

**New Hampshire**  
*Department of Agriculture,  
 Markets, and Food*

Shawn N. Jasper, Commissioner



August 26, 2026

Her Excellency, Governor Kelly A. Ayotte  
 and the Honorable Council  
 State House  
 Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the New Hampshire Department of Agriculture, Markets, and Food, Division of Agricultural Development (DAMF) to enter into a grant agreement with the Merrimack County Conservation District (vendor code #157734), 10 Ferry St., Suite 211, Concord, NH 03301 in the amount of \$17,500 to support the development of a plan to implement a cost-effective agricultural plastic recycling program for specialty crop farmers, effective upon Governor and Council approval through September 29, 2028. **100% Federal Funds.**

02-18-18-180010-88890000, **Specialty Crop Grant IV**

072-500574 Grants to local gov't – Federal

FY2027  
 \$17,500

**EXPLANATION**

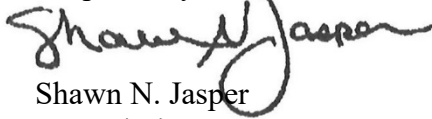
The New Hampshire Department of Agriculture, Markets & Food (DAMF) received Specialty Crop Block Grant (SCBG) money from the United States Department of Agriculture to fund projects that increase the competitiveness of specialty crops in New Hampshire. The projects for **25SCBPNH1305-00** were solicited through the RFP process and submitted for review by USDA, Agricultural Marketing Service as part of our state application. The proposal submitted by the Merrimack County Conservation District (MCCD) was one of the projects accepted by USDA for funding as enumerated in the Grant Agreement.

The Merrimack County Conservation District will examine opportunities for recycling agricultural plastics by evaluating current disposal methods, locations, and associated costs. Following this evaluation, MCCD will develop a comprehensive implementation plan for agricultural plastic recycling in New Hampshire, conduct four educational and outreach events for farmers, and prepare, publish, and distribute a final report.

DAMF has determined that the vendor has secured the required level of insurance, and has provided evidence of authority to execute and be bound by the contract. Documents supporting these assertions are available at the agency, for review upon request.

In the event that Federal Funds are no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

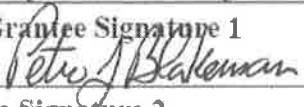
A handwritten signature in dark ink, appearing to read "Shawn N. Jasper". The signature is fluid and cursive, with the first name "Shawn" and last name "Jasper" clearly distinguishable.

Shawn N. Jasper  
Commissioner

## GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby  
Mutually agree as follows:  
GENERAL PROVISIONS

## 1. Identification and Definitions.

|                                                                                                                                                                                                                  |                                                        |                                                                                          |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1.1. State Agency Name</b><br>Department of Agriculture, Markets, and Food                                                                                                                                    |                                                        | <b>1.2. State Agency Address</b><br>1 Granite Place, Ste 211, Concord, NH 03301          |                                              |
| <b>1.3. Grantee Name</b><br>Merrimack County Conservation District                                                                                                                                               |                                                        | <b>1.4. Grantee Address</b><br>10 Ferry St, Ste 211, Concord, NH 03301                   |                                              |
| <b>1.5 Grantee Phone #</b><br>603-223-6020                                                                                                                                                                       | <b>1.6. Account Number</b><br>02-18-18-185010-88890000 | <b>1.7. Completion Date</b><br>9/29/2028                                                 | <b>1.8. Grant Limitation</b><br>\$ 17,500.00 |
| <b>1.9. Grant Officer for State Agency</b><br>Rebecca W. Ross                                                                                                                                                    |                                                        | <b>1.10. State Agency Telephone Number</b><br>603-271-8071                               |                                              |
| If Grantee is a municipality or village district: "By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b." |                                                        |                                                                                          |                                              |
| <b>1.11. Grantee Signature 1</b><br> 6-18-26                                                                                    |                                                        | <b>1.12. Name &amp; Title of Grantee Signor 1</b><br>PETER J BLAKEMAN, CHAIRMAN          |                                              |
| <b>Grantee Signature 2</b>                                                                                                                                                                                       |                                                        | <b>Name &amp; Title of Grantee Signor 2</b>                                              |                                              |
| <b>Grantee Signature 3</b>                                                                                                                                                                                       |                                                        | <b>Name &amp; Title of Grantee Signor 3</b>                                              |                                              |
| <b>1.13 State Agency Signature(s)</b><br>                                                                                     |                                                        | <b>1.14. Name &amp; Title of State Agency Signor(s)</b><br>Shawn N. Jasper, Commissioner |                                              |
| <b>1.15. Approval by Attorney General (Form, Substance and Execution) (if G &amp; C approval required)</b><br>By: <i>Vasilios Manthos</i> Assistant Attorney General, On: 8/28/26 /                              |                                                        |                                                                                          |                                              |
| <b>1.16. Approval by Governor and Council (if applicable)</b><br>By: On: / /                                                                                                                                     |                                                        |                                                                                          |                                              |

2. **SCOPE OF WORK:** In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.
4. EFFECTIVE DATE; COMPLETION OF PROJECT.
- 4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").
- 4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").
5. GRANT AMOUNT; LIMITATION ON AMOUNT; VOUCHERS; PAYMENT.
- 5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.
- 5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.
- 5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.
- 5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.
- 5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.
6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.
7. RECORDS AND ACCOUNTS.
- 7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
- 7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these provisions.
8. PERSONNEL.
- 8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.
- 8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.
- 8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.
9. DATA; RETENTION OF DATA; ACCESS.
- 9.1. As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.
- 9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
- 9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.
- 9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.
- 9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.
10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.
11. EVENT OF DEFAULT; REMEDIES.
- 11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):
- 11.1.1 Failure to perform the Project satisfactorily or on schedule; or
- 11.1.2 Failure to submit any report required hereunder; or
- 11.1.3 Failure to maintain, or permit access to, the records required hereunder; or
- 11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.
- 11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
- 11.2.1 Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and
- 11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the Grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and
- 11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and
- 11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.
12. TERMINATION.
- 12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.
- 12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.
- 12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.
- 12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.
13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

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- approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.
16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.
17. INSURANCE.
- 17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:
- 17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and
- 17.2 The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.
18. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.
19. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.
20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.
21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
22. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.
24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

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Exhibit A, Special Provisions

1. If the date for commencement for Exhibit A precedes the Effective Date all services performed by the Grantee between the commencement date and the Effective Date shall be performed at the sole risk of the Grantee and in the event that this Agreement does not become effective, the State shall be under no obligation to pay the Grantee for any costs incurred or services performed.

Exhibit B, Scope of Work

1. The grantee shall utilize awarded 2025 Specialty Crop Block Grant (SCBG) funds (USDA-AMS Award #25SCBGNH1305) to support the development of a plan to implement a cost-effective agricultural plastic recycling program for specialty crop farmers as detailed in the grantees application and Project Plan # 1, *Comprehensive Planning for the Recycling of Agricultural Plastics in Merrimack County* as approved by USDA ("Project Plan #1"), which is hereby incorporated by reference. This research and development project's purpose is to create a plan to implement a cost-effective agricultural plastic recycling program for specialty crop farmers in Merrimack County. The Grantee will examine opportunities for recycling agricultural plastics by evaluating current disposal methods, locations, and associated costs, develop a comprehensive implementation plan for agricultural plastic recycling in New Hampshire, conduct four educational and outreach events for farmers, and prepare, publish, and distribute a final report.

2. Outcomes shall be measured in accordance with the USDA Project Plan Outcome 6, expand specialty crop research and development, and USDA Outcome 7, improve environmental sustainability of specialty crops.

3. **Compliance.** All project work shall be managed by the grantee who shall be responsible for all project development and oversight, per the terms of the Project Plan. This includes adhering to applicable federal grant uniform administrative requirements as specified in the Code of Federal Regulations as follows:

- a. Grant funds awarded to state, local, and Tribal governments; public and private colleges and universities; and non-profit organizations are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards contained in 2 CFR part 200 and 2 CFR part 400.
- b. Grant funds awarded to federal government entities are subject to the Uniform Administrative Requirements and Cost Principles for Federal Awards contained in 2 CFR part 200 and 2 CFR part 400.
- c. Grant funds awarded to For-Profit Organizations are subject to the Uniform Administrative Requirements contained in 2 CFR part 200 and 2 CFR part 400, and the Cost Principles contained in the Federal Acquisition Regulation (FAR) Subpart 31.2, Contracts with Commercial Organizations, codified at 48 CFR 31.2.
- d. Recipients are responsible for the consistent application of the Federal regulations to the SCBGP grant funds. Recipients are responsible for ensuring their contractors/consultants comply with the Federal regulations.

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- e. The CFR is accessible on the National Archives and Records Administration website and in the Electronic Code of Federal Regulations at [www.ecfr.gov](http://www.ecfr.gov).

**4. Prior Approval Requirements:** The scope of this project shall be construed consistently with the Project Plan as approved by USDA, AMS which hereby incorporated by reference including compliance with all federal requirements as indicated in the Project Plan. Grantee shall comply with all 2025 USDA Specialty Crop Block Grant Terms and Conditions. Deviations from the Project Plan to the State shall be submitted in writing as soon as possible and will require written approval from the Director of the Division of Agricultural Development. Certain changes may also require approval from the US Department of Agriculture, Agricultural Marketing Service and/or Governor and Executive Council.

**5. Reporting/Monitoring:** Upon completion of the project, the Grantee shall submit a written report of the project outcomes per federal reporting guidelines for the SCBG program and following the SCBGP report template.

1. For multi-year projects, two written progress reports per year are also required, one in June and one in December, following specific federal reporting guidelines.
2. Grantee may be subject to monitoring site visits from the NH Department of Agriculture, Markets, and Food, or the US Department of Agriculture.

**6. Records:** Record retention and accessibility is governed by 2 CFR 200.333 and 200.337. Recipient must retain financial records, project records, and supporting documents for a period of three years from the date the Grant Agreement is closed or until final resolution of any litigation related to the grant.

**7. Single Audit Requirements.** State, local, and tribal governments, non-profit organizations, and institutions of higher education that expend more than \$750,000 annually in Federal awards must comply with the single audit requirements contained in 2 CFR 200 Subpart F and are required to submit a copy of the single audit report to OGA.

**8. Acknowledgement** shall be made in accordance with 2 CFR §415.2 as described in the Agricultural Marketing Service, Grants Division, General Terms and Conditions, as amended.

Grant recipients and subrecipients must acknowledge USDA AMS support in all publications written or published with USDA AMS grant or cooperative agreement support. This includes reports, pamphlets, posters, and brochures, and, if feasible, any publication reporting the results of, or describing, a grant-supported activity. Recipients must also acknowledge USDA AMS support on any audio or video product including live or prerecorded radio or television programs, audio recordings and multimedia presentations.

The following acknowledgment of USDA funding must appear in all published materials or products, in any format (web sites, audiovisuals, etc.), that are substantially based upon or developed under an AMS award:

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*Funding for [Project or Publication] was made possible by a grant/cooperative agreement from the U.S. Department of Agriculture (USDA) Agricultural Marketing Service. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the USDA.*

Exhibit C, Payment

1. The grant amount shall not exceed \$17,500.00.

- a. The grantee shall be paid within 30 days of submission of an invoice detailing work done and work to be completed with the funds.
- b. Contractor may request advance payment in accordance with 2 CFR § 200.305(b)(1) to meet the actual and immediate cash needs shall provide detailed explanation and supporting documentation to justify the advance payment.
- c. Copies of receipts for all project expenditures must also be submitted including proof of expenditures for advance payments.
- d. Invoices must be approved by the Director, Division of Agricultural Development.
- e. All expenditures must be made as per the approved scope of work and budget in the Project Plan.

2. **Allowable/Unallowable Cost:** A cost is unallowable if it does not comply with applicable cost principles, program requirements, or other terms and conditions of the Grant Agreement. A cost is also unallowable if it does not solely benefit specialty crops, is not contained in the approved scope of work, or is not necessary and reasonable to advance the work of the project. Unallowable costs will not be reimbursed.

3. **Program Income:** Program income that is earned from activities supported by or as a result of the grant must be reinvested into the project and must be expended on allowable project costs that solely enhance the competitiveness of specialty crops.

- a. It is unallowable to expend program income on unallowable costs.
- b. Program income information is reported on the progress and final reports and includes the nature or source of the program income (e.g., registration fees), the amount, and a description of how the program income will be used to solely enhance the competitiveness of specialty crops.
- c. The amount of program income is reported on the invoices as well as in the progress and final reports.

4. **Equipment Purchase:** The purchase of special use equipment is allowed with pre-approval and if it meets specific criteria related to the project. Equipment is subject to the full range of acquisition, use, management, and disposition requirements under 2 CFR part 200.313 as applicable.

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5. **Travel costs:** Travel costs are allowed when travel costs are limited to those allowed by formal organizational policy; in the case of air travel, the lowest reasonable commercial airfares must be used.

- a. Grantees who do not have formal travel policies and for-profit subrecipients' allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations.
- b. This information is available at <http://www.gsa.gov>. If a grantee organization has no formal travel policy, those regulations will be used to determine the amount that may be charged for travel costs.

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**CERTIFICATE of AUTHORITY**

I, Audra Klumb, Vice Chair of the Merrimack County Conservation District do hereby certify that:

1. I am the duly elected Vice Chair;

2. At the meeting held on this date June 16, 2026 the Merrimack County Conservation District voted to accept Specialty Crop Block Grant Funds and to enter into a contract with the NH Department of Agriculture, Markets, & Food;

3. The Merrimack County Conservation District further authorized Peter Blakeman, Chair to execute any documents which may be necessary for this contract;

4. This authorization has not been revoked, annulled, or amended in any manner whatsoever, and remains in full force and effect as of the date hereof; and

5. The following person has been appointed to and now occupies the office indicated in (3) above:

Peter Blakeman

Print (Officer Name)

Chair

Print (Officer Title)

6. I have hereunto set my hand as the



Sign (Certifying Officer Name)

6/18/2026

Date Signed: Print

Audra Klumb

Print (Certifying Officer Name)

Vice Chair

(Certifying Officer Title)

Quarterly Meeting: MCCD Board of Supervisors  
Conference Room, The Concord Center, USDA NRCS Office, Concord, NH  
June 16, 2026 6:13 PM to 7:30 PM

## **Minutes**

### **Present:**

Audra Klumb- Vice Chair; Bob Bradbury- Supervisor; Jeff Moore- Supervisor; Tasha Dunning- Associate Supervisor; Robert Larocque- Associate Supervisor; Rachel Malkin- Associate Supervisor; Sam Moore- Associate Supervisor; Stacy Luke –District Manager; Cora Rueda- NRCS Resource Conservationist

### **1. NRCS Report- Cora Rueda, NRCS Resource Conservationist**

Rueda gave the Civil Rights Review presentation to the MCCD staff and Board of Supervisors. Handouts of the training were also provided.

Rueda also gave a report on USDA NRCS activities.

### **2. Minutes**

Jeff Moore moved to approve January 2026 meeting minutes. Bradbury seconded the motion. The motion passed.

Jeff Moore moved to approve February 2026 meeting minutes. Sam Moore seconded the motion. The motion passed.

Jeff Moore moved to approve April 2026 meeting minutes. Bradbury seconded the motion. The motion passed.

### **3. Treasurer's Report**

The Treasurer's Report was reviewed and filed for audit.

### **4. District Manager's Report**

Luke distributed a written manager's report.

Luke suggested giving a donation in memory of Judy Courser to the Warner Historical Society and the Warner Food Pantry.

Bradbury moved to donate \$100 to each group in Judy Courser's name. Sam Moore seconded the motion. The motion carried.

Luke distributed the description for the gleaning coordinator. One edit was made.

Larocque discussed having a criteria for farms where we glean. Luke will reach out to other glean organizations for examples.

Luke reported that volunteers at the gleaning volunteer luncheon suggested that M CCD seek a donation from the casinos to help support the gleaning program. Luke was asked to bring information back to the Board for review at the next meeting.

#### **5. Acceptance of Specialty Crop Block Grant Funds- Comprehensive Planning for the Recycling of Agricultural Plastics in Merrimack County**

Bradbury moved to accept the NH Department of Agriculture Markets, & Food Specialty Crop Block Grant in the amount of \$17,500 for the Comprehensive Planning for the Recycling of Agricultural Plastics in Merrimack County and to appoint Peter Blakeman, Chairman, to sign the agreement. Jeff Moore seconded the motion. The motion passed.

It was suggested to look at the agricultural plastics recycling program in Franklin County, VT as part of the study.

#### **6. Scholarship Application Review**

The Board reviewed the four applications received this year.

Bradbury moved to give each applicant a scholarship; one at \$1,000 and three at \$500. Sam Moore seconded the motion. The motion carried.

Bradbury moved to award the \$1,000 scholarship to Mason Bolduc. Jeff Moore seconded the motion. The motion carried.

#### **7. Strategic Planning Review**

The board deferred this action until the next meeting where Ian Hanley can help answer clarifying questions.

#### **8. Partners Reports**

None at this time.

#### **9. Other Business**

Luke reported that the Hillsborough CCD has requested Board members attend a meeting the first full week in July to discuss on-going issues with USDA NRCS. Klumb stated that she was not available on July 9<sup>th</sup>. Luke will report back to Hillsborough CCD and then email the date to the Board. The meeting will be held at the Bedford Safety Complex.

The next Merrimack CCD Board Meeting is scheduled for September 29<sup>th</sup> at 6pm.

#### **10. Adjourn**

The meeting adjourned at 7:30 pm.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**01/08/2026**

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

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

|                                                                                                                                                              |                                                             |                        |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------|---------------|
| <b>PRODUCER</b><br><br><b>Michael N Bertolone</b><br><b>Farm Family Casualty Insurance Company</b><br><b>295 Sheep Davis Rd.</b><br><b>Concord, NH 03301</b> | <b>CONTACT NAME:</b> Steph Sosinski                         |                        |               |
|                                                                                                                                                              | <b>PHONE (A/C, No., Ext.):</b> 603.223.6686                 | <b>FAX (A/C, No.):</b> |               |
|                                                                                                                                                              | <b>E-MAIL ADDRESS:</b> steph.sosinski@american-national.com |                        |               |
| <b>INSURED</b><br><br><b>Merrimack County Conservation District</b><br><b>10 Ferry Street, Ste 211</b><br><b>Concord NH 03301-5081</b>                       | <b>INSURER(S) AFFORDING COVERAGE</b>                        |                        | <b>NAIC #</b> |
|                                                                                                                                                              | <b>INSURER A:</b> Farm Family Casualty Insurance Co         |                        | 13803         |
|                                                                                                                                                              | <b>INSURER B:</b>                                           |                        |               |
|                                                                                                                                                              | <b>INSURER C:</b>                                           |                        |               |
|                                                                                                                                                              | <b>INSURER D:</b>                                           |                        |               |
|                                                                                                                                                              | <b>INSURER E:</b>                                           |                        |               |
|                                                                                                                                                              | <b>INSURER F:</b>                                           |                        |               |

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|-------------------------------------------|---------------------|------------------------------|-------------------|--------------------------------|---------------------|-------------------|---------------------|------------------------|---------------------|--|----|
| <input checked="" type="checkbox"/>                    | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><b>Commerical General Liability</b><br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | <b>2807L0231</b> | <b>12/08/25</b>         | <b>12/08/26</b>         | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ <b>2,000,000</b></td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ <b>100,000</b></td></tr><tr><td>MED EXP (Any one person)</td><td>\$ <b>5,000</b></td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ <b>2,000,000</b></td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ <b>4,000,000</b></td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ <b>4,000,000</b></td></tr><tr><td></td><td>\$</td></tr></table> | EACH OCCURRENCE                                        | \$ <b>2,000,000</b> | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ <b>100,000</b>   | MED EXP (Any one person)     | \$ <b>5,000</b>   | PERSONAL & ADV INJURY          | \$ <b>2,000,000</b> | GENERAL AGGREGATE | \$ <b>4,000,000</b> | PRODUCTS - COMP/OP AGG | \$ <b>4,000,000</b> |  | \$ |
| EACH OCCURRENCE                                        | \$ <b>2,000,000</b>                                                                                                                                                                                                                                                                                                           |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| DAMAGE TO RENTED PREMISES (Ea occurrence)              | \$ <b>100,000</b>                                                                                                                                                                                                                                                                                                             |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| MED EXP (Any one person)                               | \$ <b>5,000</b>                                                                                                                                                                                                                                                                                                               |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| PERSONAL & ADV INJURY                                  | \$ <b>2,000,000</b>                                                                                                                                                                                                                                                                                                           |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| GENERAL AGGREGATE                                      | \$ <b>4,000,000</b>                                                                                                                                                                                                                                                                                                           |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| PRODUCTS - COMP/OP AGG                                 | \$ <b>4,000,000</b>                                                                                                                                                                                                                                                                                                           |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
|                                                        | \$                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
|                                                        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                                                  |           |          |                  |                         |                         | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                                                                    | COMBINED SINGLE LIMIT (Ea accident)                    | \$                  | BODILY INJURY (Per person)                | \$                  | BODILY INJURY (Per accident) | \$                | PROPERTY DAMAGE (Per accident) | \$                  |                   | \$                  |                        |                     |  |    |
| COMBINED SINGLE LIMIT (Ea accident)                    | \$                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| BODILY INJURY (Per person)                             | \$                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| BODILY INJURY (Per accident)                           | \$                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| PROPERTY DAMAGE (Per accident)                         | \$                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
|                                                        | \$                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| <input checked="" type="checkbox"/>                    | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><b>DED</b> <input checked="" type="checkbox"/> <b>RETENTION \$ 10,000</b>                                                                                                                        |           |          | <b>2807E1144</b> | <b>12/08/25</b>         | <b>12/08/26</b>         | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ <b>1,000,000</b></td></tr><tr><td>AGGREGATE</td><td>\$ <b>1,000,000</b></td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                                                                                                                                                                                           | EACH OCCURRENCE                                        | \$ <b>1,000,000</b> | AGGREGATE                                 | \$ <b>1,000,000</b> |                              | \$                |                                |                     |                   |                     |                        |                     |  |    |
| EACH OCCURRENCE                                        | \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                           |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| AGGREGATE                                              | \$ <b>1,000,000</b>                                                                                                                                                                                                                                                                                                           |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
|                                                        | \$                                                                                                                                                                                                                                                                                                                            |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
|                                                        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input checked="" type="checkbox"/> N/A                                                                                  |           |          | <b>2807W0187</b> | <b>12/08/25</b>         | <b>12/08/26</b>         | <table border="1"><tr><td>PER STATUTE <input checked="" type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ <b>500,000</b></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ <b>500,000</b></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ <b>500,000</b></td></tr></table>                                                                                                                                                                | PER STATUTE <input checked="" type="checkbox"/> OTH-ER |                     | E.L. EACH ACCIDENT                        | \$ <b>500,000</b>   | E.L. DISEASE - EA EMPLOYEE   | \$ <b>500,000</b> | E.L. DISEASE - POLICY LIMIT    | \$ <b>500,000</b>   |                   |                     |                        |                     |  |    |
| PER STATUTE <input checked="" type="checkbox"/> OTH-ER |                                                                                                                                                                                                                                                                                                                               |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| E.L. EACH ACCIDENT                                     | \$ <b>500,000</b>                                                                                                                                                                                                                                                                                                             |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| E.L. DISEASE - EA EMPLOYEE                             | \$ <b>500,000</b>                                                                                                                                                                                                                                                                                                             |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |
| E.L. DISEASE - POLICY LIMIT                            | \$ <b>500,000</b>                                                                                                                                                                                                                                                                                                             |           |          |                  |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                     |                                           |                     |                              |                   |                                |                     |                   |                     |                        |                     |  |    |

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

Speciality Crop Block Grant  
Contact: Maria Vanderwoude, maria.j.vanderwoude@agr.nh.gov

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br><b>NH Department of Agriculture, Markets, and Food</b><br><b>Division of Agricultural Development</b><br><b>1 Granite Place South, Suite 211</b><br><b>Concord, NH 03302</b><br><b>Office: 603-271-3788</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br><br><i>Michael Bertolone</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**From:** Sosinski, Steph <[Steph.Sosinski@American-National.com](mailto:Steph.Sosinski@American-National.com)>  
**Sent:** Wednesday, April 8, 2026 1:01 PM  
**To:** Vanderwoude, Maria <[maria.j.vanderwoude@agr.nh.gov](mailto:maria.j.vanderwoude@agr.nh.gov)>  
**Cc:** Bertolone, Mike <[Mike\\_Bertolone@american-national.com](mailto:Mike_Bertolone@american-national.com)>; Ross, Rebecca <[Rebecca.W.Ross@agr.nh.gov](mailto:Rebecca.W.Ross@agr.nh.gov)>  
**Subject:** Re: COI explanation needed

**EXTERNAL EMAIL WARNING!** This email originated outside of the New Hampshire Executive Branch network. Do not open attachments or click on links unless you recognize the sender and are expecting the email. Do not enter your username and password on sites that you have reached through an email link. Forward suspicious and unexpected messages by clicking the Phish Alert button in your Outlook and if you did click or enter credentials by mistake, report it immediately to [helpdesk@doit.nh.gov](mailto:helpdesk@doit.nh.gov)!

Hi Maria,

Here is a written explanation of the Workers' Compensation policy exclusion marked on the COI for Merrimack County Conservation District, as well as why 'other' is marked instead of 'per statute' for liability limits for the policy:

'Yes' is marked for "Any Proprietor/Partner/Executive Officer/Member Excluded?" on the COI for MCCD board members that are excluded from coverage, as they are volunteers and are not paid.

'Other' liability limits is marked because the limits exceed what is considered statutory.

Please let us know if you have any questions or need any further information in the explanation.

Kind regards,

Steph

