

JAR 64

Lorraine S. Merrill, Commissioner

May 17, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive

Dear Governor Sununu and Honorable Council,

RETROACTIVE REQUESTED ACTION

Authorize the State Conservation Committee to retroactively amend a grant with Strafford County Conservation District, ("Grantee") VC #229167, in the amount of \$10,000 for the *New England Cottontail Habitat Restoration at Strafford County Farm, in the city of Dover, Strafford County*, by extending the completion date from April 30, 2017 to December 1, 2018. No additional funding is involved in this time extension. The original grant was approved by the Governor and Council on April 22, 2015, item #48. 100% Other Funds – State Conservation Committee.

EXPLANATION

This is a retroactive request because the process of completing the restoration work is season and weather-dependent and Strafford County Conservation District (Grantee) did not have ideal conditions until December 2016; thus delaying the completion of the subsequent tasks. The Grantee is requesting the 20 month time extension to complete the project by December 1, 2018.

Based on information the Grantee provided to the State Conservation Committee, the committee is confident that the project will be completed.

Respectfully Submitted,



Lorraine S. Merrill
Commissioner

Agreement for Services with the Strafford County Conservation District
Amendment No. 1 for Agreement # 155559

This Agreement (hereinafter called the "Amendment") dated this 6th day of March, 2017, is by and between the State of New Hampshire (hereinafter referred to as the "State") and the Strafford County Conservation District (hereinafter referred to as the "Vendor").

WHEREAS, pursuant to an Agreement (hereinafter called the "Agreement") approved by the State on April 22, 2015 the Vendor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, the Vendor and the State have agreed to amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

- 1) Amendment and Modification of Agreement: The Agreement is hereby amended as follows:
 - i) The Completion Date as set forth in sub-paragraph 1.6 of the Agreement shall be changed from 4/30/2017 to 12/1/2018.
- 2) Effective Date of Amendment: This Amendment shall take effect upon the date of approval of this Amendment by the State.
- 3) Continuance of Agreement: Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement, and the obligations of the parties thereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

Stafford County Conservation District

By: Mark Perry
Signature

MARK PERRY CHAIR
Printed name, Title

STATE OF NEW HAMPSHIRE

COUNTY OF STAFFORD

On this the 6TH day of MARCH, 2017, before the undersigned officer, personally appeared MARK PERRY who acknowledged himself/herself to be the person who executed the foregoing instrument for the purpose therein contained.

IN WITNESS WEHREOF, I hereunto set my hand and official seal.

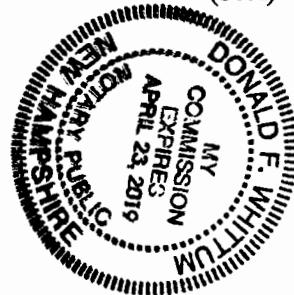
Donald F. Whittum

My Commission Expires:

(seal)

THE STATE OF NEW HAMPSHIRE
Department of Agriculture, Markets & Food

By: Lorraine S. Merrill
Lorraine S. Merrill, Commissioner



Approval by the Attorney General:

By: [Signature]

Dated: 5/17/17

CERTIFICATE of AUTHORITY

I, Dorn Cox, Vice Chair of the Strafford County Conservation District, do hereby certify that:

- 1. I am the duly elected Vice Chair;
- 2. The Strafford County Conservation District has agreed to accept New Hampshire State Conservation Committee funds and to enter into a contract with the New Hampshire State Conservation Committee;
- 3. The Strafford County Conservation District further authorized the 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:

Mark Perry	Chair
Name	Title

IN WITNESS WHEREOF, I have hereunto set my hand as the Vice Chair of the Strafford County Conservation

District on this date May 1, 2017.



 Signature

Dorn Cox, Vice Chair

 Name and Title

STATE OF NEW HAMPSHIRE


County of Strafford

On this the 1st day of May 2017, before me DENISE DUVAL
Notary Public

the undersigned officer, personally appeared Dorn Cox who acknowledged him / herself to be the Vice Chair of the Organization being authorized so to do, executed the foregoing instrument for the purpose therein contained.

In witness whereof, I have set my hand and official seal.

DENISE A. DUVAL, Notary Public
My Commission Expires September 18, 2018



 Notary Public Signature

Commission Expiration Date:
(Seal)

Instructions. The Certificate of Authority provides written evidence that the person signing the contract (Grant Agreement) has authority to act on behalf of the organization (Grantee). Note that the “Grantee” is the organization receiving the SCC Grant funds, and the “Grant Agreement” is the grant contract between the Grantee and the State of NH State Conservation Committee.

- The authority must come from the Grantee’s governing body – either a vote of the Board of Directors or Selectboard, an unanimous written consent of members, or adopted policy or by-law.
- The Grantee selects two persons: a Certifying Officer to sign the Certificate of Authority, and an Officer to sign the Grant Agreement on behalf of the Grantee.
- The Certifying Officer verifies that as of the date of the Grant Agreement, the designated person (Officer) had the authority to sign the Grant Agreement, even if the governing body’s vote to enter into the contract was taken prior to the date the Grant Agreement was signed.

The Certificate of Authority must be signed on or after the date the Grant Agreement is signed.
The Certificate of Authority cannot be signed prior to the date the Grant Agreement is signed.

- There should be three names on the Certificate of Authority form:
 - the person certifying the organization’s actions and the person authorized to sign the contract (Certifying Officer);
 - the person authorized to sign the contract (Officer); and
 - the Notary to witness the Certifying Officer’s signature.

How to fill out the Certificate of Authority Template

- Fill in the “items in quotes”, and delete the “quotation marks”
- Provide the name of the person (“Certifying Officer Name”) that will verify, on behalf of the Grantee, the person authorized (Officer) to sign the contract with the State of NH State Conservation Committee. Provide the person’s title (“Certifying Officer Title”) and the name of Grantee organization (“Grantee Name”).

Numbers 1 through 5 below correspond to the numbers on the template form.

1. Provide the “Certifying Officer Title”.
2. Select one of the options under #2. Delete the option not used.
Option 1 and 2: Provide the Grantee organization’s name (“Grantee Name”).
Option 1: Provide the date that the Grantee organization held a meeting for the purpose of accepting the NH State Conservation Committee grant funds and entering into a contract with the NH State Conservation Committee.
3. The Grantee organization (“Grantee Name”) authorized an Officer of the organization (“Officer Title”) to sign the Grant Agreement on behalf of the Grantee.
4. Statement that the authorization shall not be revoked.
5. Print the “Officer Name” and “Officer’s Title” of the person authorized to sign the Grant Agreement. This is the person identified in #3 above.

NOTE: The person authorized in #3 and # 5 to sign the Grant Agreement must be different from than the person identified in #1 and signing the Certificate of Authority.

Signatures. Complete the “Name of County”, “Certifying Officer Name” and “Certifying Officer Title” in the Notary statement.

- The Certifying Officer signs and dates the Certificate of Authority.
- The Certificate of Authority must be notarized.
- The Certificate of Authority original signature must be mailed to the Grant Administrator of the NH State Conservation Committee (see Grantee instruction packet for address).

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/06/2017

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).

PRODUCER Brandon C Coffman Farm Family Ins Co 297 Sheep Davis Rd Concord NH 03301	CONTACT NAME: Kathleen A Bartlett		
	PHONE (A/C, No, Ext): 603-223-6686	FAX (A/C, No): 603-223-6690	
	E-MAIL ADDRESS:		
INSURED Strafford County Conservation District 264 County Farm Road Dover NH 03820-6003	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Farm Family Ins Co		13803
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		2801X0510	04/09/17	04/09/18	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Select Business Package						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER New Hampshire State Conservation Committee P O Box 2042 Concord NH 03302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Brandon C Coffman</i>

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New Hampshire
Department of Agriculture,
Markets & Food

GAC 4/22/15
#48

Lorraine S. Merrill, Commissioner

March 18, 2015

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

Dear Governor Hassan and Honorable Council,

REQUESTED ACTION

Authorize the New Hampshire State Conservation Committee (SCC) to enter into a grant with Strafford County Conservation District, 259 County Farm Road, Dover, NH 03820, Vendor Code 229167, in the amount of \$10,000.00 for the *New England Cottontail Habitat Restoration at Strafford County Farms*, in the city of Dover, Stafford County, effective upon Governor and Council approval through April 30, 2017. 100% Other Funds – State Conservation Committee.

Funding is available in account, Soil Conservation, as follows with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified, pending FY 16 & 17 budget approval.

Funding is available in the Conservation Number Plate account as follows:

02-18-18-184500-28600000 SOIL CONSERVATION

OBJECT

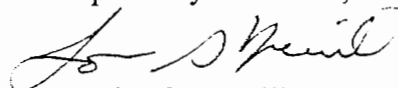
<u>CLASS</u>	<u>ACCOUNT</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>TOTAL</u>
28600000-073-500581	Grants – State	\$7,256	\$2,044	\$700	\$10,000

EXPLANATION

The State Conservation Committee (SCC) in fulfillment of its responsibilities under the Conservation Number Plate grant program, RSA 261:97-c III(a), wishes to provide grant funds to the Strafford County Conservation District to perform certain tasks as enumerated in Exhibit A for the purposes of restoring, enhancing and conserving wildlife through the conversion and management of lands to early successional habitat suitable for New England Cottontail and other wildlife including shrubland birds. The SCC is confident that the grantee possesses the necessary staff and resources to effectively carry out the duties imposed by this grant.

Prior to this request the actual cumulative total of funds provided to ^{Strafford} ~~Cheshire~~ County Conservation District is \$52,575. ✓

Respectfully submitted,

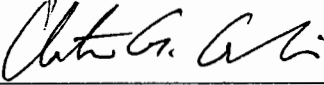


Lorraine S. Merrill
Commissioner

Subject: New England Cottontail Habitat Restoration at Strafford County Farm

**GRANT AGREEMENT
GENERAL PROVISIONS**


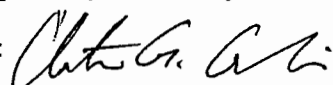
1. IDENTIFICATION.

1.1 State Agency Name State Conservation Committee		1.2 State Agency Address PO Box 2042 Concord, NH 03302	
1.3 Grantee Name Strafford County Conservation District VC 229167		1.4 Grantee Address 259 County Farm Road Dover, NH 03820	
1.5 Grantee Phone Number (603) 749-3037	1.6 Account Number 28600000-500580	1.7 Completion Date 4/30/2017	1.8 Grant Limitation \$10,000.00
1.9 Grant Officer for State Agency Deirdre Brickner-Wood, SCC Grants Administrator		1.10 State Agency Telephone Number (603) 271-3551	
1.11 Grantee Signature 		1.12 Name and Title of Grantee Signatory Mark Perry Chairperson	
By executing this Agreement, Grantee certifies that all applicable public notice, meeting and other requirements for acceptance of this grant, including, but not limited to, the requirements under N.H. RSA 31:95, if applicable, have been fully satisfied.			
1.13 Acknowledgement: State of <u>NEW HAMPSHIRE</u> , County of <u>STRAFFORD</u> On <u>2/13/15</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace <u>JANET HILBER</u>			
1.14 State Agency Signature and date  On: <u>3/1/15</u>		1.15 Name and Title of State Agency Signatory <u>Lorraine S. Merrill, Commissioner</u>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: <u>4/2/15</u>			

Subject: New England Cottontail Habitat Restoration at Strafford County Farm

**GRANT AGREEMENT
GENERAL PROVISIONS**

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1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: <u>4/2/15</u>			

2. PROJECT. In exchange for grant funds provided by the State of New Hampshire, acting through the agency identified in block 1.1 ("State"), the State engages the grantee identified in block 1.3 ("Grantee") to perform, and the Grantee shall perform, the work identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Project"). Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

3. EFFECTIVE DATE/COMPLETION OF PROJECT.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 Except as otherwise specifically provided for herein, the Project, including all reports required by this Agreement, shall be completed prior to the date in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated 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. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. GRANTAMOUNT/LIMITATION ON AMOUNT / PAYMENT.

5.1 The grant amount, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 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 liability to the Grantee other than the grant amount.
5.3 In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 herein, the State shall pay the Grantee the grant amount.
5.4 The State reserves the right to offset from any amounts otherwise payable to the Grantee under this Agreement those sums required or permitted by N.H. RSA 80:7 through RSA 80:7-c and any other provision of law.

5.5 Notwithstanding any provision 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.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 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 impose any obligation or duty upon the Grantee, including, but not limited to, civil rights and equal opportunity laws. In addition, the Grantee shall comply with all applicable copyright and other intellectual property laws that impose any obligation or duty upon the Grantee.
6.2 During the term of this Agreement, the Grantee shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Grantee shall comply with all federal laws and regulations to the extent they apply to the subject matter of this Agreement and are required by the amount of federal funds involved in this Agreement, which include, but are not limited to: the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations; Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d et seq.), which prohibits discrimination on the basis of race, color, and national origin; Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination against qualified individuals with disabilities; and the Age Discrimination Act of 1975 (42 U.S.C. 6010-6107), as amended, which prohibits discrimination the basis of age. The Grantee shall maintain all records necessary to enable the State or the United States to account for all payments made to Grantee for costs permitted under this Agreement for a minimum period of seven (7) years from the final completion of this Agreement, or until all audits initiated under this Agreement have been completed, whichever is later ("Audit Review Period"). Grantee further agrees to permit the State or United States access to any of the Grantee's books, records and accounts during the Audit Review period for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 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 the Project, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Grantee shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 herein, the State shall pay the Grantee the Grant amount. The Grant Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Grant Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Project satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 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;

8.2.2 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;

8.2.3 set off against any other obligations the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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, papers, 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 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. No data shall be subject to copyright in the United States or any other country by anyone other than the State. 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.

9.4 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. RECORDS AND ACCOUNTS.

10.1 Between the Effective Date and seven (7) years after the Completion Date, 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.

10.2 Between the Effective Date and seven (7) years after the Completion Date, 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 general provisions.

11. CONFLICT OF INTEREST. No officer, member or 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 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

qualified to perform the Project, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Grantee shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 herein, the State shall pay the Grantee the Grant amount. The Grant Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Grant Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Project satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 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;

8.2.2 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;

8.2.3 set off against any other obligations the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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, papers, 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 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. No data shall be subject to copyright in the United States or any other country by anyone other than the State. 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.

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11. CONFLICT OF INTEREST. No officer, member or 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 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.

12. TERMINATION.

12.1 In the event of an 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 ("Termination Report") describing in detail all Project work performed, and the grant amount earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

12.2 In the event of Termination under paragraphs 4 or 12.4, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the grant amount earned to an including the date of termination.

12.3 In the event of Termination under paragraphs 4 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 of default has been given to the Grantee hereunder, the Grantee may terminate this Agreement without cause upon thirty (30) days prior written notice.

13. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Grantee is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Grantee nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

14. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Project work shall be subcontracted by the Grantee other than as set forth in Exhibit A without the prior written consent of the State.

15. 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 or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions 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 in paragraph 15 shall survive the termination of this Agreement.

16. INSURANCE.

16.1 The Grantee shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

16.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

16.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

16.2 The policies described in subparagraph 16.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

16.3 The Grantee shall furnish to the Grant Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Grantee shall also furnish to the Grant Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Grant Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

17. WORKERS' COMPENSATION.

17.1 By signing this agreement, the Grantee agrees, certifies and warrants that the Grantee is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

17.2 To the extent the Grantee is subject to the requirements of N.H. RSA chapter 281-A, Grantee shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Grantee shall furnish the Grant Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation and any applicable renewal(s) thereof in the manner described in N.H. RSA chapter 281-A which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Grantee, or any subcontractor or employee of Grantee, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Project under this Agreement.

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 of

Default, or any subsequent Event of Default. No express failure to enforce any Event of Default 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 Event of 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 given in blocks 1.2 and 1.4, herein.

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 Executive Council of the State of New Hampshire.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

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. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

24. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

25. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

26. 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.

or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

12. TERMINATION.

12.1 In the event of an 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 ("Termination Report") describing in detail all Project work performed, and the grant amount earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

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12.3 In the event of Termination under paragraphs 4 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 of default has been given to the Grantee hereunder, the Grantee may terminate this Agreement without cause upon thirty (30) days prior written notice.

13. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Grantee is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Grantee nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

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16.1 The Grantee shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

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16.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

16.2 The policies described in subparagraph 16.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

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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 of

Exhibit A
Scope of Services

The Strafford County Conservation District shall perform the following tasks as described below and detailed in the proposal titled *New England Cottontail Habitat Restoration at Strafford County Farm* in the Town of Dover, Strafford County, NH, dated September 26, 2014:

Task 1: Demonstrate the completion of the habitat restoration project plan. State Conservation Committee grant funds will support the completion of site restoration during Spring – Fall year 1, including cutting, invasive species control, and planting native species.

Task 2: Complete evaluation of plantings and invasive species control work in Spring - Fall year 1, and provide additional plantings and invasive control, as appropriate, in Fall year 1. Complete a project demonstration workshop for the public.

Task 3: Complete an evaluation of plantings in Spring – Fall year 2, and provide additional plantings and invasive control, as appropriate, in Spring – Fall year 2.

Task 4: Project Completion. Provide the following:

- a. Implement public awareness program and provide documentation of relevant publications. Include the SCC Moose Plate logo and funding credit in all materials; provide project photograph for State Conservation Committee use.
- b. Install and display the SCC Moose Plate sign, provide by the State Conservation Committee, as appropriate on the project site, and provide dated photograph of installed sign.
- c. Submit final report in the SCC format provided. The final report and all attachments shall be submitted in paper copy and on a CD-ROM.

Outreach Materials Provision

All materials produced for public distribution shall include the SCC logo and the following citation: “This project is supported by funds from the sale of the Conservation License Plate (Moose Plate) through the NH State Conservation Committee grant program.”

Subcontract Provision

The Grantee may subcontract the services described in Tasks 1 and 2 to entities that are qualified and appropriately licensed to conduct such activities.

Exhibit B
Contract Price and Method of Payment

All services shall be performed to the satisfaction of the State Conservation Committee before payment is made. All payments shall be made upon receipt and approval of stated outputs and completion of the project.

Payment shall be made in accordance with the following schedule based upon completion of specific tasks described in Exhibit A:

Upon completion and SCC approval of Task 1	\$7,000.00
Upon completion and SCC approval of Task 2	\$256.00
Upon completion and SCC approval of Task 3	\$2,044.00
Upon completion and SCC approval of Task 4	\$700.00
TOTAL	\$10,000.00

Exhibit C
Special Provisions

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.

Grant Agreement Section 16.1.1 is amended due to the reduced potential risk to the State, thereby reducing the per occurrence coverage from \$2,000,000 to \$1,000,000. Section 16.1.1 is hereby amended as follows: "comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$1,000,000 per occurrence."

Exhibit C
Special Provisions

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.

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CERTIFICATE of AUTHORITY

I, Dorn Cox, Vice Chair of the Strafford County Conservation District do hereby certify that:

- 1. I am the duly elected Vice Chair;
- 2. At the meeting held on this date: February 11, 2015, the Strafford County Conservation District voted to accept State Conservation Committee funds and to enter into a contract with the State Conservation Committee;
- 3. The Strafford County Conservation District further authorized the Chairman 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:

Marc Perry Chairman
 [Print name of Officer Authorized to Sign] Title

IN WITNESS WHEREOF, I have hereunto set my hand as the Vice Chair of the Strafford County Conservation District on this date 02/13/15.
[Signature] Vice Chair
 [Signature of Certifying Officer] Title

STATE OF NEW HAMPSHIRE
 County of STRAFFORD
 On this the 13 day of FEBRUARY, 2015, before me JANET HILBER
 (Notary Public)

the undersigned officer, personally appeared DORN A. COX [Printed Name of Certifying Officer] who acknowledged him/herself to be the VICE CHAIR [Office Title] of the Organization being authorized so to do, executed the foregoing instrument for the purpose therein contained.

In witness whereof, I have set my hand and official seal.

[Signature]
 (Notary Public Signature)

Commission Expiration Date:
 (Seal) 10/16/18





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2015

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).

PRODUCER Anthony A Viscusi Farm Family Casualty Insurance Company 297 Sheep Davis Road Concord NH 03301	CONTACT NAME: Kathleen A Bartlett PHONE (A/C, No, Ext): 603.223.6686 E-MAIL ADDRESS: FAX (A/C, No): 603.223.6690																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Farm Family Casualty Insurance Company</td> <td>13803</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Farm Family Casualty Insurance Company	13803	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER E:																					
INSURER F:																					
INSURED Stafford County Conservation District 264 County Farm Road Dover NH 03820																					

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


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Select Business Package GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2801X0510	04/09/2014	04/09/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Conservation Committee Grant Award

CERTIFICATE HOLDER**CANCELLATION**

New Hampshire State Conservation Committee P O Box 3907 Concord NH 03302	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2015

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).


PRODUCER Anthony A Viscusi Farm Family Casualty Insurance Company 297 Sheep Davis Road Concord NH 03301		CONTACT NAME: Kathleen A Bartlett PHONE (A/C No, Ext): 603.223.6686 FAX (A/C, No): 603.223.6690 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Farm Family Casualty Insurance Company	NAIC # 13803
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Select Business Package GENT. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		2801X0510	04/09/2014	04/09/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Conservation Committee Grant Award

CERTIFICATE HOLDER	CANCELLATION
New Hampshire State Conservation Committee P O Box 3907 Concord NH 03302	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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