

OR  
67

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

April 12, 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 an American Rescue Plan Act grant to Portsmouth Historical Society (VC #154242), Portsmouth, NH in the amount of \$6,000 for salary support for one position effective upon Governor and Council approval through June 30, 2022. 100% Federal Funds.

Funds are available in account, ARPA Grant DNCR Arts Council, as follows:

03-035-035-353510-24930000-072-500575 – Grants-Federal	<u>FY 2022</u> \$6,000
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**EXPLANATION**

The National Endowment for the Arts amended the Arts Partnership Grant to the New Hampshire State Council on the Arts to assist arts and cultural nonprofit organizations sustain their operations. These American Rescue Plan funds are intended to help these entities and their employees endure the economic hardships caused by the pandemic and to distribute critical funds to a broad constituency and geographic range. The first forty-three organizations to receive funding were those awarded Public Value Partnership grants in July 2021.

This funding category recognizes that the nonprofit arts industry is an important sector of New Hampshire's economy, and that financial support is necessary to help save jobs and keep operations functioning. The grant awards are designed to assist in the recovery of organizations that are at risk of permanent closure, or endured loss of paid staff, venue, or significant revenue. Organizations were allowed to request funds for salary support, marketing, fulfill contracts with artist's, rent and utilities, or health and safety supplies.

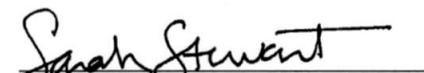
Six panelists reviewed forty-one applications and recommended thirty-seven awards based on three criteria: quality of arts programming, administrative capacity, and impact on the arts work force. Grant categories and deadlines are advertised through the divisions' website, social media, and electronic newsletters.

Earlier in Fiscal Year 2022, Portsmouth Historical Society received an Arts for Community Engagement Project grant in the amount of \$6,000 and a Cultural Conservation Moose Plate grant in the amount of \$16,725, bringing the cumulative total over the \$10,000 threshold therefore requiring Governor and Council approval.

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

Respectfully submitted,

(15M)

  
Sarah L. Stewart  
Commissioner

#1

Vendor Code: 154242

ACCU CODE: 2493000-07335NEAAPPK



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

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

1. **GRANT PERIOD: FY2022**

2. **OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept **\$6,000.00** and apply it to the program(s) described in the grant application and approved budget for **American Rescue Plan | Salary Support**. 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:



**Portsmouth Historical Society 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] 4/14/22  
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 4/27/22  
Signature Date

Name, Title: Sarah Stewart, Commissioner

#### APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 5/2/2022  
Office of Attorney General Date

#### GRANTEE SIGNATURE

Org/ Name: Portsmouth Historical Society

Address: 10 middle St. P.O Box 728  
Portsmouth, NH 03802

Printed Name of Authorized Official for Grantee

Sue Ann Pearson

Authorized Official's Signature & Title

Date

[Signature] Director of Development

#### NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF

Rockingham

On the 7 day of April 2022 before me, the undersigned notary public, personally appeared

Sue Ann Pearson

(Print name of person whose signature is being notarized)

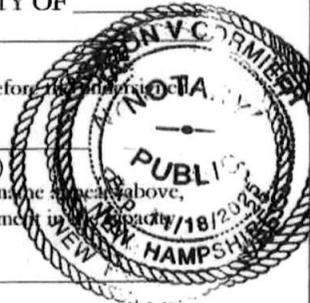
or satisfactorily proven to be the person whose name is written above, and acknowledged that s/he executed this document on the date and in the capacity indicated.

Notary Public/ Justice of the Peace

Printed Name: Jason Cormier

My Commission expires: 11/18/2025

10656]



#6

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PORTSMOUTH HISTORICAL SOCIETY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 04, 1917. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **65128**

Certificate Number: **0005455045**



IN TESTIMONY WHEREOF,

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

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

William M. Gardner  
Secretary of State

## Business Information

### Business Details

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Business Name:	PORTSMOUTH HISTORICAL SOCIETY	Business ID:	65128
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	05/04/1917	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	05/04/1917		
Principal Office Address:	10 Middle St, Portsmouth, NH, 03801, USA	Mailing Address:	NH, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

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### Principal Purpose

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S.No	NAICS Code	NAICS Subcode
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No records to view.

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## Principals Information

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Name/Title	Business Address
Richard Candee / Director	6 Scituate Road, York, ME, 03909, USA
Martha Fuller Clark / President	152 Middle Street, Portsmouth, NH, 03801, USA
Reagan Ruedig / Vice President	70 Highland Street, Portsmouth, NH, 03801, USA
Peter Michaud / Secretary	93 Belknap Street, Dover, NH, 03820, USA
Pamela Yonkin / Treasurer	90 Mainmast Circle, PO Box 73, New Castle, NH, 03854, USA

< Previous ... 1   ... Next > Page 1 of 3, records 1 to 5 of 15  Go to Page

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## Registered Agent Information

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Name: Not Available

Registered Office Not Available  
Address:

Registered Mailing Not Available  
Address:

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## Trade Name Information

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<b>Business Name</b>	<b>Business ID</b>	<b>Business Status</b>
PORTSMOUTH BLACK HERITAGE TRAIL (/online/BusinessInquire/TradeNameInformation? businessID=602404)	777359	Parent/Owner Dissolved
NEW HAMPSHIRE SEACOAST 400 (/online/BusinessInquire/TradeNameInformation? businessID=620352)	794306	Parent/Owner Dissolved
PORTSMOUTH400 (/online/BusinessInquire/TradeNameInformation? businessID=620353)	794307	Parent/Owner Dissolved
PORTSMOUTH, N.H. 400 (/online/BusinessInquire/TradeNameInformation? businessID=620357)	794311	Parent/Owner Dissolved
PORTSMOUTH'S 400TH ANNIVERSARY CELEBRATION (/online/BusinessInquire/TradeNameInformation? businessID=620364)	794318	Parent/Owner Dissolved
PORTS400 (/online/BusinessInquire/TradeNameInformation? businessID=620366)	794320	Parent/Owner Dissolved
DISCOVER PORTSMOUTH (/online/BusinessInquire/TradeNameInformation? businessID=620700)	794654	Parent/Owner Dissolved
DISCOVER PORTSMOUTH (/online/BusinessInquire/TradeNameInformation? businessID=714915)	879907	Active

### Trade Name Owned By

<b>Name</b>	<b>Title</b>	<b>Address</b>
No records to view.		

### Trademark Information

<b>Trademark Number</b>	<b>Trademark Name</b>	<b>Business Address</b>	<b>Mailing Address</b>
No records to view.			

[Filing History](#)   
 [Address History](#)   
 [View All Other Addresses](#)   
 [Name History](#)   
 [Shares](#)  
[Businesses Linked to Registered Agent](#)   
 [Return to Search](#)   
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#2

Corporate Resolution

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

**Voted:** That Sue Ann Pearson (may list more than one person) is duly  
(Name of Person - cannot be Person A)  
authorized to enter into contracts or agreements on behalf of Portsmouth Historical Society  
(Name of Organization)  
with the State of New Hampshire and any of its agencies and departments and further is  
authorized to execute any documents which may in his/her judgement to be desirable or  
necessary to affect the purpose of this vote.

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

DATED: 4/7/2022  
STATE OF NH  
COUNTY OF Rockingham

ATTEST: Reagan Ruedig  
(Signature of Person A)  
Reagan Ruedig

On the 7 day of April, before me Reagan Ruedig,  
the undersigned officer personally appeared Drives Licensee, 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: 11/18/2025



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/15/2022

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> Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	<b>CONTACT NAME:</b> Lisa Lee <b>PHONE (A/C, No, Ext):</b> (603) 569-2515 <b>FAX (A/C, No):</b> (603) 569-4266 <b>E-MAIL ADDRESS:</b> lisal@averyinsurance.net													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Zurich American Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: American Guarantee &amp; Liability Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: Security National Ins Co</td> <td>19879</td> </tr> <tr> <td>INSURER D: Mt Vernon Fire Ins Co</td> <td>26522</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Ins Co		INSURER B: American Guarantee & Liability Ins Co		INSURER C: Security National Ins Co	19879	INSURER D: Mt Vernon Fire Ins Co	26522	INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
<b>INSURED</b> Portsmouth Historical Society PO Box 728 Portsmouth NH 03802														

**COVERAGES**      **CERTIFICATE NUMBER:** CL21121511900      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			CPO 0238614-02	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired/Non-Owned Auto \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			AUC 1842807-02	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	<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			SWC1364012	12/31/2021	12/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Directors & Officers Liability			NDO2551504B	08/01/2019	08/01/2022	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)

Coverage as per terms and conditions of policy. Historical Society.

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Natural and 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  
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