24/22

Name, Title: Virginia Lupi, Director


Signature Date 3/31/22

Name, Title: Sarah Stewart, Commissioner

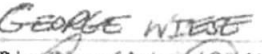
APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:


Office of Attorney General Date 4/4/2022

GRANTEE SIGNATURE

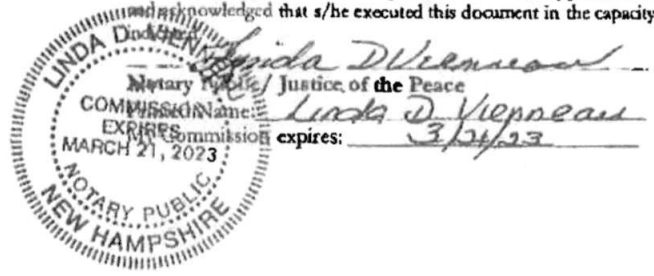
Org/ Name: Mountain Top Music Center
Address: BOX 1228, CONWAY NH 03818


Print Name of Authorized Official for Grantee: George Wiese
Authorized Official's Signature & Title Date 3/24/22

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Carroll

On the 22nd day of March 2022 before the undersigned officer personally appeared George Wiese (Print name of person whose signature is being notarized) or satisfactorily proven to be the person whose name appears above, and s/he acknowledged that s/he executed this document in the capacity



Certificate of Authority #1

(Corporation, Non-profit Corporation)

Corporate Resolution

I, DAVID MASON (Name of Person A), hereby certify that I am duly elected Clerk/Secretary/Officer of MOUNTAIN TOP MUSIC CENTER. I hereby certify the following is a true record of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on MARCH 17, 2022, at which a quorum of the directors/shareholders were present and voting.

Voted: That GEORGE WIESE (Name of Person C (not be Person A)) is duly authorized to enter into contracts or agreements on behalf of MOUNTAIN TOP MUSIC CENTER 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: 3/22/22

ATTEST: [Signature]
(Signature of Person A)

STATE OF New Hampshire
COUNTY OF Carroll

On the 22nd day of March 2022, before me David Mason, 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:

Linda D. Viennec
Justice of the Peace / Notary Public

My Commission Expires: 3/21/23



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 MOUNTAIN TOP MUSIC CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 23, 1996. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 241983

Certificate Number: 0005705974



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of March A.D. 2022.

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

William M. Gardner
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2022

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.

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PRODUCER Chalmers Insurance Group - North Conway PO Box 2480 3277 White Mountain Highway North Conway NH 03860		CONTACT NAME: Heather Clement, CIC PHONE (A/C No. Ext): (603) 356-6926 FAX (A/C No.): (603) 356-6934 E-MAIL ADDRESS: HClement@chalmersInsuranceGroup.com	
INSURED Mountain Top Music Center PO Box 1226 Conway NH 03818-1226		INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Group INSURER B: Hanover American INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 36084	

COVERAGES **CERTIFICATE NUMBER:** Master 21-22 **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	ADJUTS	SUBR	INSR	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:					ZBVH86184400	12/14/2021	12/14/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					AWVH812082-00	12/14/2021	12/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per parson) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					UHVH863643-01	12/14/2021	12/14/2022	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	WZVH861074-00	12/14/2021	12/14/2022	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Operations: Not-For-Profit Music Organization

CERTIFICATE HOLDER NH Department of Cultural Resources 20 Park Street Concord NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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