

### STATE OF NEW HAMPSHIRE DEPARTMENT OF CULTURAL RESOURCES

Division of Arts, Division of Historical Resources,
Division of Libraries, Film and Television Office
Office of Curatorial Services

American Canadian French Cultural Exchange Commission,
Administratively Attached



Van McLeod, Commissioner

October 18, 2013

Her Excellency, Governor Margaret Wood Hassan and the Honorable Council State House Concord, New Hampshire 03301

#### REQUESTED ACTION

The Department of Cultural Resources, Division of the Arts, requests permission to award Public Value Partnership Grants totaling \$26,000.00 to the following organizations to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors, effective upon Governor and Council approval through June 30, 2014.

Funds are available in the account titled <u>Federal Arts Partnership Grant</u> as follows:

01-34-34-341010-1255000-072-500575 Grants Federal

	<u>Vendor Code</u>	<u>FY14</u>
The Moving Company Dance Center, Keene	158916	\$13,000
Mt. Kearsarge Indian Museum, Warner	166697	<u>\$13,000</u>
Total		\$26,000

#### **EXPLANATION**

Public Value Partnerships are awarded to nonprofit arts organizations, with a minimum of 5 years of continuous arts programming and professional staffing, to strengthen their capacity for offering affordable, diverse arts program to New Hampshire's residents and visitors. Grant categories and deadlines are advertised through the divisions' website, social media and electronic newsletters.

At a recent meeting, the Arts Council Board unanimously voted to accept the Arts Division's Public Value Partnership Review Panel's recommendations for the partnerships based on its funding priority ranking within a competitive review. The six-member peer panel, facilitated by an Arts Councilor, considered 17 criteria to arrive at a consensus ranking for each application. Each panelist is advised, both individually and collectively, of their obligation to disclose any conflict of interest and themselves from assessment if a conflict is present. The evaluative criteria range from the administrative capacity of the organization, artistic quality, strategic planning, to community impact and accessibility.

Should Federal Funds become no longer available General Funds will not be requested to support this program.

Respectfully submitted,

Commissioner 20 Park Street, Concord, New Hampshire 03301-6314

Telephone: 603/27 1-2540 FAX: 603/271-6826 E-mail: <a href="wmcleod@library.state.nh.us">wmcleod@library.state.nh.us</a>
<a href="www.state.nh.us/nhculture">www.state.nh.us/nhculture</a>
<a href="mailto:Help Line TTD Relay 603/225-4033">Help Line TTD Relay 603/225-4033</a>



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

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

- GRANT PERIOD: FY2014/2015
- **OBLIGATIONS OF THE GRANTEE:** 
  - The Grantee agrees to accept \$13,000.00 and apply it to the program(s) described in the grant application and approved budget referenced above. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
  - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



The Moving Company Dance Center is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee agrees to provide up to two (2) complimentary tickets/admissions as requested for site visits by appropriate Council staff/evaluators.
- 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.
- State of New Hampshire.

5. SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the **COUNCIL APPROVAL GRANTEE SIGNATURE** Contracting Officer for State Agency Org/ Name: The Moving Company Dance Center Address: HO ROILFOOD STra Signature heene. NH 03431 Name, Title: Lynn Martin Graton, Acting Director Printed Name of Authorized Official for Grantee MCDX Kaaan Authorized Official's Signature & Title Executive Vineston **NOTARIZATION REQURIED:** STATE OF NEW HAMPSHIRE, COUNTY OF Chechive APPROVED BY ATTORNEY GENERAL

as to form, substance and execution: Office of Attorney General

On the \_ 2 3 day of August 2013 before the undersigned officer, personally appeared eagen Messer (Print name of person whose signature is being notarized) or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity

Notary Public/ Justice of the Peace

Printed Name: Sherrine My Commission expires

SHERRINE L. BOURASSA \* NOTARY PUBLIC - NEW HAMPSHIRE \*

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#### CERTIFICATION OF BOARD RESOLUTION

Authorization to Enter into Contracts with New Hampshire State Council on the Arts

Important: To expedite your payment these steps must be followed in this order:

- \* Resolution date must occur on or before the Grant Agreement is signed.
- \*\* Certificate on bottom of page must be signed and notarized <u>on the same date or after</u> the grant agreement is signed.

dba	1. *Resolution: THIS IT TO CERTIFY that the adopted at a meeting of the Bottom Company (name of organization)	e following is a true and correct copy of excerpts from resolutions and of Directors  Dance Center  on 9/28/12
		resent and voted, and further that said resolution has not been and is still in full force and effect.
		name of authorizing official)
	execute any and all documents	o enter into contracts with the State of New Hampshire and to , agreements and other instruments, and any amendments, reto, as (s)he may deem necessary, desirable or appropriate."
		Signed: The Henderson  Printed Name Ann Menderson
	2. **Certificate	
	STATE OF NEW HAMPSHIR	KE
	COUNTY OF <u>Chush re</u>	
	On the 23rd day of August Ann Henderson	, 2013 before the undersigned officer, personally appeared , or satisfactorily proven to be the person whose name appears
		executed this document in the capacity indicated.
	accio, and acknowledged sinc	Sherrine L. Barrassa

Notary Public/ Justice of the Peace

My Commission Expires

Printed Name: Sherrine L. Bourassa

SHERRINE L. BOURASSA

NOTARY PUBLIC - NEW HAMPSHIRE 
My Commission Expires April 28, 2015



Name of

#### GRANTEE INFORMATION FORM for ORGANIZATIONS

Please complete the following for fulfillment of grant requirements by the Governor and Executive Council and the State of New Hampshire's Department of Administrative Services.

Orga	nization The Mo	ving Company Dance Center Uba Moco Ar
	tatement of Purpose: your organization's missio	n statement or list your organization's objectives in the space below)
"T	ransforming L	ives Through Movement And pression "
	alary of Administrator: annual salary of administra	tor, not artist's fees, who will be involved in this grant.)  The of Reason Messer's Salary  Reason Messer's Salary  Reason Messer's Salary
Attac	h the Following:	nd Artistic Director of Dance)
3.	Resume of Administrat	or
4.	Financial Statement:	
		ement of your organization's most recently completed fiscal year.
5.	Board of Directors:	

Board of Directors:

A list of the current directors and officers of your organization.

A list of the current directors and officers of your organization.

Please do not include any personal information such as home addresses, phone numbers or emails.

- 6. List Geographic Areas Served by Organization
- 7. Certificate of Liability Insurance
- 8. Please include a copy of a <u>current</u> year Certificate of Good Standing.

  If you do not have a Certificate of Good Standing with the state of NH please call Secretary of State Corporate Division at 271-3244 and request an application.

DUNS # 834188161

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#### **Reagan Messer**

214 Court Street Keene, NH 03431



c) 603.801.4716 w) 603.357.2100 Email) <u>rmesser@moco.org</u>

1997 - 1998

#### Summary

Established performing artist, teacher and administrator with a passion for bringing out the best in students and colleagues. Reputation for high integrity work ethic. Proven ability to innovate, adapt and collaborate to achieve individual and collective goals.

#### **Professional Experience**

#### **MoCo Arts**

Keene, NH

<ul> <li>Executive Director/Artistic Director of Dance</li> </ul>	2012 - Present
<ul> <li>Artistic Director of Dance</li> </ul>	2006 - Present
Ballet Teacher and Choreographer	2002 - Present
Boston Ballet	
Boston, MA	
• Soloist	1995 - 2002
Corps de Ballet	1992 - 1995
Ballet Master Boston Ballet II	2001 - 2002
Ballet Teacher Boston Ballet Summer Program	1995 - 2001
<ul> <li>AGMA (Dancers Union) Rep</li> </ul>	1996 - 1997
	2000 - 2001
<ul> <li>AGMA (Dancers Union) Contract Negotiations</li> </ul>	1993 - 2001
Director/Producer	1995 - 1996
International Ballet Gala featuring artists from the	

#### **North Atlanta Dance Theatre**

and Manchester, VT

Atlanta, GA

•	<b>Board of Directors</b>	2007 - Present
•	Artistic Advisor	2002 - Present
•	Principal Guest Artist	2001 - 2007

Boston Ballet and Royal Ballet London in Atlanta, GA
 Directed Ballet Galas in Martha's Vineyard, Nantucket

Reagan Messer Page | 1

		<b>*</b> .

#### **International Ballet Rotaru**

Atlanta, GA

•	Principal	1990 - 1992
•	Soloist	1989 – 1990

#### **Touring and Guest Artist**

•	Boston Ballet: Biertz, France	1998
•	Boston Ballet: Jakarta, Indonesia	1996
•	Boston Ballet: Kennedy Center Washington, DC	1994
•	Fernando Bujones and Friends: Brazil	1993
•	International Ballet Rotaru: Romania	1991
•	Guest Artist: United States, Europe, Asia	1989 - 2007
	and South America	

#### **Education**

Rotaru School of Ballet, Atlanta Jazz Theatre

#### **Other Experience**

Choreographer annual Kristallnacht Remembrance, The Colonial Theatre
Ballet Teacher, Franklin Pierce University
Performer, Walt Disney World
Commercial for Opening of MGM Studios, directed by John Landis
Taping of MGM Studios with Smokey Robinson
Performer, Atlanta Jazz Theatre
Performer, Heartstrings (Aids Benefit) with David Hasselhoff, Isaac Hayes and Ruth Buzzi

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### MoCo Arts FY13 Financial Statement Fiscal Year End Aug 31 2013

	D.1	
	Balance Sheet	04 4 40
Assets		31-Aug-13
ASSELS	Cash	10,230
	Accounts Receivable	45,792
	Pledges Receivable - Current Year	35,250
	Pledges Receivable - Future Years	31,850
	Other Current Assets	1,113
	Total Current Assets	124,235
	Building, Land & Equipment (Net)	539,400
Total Asset		663,635
Liabilities		
	Operating Accounts Payable	8,032
	Discontinued Operations	80,198
	Deferred Tuitions & Grants	65,158
	TD Bank Line of Credit	129,000
Total Liabil	ities	282,388
Net Assets		381,247
	L	
Total Liabil	ities Plus Net Assets	663,635
	Revenues & Expenses	
	•	8/31/2013
EARNED IN	COME	
	Tuitions	498,033
	less: Discounts & Scholarships	-62,829
Net Tuition I	Revenues	435,205
	Production Income	80,212
	Program Sponsorships/Ads	40,676
	Other Income	27,705
Total Earne	d Income	583,797
CONTRIBU	TION INCOME	
0011111100	Contributions - Current Year	120,449
	Pledges Released from Restriction	80,664
	Lights, Camera, Keene	27,574
	In Kind Contributions	9,268
Total Contri	oution Income	237,955
Total Reven	ues	821,752
DIDEOT EV	DENOTE	
DIRECT EX		204 752
	Program Salaries	291,752
	Program Expenses Production Expenses	21,700 110,838
		77,358
Total Direct	Occupancy Costs	501,648
TOTAL DIRECT	Admin, Development & General	171,261
	Depreciation	26,269
TOTAL EXP		699,178
	US (DEFICIT)	122,574
Plus: Depre	•	26,269
Less: Debt I		12,000
NET CASH	· ·	136,843

#### FOOTNOTES --

Numbers reflect actual numbers through Aug 15, with projected numbers for additional payrolls and anticipated expenses through the end of the month.

Increased revenues due to bi-annual production of Nutcracker



Transforming Lives Through Movement and Creative Expression

#### **Board Members August 2013**

#### **President**

**Rudy Fedrizzi** Director of Community Health Clinical Integration at Cheshire Medical Center/Dartmouth-Hitchcock. *Term: October 2010* – *September 2013* 

Vice President (responsible for advocacy)

Maich Gardner Nonprofit community volunteer for 20+ years. Term: December 2004 – November 2013

**Treasurer** 

**Ted Kuchinski** CFO of the NH Community Development Finance Authority. *Term: December* 2007 – *November* 2013

Secretary

Ann Henderson Owner of Ann Henderson Interiors. Term: March 2010 – February 2016

**Board Members** 

Mike Blair The Masiello Group. Term: August 2013 – July 2016

Manish Bhusari The Timken Company. Term: January 2013 - December 2015

Maria Bradshaw Anthony Toepfer Jewelers. Term: February 2012 – January 2015

Michelle Clarke Active community volunteer and MoCo parent. Term: September 2012 – August 2015

Mary Delisle Campaign Director for the Monadnock United Way. Term: April 2010 - March 2016

Steve Holmes Professional Photographer. Term: December 2012 – November 2015

Melissa Weldon C&S Wholesale Grocers. Term: March 2013 - February 2016



#### **GEOGRAPHIC AREAS SERVED BY THE ORGANIZATION**

MoCo Arts reach extends throughout the 25+ towns of the Monadnock Region and beyond, including Cheshire County and Hillsborough County and the towns of:

Alstead

**Antrim** 

Bennington

Chesterfield

Dublin

Fitzwilliam

Francestown

Gilsum

Greenfield

Hancock

Harrisville

Hillsborough

Hinsdale

Jaffrey

Keene

Marlborough

Marlow

Nelson

Peterborough

Richmond

Rindge

Roxbury

Sharon

Stoddard

Sullivan

Surry

Swanzey

Temple

Troy

Walpole

Westmoreland

Winchester

<sup>&</sup>quot;Transforming lives through movement and creative expression."



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2013

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

	he terms and conditions of the policy, ertificate holder in lieu of such endors				ndorse	ement. A sta	itement on th	nis certificate does not d	onfer r	ights to the
PRO	DUCER				CONT/ NAME:	ACT				
	rk - Mortenson Insurance				PHON		52-2121	FAX (A/C No):		57-8491
	D. Box 606				É-MAIL				000-00	77-0431
ree	ene NH 03431				ADDRI			RDING COVERAGE		NAIC #
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The	e Moving Company Dance Center Di Railroad Street	BA			INSUR	ER D :				
	ene NH 03431				INSUR	ERE:				
					INSUR	ERF:				
_				NUMBER: 387506688				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME 'AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO \	WHICH THIS
INSR LTR		INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	GENERAL LIABILITY			595494		9/1/2013	9/1/2014	EACH OCCURRENCE	\$1,000,	000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$250,00	00
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,000	
								PERSONAL & ADV INJURY	\$1,000,	000
								GENERAL AGGREGATE	\$2,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000,	000
_	POLICY PRO- X LOC							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS							BODILY INJURY (Per accident)		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X UMBRELLA LIAB X OCCUR			595494		9/1/2013	9/1/2014	EACH OCCURRENCE	\$1,000,0	000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$1,000,0	000
	DED RETENTION\$							NAME OT ATTLE OF THE	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			595497		9/1/2013	9/1/2014	WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$1,000,0	000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$1,000,0	000
_	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,0	000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (/	Attach .	CORD 101, Additional Remarks \$	Scheduk	, if more space is	s required)			
							_			
CE	RTIFICATE HOLDER				CAN	CELLATION				
	NH State Council on the Ar 19 Pilsbury Street 1st floor Concord NH 03301-4447	ts			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		
	Collcold 14H 0330 (-4447				AUTHO	RIZED REPRESE	NTATIVE			
						Jane H.11	rang			

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## State of New Hampshire Department of State

#### **CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that The Moving Company Dance Center is a New Hampshire nonprofit corporation formed January 20, 2000. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 16<sup>th</sup> day of August, A.D. 2013

William M. Gardner Secretary of State

# FY2014OPP1 # 9108

#### Acct Code: 1255-07 NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGR



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

- GRANT PERIOD: FY2014/2015
- **OBLIGATIONS OF THE GRANTEE:** 
  - The Grantee agrees to accept \$13,000.00 and apply it to the program(s) described in the grant application and approved budget referenced above. 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:



Mt Kearsarge Indian Museum is supported in part by a grant from the New Hampshire

	Arts State Council	on the Arts & the Na	tional Endowment for the Arts.			
	<ul> <li>The Grantee agrees to provide up appropriate Council staff/evaluate</li> </ul>		tary tickets/admissions as requested for site visits by			
	<ul> <li>The Grantee agrees to abide by the</li> </ul>	e limitations, conditio for this grants program	ns and procedure outlined herein and in the attached mare reduced or terminated, all payments under this grant cretion of the Council.			
3.	PAYMENT will be made following Governor and Executive Council	the receipt and exec	the receipt and execution of all required documents and approval of the			
4.	•	e end of the grant peri	ancial and narrative report on a form provided by the od. Failure to submit the final report will render ears.			
5.	SOVEREIGN IMMUNITY: No pro State of New Hampshire.	vision of this contract	is to be deemed a waiver of sovereign immunity by the			
<u>cc</u>	DUNCIL APPROVAL					
Co	ntracting Officer for State Agency		GRANTEE SIGNATURE Org/ Name: Mt Kearsarge Indian Museum			
$\frac{\ }{Sig}$	mature MOU	9/12/13 Date	Address:			
Na	me, Title: Lynn Martin Graton, Acting Dire	ector	MARK D. GREENLY Printed Name of Authorized Official for Grantee			
			Mark D. Harry, SECRETARY TO THE BOARD  Authorized Official's Signature & Title  Date 8/15/2			
			NOTARIZATION REQURIED: STATE OF NEW HAMPSHIRE, COUNTY OF Merry Action			
	PPROVED BY ATTORNEY GENERAL	•				
as	to form, substance and execution:		On the 15 day of August 2013 before the undersigned			
(	1 ( ) Ofthe 9/241	SHIMMET DUNG	officer, personally appeared Greenly			
Of	fice of Attorney General Date	STATE ON W	(Print name of person whose signature is being notarized) or satisfactorily proven to be the person whose name appears above,			
		COMMISSION EXPRES	and acknowledged that s/he executed this document in the capacity			
		Z OCTOBER 17. W.	Endicated and arcas			

Notary Public Justice of the Peace

Printed Name: My Commission expires:

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#### CERTIFICATION OF BOARD RESOLUTION

Authorization to Enter into Contracts with New Hampshire State Council on the Arts

Important: To expedite your payment these steps must be followed in this order:

- \* Resolution date must occur on or before the Grant Agreement is signed.
- \*\* Certificate on bottom of page must be signed and notarized <u>on the same date or after</u> the grant agreement is signed.

#### 1. \*Resolution:

THIS IT TO CERTIFY that the following is a true and correct copy of excerpts from resolutions adopted at a meeting of the Board of Directors

Mt. Kearsarge Indian Museum on September 15, 2011 (name of organization)

at which time a quorum was present and voted, and further that said resolution has not been rescinded, altered or amended and is still in full force and effect.

"Be it resolved that *Grace Fraser, Lynn Clark, Steve Pitman, Mark Greenly, and Betsy Janeway* are hereby authorized on behalf of this Corporation to enter into contracts with the State of New Hampshire and to execute any and all documents, agreements and all other instruments, and any amendments, revisions, or modifications thereto, as (s)he may deem necessary, desirable or appropriate."

Signed: Mark D. Server of Clerk/Secretary to the board)

Printed Name MARK D. SEENLY

2. \*\*Certificate

STATE OF NEW HAMPSHIRE

COUNTY OF March 2013 before the undersigned officer, personally appeared

On the Server of the person whose signature is being notarized)

above, and acknowledged s/he executed this document in the capacity indicated.

STATE OF NEW HAMPSHIRE

COUNTY OF March 2013 before the undersigned officer, personally appeared

(print name of person whose signature is being notarized)

above, and acknowledged s/he executed this document in the capacity indicated.

STATE OF NEW HAMPSHIRE

COUNTY OF March 2013 before the undersigned officer, personally appeared

(print name of person whose signature is being notarized)

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STATE OF NEW HAMPSHIRE

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(print name of person whose signature is being notarized)

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STATE OF NEW HAMPSHIRE

COUNTY OF March 2013 before the undersigned officer, personally appeared

(print name of person whose signature is being notarized)

above, and acknowledged s/he executed this document in the capacity indicated.

STATE OF NEW HAMPSHIRE

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#### GRANTEE INFORMATION FORM for ORGANIZATIONS

Please complete the following for fulfillment of grant requirements by the Governor and Executive Council and the State of New Hampshire's Department of Administrative Services.

Name of				
Organization_	MT. KEARS	SARGE Indian	U Museum	

#### 1. Statement of Purpose:

(Give your organization's mission statement or list your organization's objectives in the space below)

Mt. Kearsarge Indian Museum, Education and Cultural Center, is dedicated to connecting people of today with 20,000 years of ongoing Native American cultural expression. The Museum embraces cultural diversity and encourages responsible environmental action based on respect for nature. Through exhibitions and programs, the Museum seeks to challenge and inspire all of us to improve the quality of our lives and our world.

#### 2. Salary of Administrator:

(List annual salary of administrator, not artist's fees, who will be involved in this grant.)

12,500.00

#### Attach the Following:

- 3. Resume of Administrator
- 4. Financial Statement:

A one-page financial statement of your organization's most recently completed fiscal year.

- 5. Board of Directors:
  - A list of the current directors and officers of your organization.

    Please do not include any personal information such as home addresses, phone numbers or emails
- 6. List Geographic Areas Served by Organization
- 7. Certificate of Liability Insurance
- 8. Please include a copy of a <u>current</u> year Certificate of Good Standing.
  If you do not have a Certificate of Good Standing with the state of NH please call Secretary of State Corporate Division at 271-3244 and request an application.

#### Lynn M. Clark PO Box 737 Contoocook, NH 03229 (603) 746-4873

#### Education

PhD (Anthropology) 2005: Binghamton University MA (Anthropology) 1987: Binghamton University

BA (summa cum laude in Anthropology) 1981: State University College at Buffalo

#### **Museum Experience**

Sept. 2011- present	Executive Director Mt. Kearsarge Indian Museum, Warner, New Hampshire.
March 2009- present	Cataloger Hopkinton Historical Society. Cataloging objects and archival materials.
Sept. 2008- May 2011	<u>Collections Manager (volunteer position)</u> Mt. Kearsarge Indian Museum. Oversaw all aspects of collections care and exhibitions, collections volunteers and interns. In addition I served as Trustee, was on the Collections Committee and Chair of the Development Committee.
July 2005- July 2008	Administrative Assistant in Development and Administration New Hampshire Historical Society. Duties include all aspects of membership processing using Raiser's Edge software and grant writing and editing. In addition to assigned duties I was a resource for library patrons doing research on Native Americans and African Americans.
Spring 2008	Book-of-the-Month Exhibit Biography and History of the Indians of North America, From its First Discovery by Samuel Gardner Drake (1798-1875) at the New Hampshire Historical Society Library. Wrote label text.
July 2003- July 2005	<u>Curatorial Assistant</u> New Hampshire Historical Society. Assisted with all aspects of collections care, cataloged using PastPerfect software, supervised volunteers.
2000- 2002	<u>Curator (volunteer position)</u> Sargent Museum of Anthropology and Archaeology. Exhibits: "The Archaeology of the Hunter Site," "Kelleyville: Solving an Archaeological Mystery" and "Newport's African-American Communities." Cataloged objects, supervised volunteers, created children's activity room.
1995	Exhibit "Indians Past and Present" traveling exhibit, with Nancy Chabot for the Friends of the Sargent Museum, Concord, New Hampshire.
1995	Exhibit "The Good Professor" traveling exhibits, with Nancy Chabot for the Friends of the Sargent Museum.
1994	Exhibit Consultant for Native American sections of "Through Many Eyes: Making History in New Hampshire" at the Museum of New Hampshire History, Concord, New Hampshire.
1994	Exhibit "An Archaeological View of Indian Life in the Lakes Region" with Nancy Chabot for the Libby Museum in Wolfboro, New Hampshire.
1989	Exhibit "Images" (of Native Americans) with Nancy Chabot for the Waterman

-1990	Conservation Center and Otsiningo Pow Wow, Apalachin, New York. Stationary and traveling exhibits with educational programs.
1983 & 1989	<u>Internships</u> at the Roberson Center for the Arts and Sciences, Binghamton, New York. Researched European immigrant history and Native American history, wrote exhibit text, cataloged exhibit objects and assisted in exhibit installation.
1981	Internship at the Buffalo Museum of Science, Buffalo, New York. Cataloged and organized archaeological collections of Iroquoian materials.
1979 -1980	Internship at the Buffalo and Erie County Historical Society, Buffalo, New York. Designed exhibit case, wrote exhibit text and assisted in exhibit installation.
Teaching Expe	rience
2005	<u>Instructor</u> AN 101 Introduction to Anthropology, Manchester Community College (formerly New Hampshire Technical College at Manchester, New Hampshire)
2003	<u>Instructor</u> SOSC 570 Introduction to Historical Archaeology, Granite State College (formerly College For Lifelong Learning, Bow, New Hampshire)
2002	<u>Instructor</u> for Girls Dig It!: An Archaeology Program Girls 12-14, Girls Incorporated of the Lakes Region, Laconia, New Hampshire.
1992	<u>Instructor</u> for a week long archaeology field experience for Oneida Indian Nation Youth of Oneida, New York.
1991	<u>Instructor</u> for Anthro 372, Field Methods in Archaeology at Binghamton University. The Oneida Indian Nation Youth Group participated in the course for one week.
1989	<u>Instructor</u> for Anthro 280V/Women's Studies 280E, The Anthropolgy of Sex and Gender, Binghamton University, Departments. of Women's Studies and Anthropology.
Archaeologica	l Field and Laboratory Experience
2000	New Hampshire Division of Historical Resources (NHDHR), Concord, New Hampshire. Collection Computerization Pilot Study.
1999 & 1996	Sargent Museum, Concord, New Hampshire. Excavation, background research and artifact cataloging.
1994	Preservation Company, Kensington, New Hampshire. Census and deed research.
1993	<u>Timelines, Inc.</u> , Charlestown, Massachusetts. Data Manager: entered artifact data, generated reports and updated system. Lab Assistant: Cataloged 18 <sup>th</sup> century artifacts.
1993	<u>Department of Anthropology, Binghamton University and Oneida Indian Nation of NY.</u> Designed database of Late Woodland sites.
	2

1986	Archaeology in Annapolis, Annapolis, Maryland. Assistant Site Supervisor. Also gave public tours.
1983 -1996	Public Archaeology Facility, Binghamton, New York. Projects in New York and New Hampshire. Directed projects beginning in 1987. Cataloged artifacts from the 19th century and earlier, census and deed research.
1980 -1981	Old Fort Niagara Association, Youngstown, New York. Field Assistant
1980 -1981	Archaeology Survey, State University of New York at Buffalo. Field Assistant.
Publications	
2008	Review of <i>Harriet Wilson's New England: Race, Writing, and Region</i> edited by Jerrianne Boggis, Eve Allegra Raimon and Barbara A. White. In <i>Historical New Hampshire</i> 62(1).
2007	Rural Free Black Settlement in Post-Revolutionary New Hampshire: A Study of Five Towns, co-author with Rebecca Courser. <i>Historical New Hampshire</i> 61(1):48-67.
1997	Review of Northeastern Indian Lives 1632-1816 edited by Robert S. Grumet. In Historical New Hampshire 52(1-2):47.
1987	Gravestones: Reflectors of Ethnicity or Class? In Consumer Choice in Historical Archaeology, eidted by Suzanne Spencer-Wood, pp. 383-395. Plenum Publishing Corp., New York.
1986	Review of <i>Gone to a Better Land</i> edited by Jerome Rose. In <i>Southeastern Archaeology</i> 5(2):155-156.

#### MT. KEARSARGE INDIAN MUSEUM STATEMENTS OF FINANCIAL POSITION December 31, 2012 and 2011

		_	2012		2011
ASSETS					
CURRENT ASSETS  Cash  Accounts and pledges received Gift shop inventories	vable	\$	41,099 - 11,387	\$	28,717 3,000 9,383
Gift shop inventories		-	11,387 52,486		41,100
PROPERTY AND EQUIPMENT, a Buildings and improvements		-	456,881	•	451,881
Furniture and equipment Less accumulated depreciat	ion	-	60,353 (84,100) 433,134		57,482 (63,794) 445,569
ARTIFACTS, at cost or fair market	value	-	1,531,925		1,508,275
OTHER ASSETS, permanently res	stricted cash	-	80,053		80,053
		\$	2,097,598	\$	2,074,997
LIABILITIES AND NET ASS	SETS				
Note payable, bank		\$	19,500	\$	16,200
Current maturities of long-te Accounts payable and accru			5,389 990		5,310 1,942
Accounts payable and accid	led expenses	-	25,879		23,452
LONG-TERM DEBT, less current	maturities		260,899		266,040
NET ASSETS Unrestricted net assets					
Operating	ition projects		830,767		795,545
Board designated - acquis Temporarily restricted net as			-		9,907 -
Permanently restricted net a		_	980,053		980,053
			1,810,820		1,785,505
		\$	2,097,598	\$	2,074,997

#### Mt. Kearsarge Indian Museum Trustee List (Term Limit)

#### **Dr. Grace Morth Fraser**, Chair (2014)

Wentworth, NH

Professor, Department of Social Science

Plymouth State University

#### **Stephen K. Pitman**, Vice Chair (2014)

Bradford, NH

Operations Manager - A&B Lumber Co., LLC

#### Mark D. Greenly, Secretary (2015)

Portsmouth, NH

Retired US Air Force Lt. Colonel

Treasurer- New Hampshire Archaeological Society

#### Katherine H. Pitman, Treasurer (2016)

Bradford, NH

Senior Customer Service, TDS Telecom - Retired

#### Douglas Deihl (2018)

Florence, MA

Director of American Indian and Ethnographic Art, Skinner Inc.

#### Robert J. Dietel (2018)

Concord, NH

Attorney, Gallagher, Callhan & Gartrell

#### Scott Devoid (Lakota/Cree) (2015)

Concord, NH

Manager, Stone Creations of NH, Claremont Branch

#### Jessica Eshleman (2016)

Londonderry, NH

Development Director, New Hampshire Humanities Council

#### Robert G. Goodby (2018)

Stoddard, NH

Professor, Department of Anthropology

Franklin Pierce University

#### Paige Oristano (Chinook heritage) (2019)

New London, NH

Vice President, Oristano Foundation - Retired

Mt. Kearsarge Indian Museum Trustee List (Term Limit)

#### Denise Pouliot (Cowasuck) (2016)

Alton, NH Cowasuck Band Event/Education Coordinator Advocacy

#### Lee Richmond (2014)

Dunbarton, NH Media Specialist, Videographer/Writer

#### Siobhan Senier (2019)

Epping, NH Associate Professor, English University of New Hampshire

6. List Geographic Areas Serve	d by Organization:
New Hampshire	
United States	
We also have visitors regularly	from Europe, Asia and Oceania

### CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW MTKEA-1

DATE (MIN/DD/YYYY)

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(les) 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 tificate holder in lieu of such endor

COLUMN	E Holder III Hee of George Chique Selliende			
PRODUCER Michaud & Sammon Ins - Newport Newport Division PO Box 788 Newport, NH 03773		603-863-7465		
		603-863-2612	PHONE FAX (A/C, No. Ext): (A/C, No):	
			E-MAIL ADDRESS:	
			INSURER(S) AFFORDING COVERAGE	NAIC#
			INSURER A: Peerless Insurance Company	24198
INSURED Mt K	Mt Kearsarge Indian Museum		INSURER B : TECHNOLOGY INSURANCE CO	
	PO Box 142		INSURER C : CHUBB	
Warner, NH 03278			INSURER D :	
			INSURER E:	
			INSURER F:	
		J		

CERTIFICATE 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.

땲		TYPE OF INSURANCE	ADDL	MA/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
	GEN	HERAL LIABILITY						EACH OCCURRENCE	\$	1,000,00
A	X	COMMERCIAL GENERAL LIABILITY	l		CBP9714883	05/08/13	05/08/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,00
								PERSONAL & ADV INJURY	5	1,000,00
								GENERAL AGGREGATE	5	2,000,00
[	GEN	YL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,00
	X	POLICY PRO-	!						\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
Ī		ANY AUTO						BODILY INJURY (Per person)	\$	
.		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
Ī		HIRED AUTOS NON-OWNED AUTOS				1 .		PROPERTY DAMAGE (Par accident)	\$	
ĺ									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
[		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X WC STATU- OTH-		
в	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		TWC3354821	05/08/13	05/08/14	E.L. EACH ACCIDENT	\$	500,00
	(Mar	ICER/MEMBER EXCLUDED?  Identify in NH)						E.L. DISEASE - EA EMPLOYEE	\$	500,00
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,00
5	D&C	D/EPLI			8167-9419	01/19/13	01/19/14	COMBINED		1,000,00
ŀ	CLA	IMS MADE								

	CERTIFICATE HOLDER	CANCELLATION
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NH STATE COUNCIL ON THE ARTS 19 PILLSBURY ST,. 1ST FLOOR CONCORD, NH 03301

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

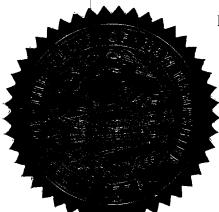
AUTHORIZED REPRESENTATIVE

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# State of New Hampshire Bepartment of State

#### **CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MT. KEARSARGE INDIAN MUSEUM is a New Hampshire nonprofit corporation formed June 26, 1990. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 15<sup>th</sup> day of August A.D. 2013

William M. Gardner Secretary of State

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