



# STATE OF NEW HAMPSHIRE DEPARTMENT of NATURAL and CULTURAL RESOURCES DIVISION of HISTORICAL RESOURCES

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301

May 31, 2019

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

#### REQUESTED ACTION

The Department of Natural and Cultural Resources, Division of Historical Resources respectfully requests permission to award a Conservation License Plate (Moose Plate) Grant to the City of Franklin (VC #177390) for rehabilitation of the Odell Park Cottage in the amount of \$10,000 effective upon Governor and Executive Council approval through September 30, 2020. 100% Agency Income

Funding is available as follows:

03-35-35-350010-34000000 Office of the Commissioner 054-500527 Trust Fund Expenditures FY 2019

\$10,000

#### **EXPLANATION**

Pursuant to RSA 261:97-c, Conservation Number Plate Funds are used to promote the use and conservation of cultural resources in New Hampshire and to preserve the cultural heritage that belongs to all New Hampshire citizens by providing for the preservation of publicly-owned historic properties.

The Odell Park Cottage was built circa 1915 as a home for the park caretaker. A park caretaker occupied it until 1994, when the City Parks and Recreation Department took over the building. Both Boy and Girl Scout troops use the building for meetings and the Parks and Recreation summer camp program uses the building; however, it is very much in need of sensitive repairs to make it more useful to the community. The building contributes to the Franklin Falls Historic District, which is listed to the National Register of Historic Places.

Respectfully submitted,

cectury submitted,

Sarah L. Stewart Commissioner

### GRANT AGREEMENT Grant #MP-18-07

## New Hampshire Division of Historical Resources

This agreement between the State of New Hampshire, Division of Historical Resources (hereinafter "DHR") and the City of Franklin (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- 1. GRANT PERIOD: Pending G&C Approval September 30, 2020 [2 years to complete]
- 2. OBLIGATION OF THE GRANTEE: The Grantee agrees to accept \$10,000 and apply it to the project(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.

As required by the Conservation License Plate Grant Program and the DHR, Grantee agrees to prominently place a DHR provided grant information sign on site or within the community throughout the project funded by this grant, and to acknowledge support of the DHR and the Conservation License Plate Program on any materials promoting the project.

attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant shall cease.

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3. PAYMENT of 50% will be made following review, by the NH Attorney, General's Office and Governor and Council (as appropriate). Payment of the final 50% will be made upon receipt and approval of the final report documentation.

4. REPORTING: The Grantee agrees to submit a narrative report of progress to the DHR by April 1 and September 1 annually for the duration of the grant which summarizes progress on the project. The Grantee agrees to submit a final financial and project report-in-a-format provided by the DHR, no more than 30 days after the end of the grant period.

The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the

5. SOVERIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

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DEPARTMENT OF NATURAL AND CULTURAL RESOURCES	GRANTEE MUNE JUDIE MILIER
Sarah L. Stewart, Commissioner Date	Address 316 Conferent
DIVISION HISTORICAL RESOURCES	Authorized Signature Date  STATE OF NEW HAMPSHIRE, COUNTY OF
ESCMULY 5/22/19 Elizabeth Muzzey, Director/SHPO Date	The foregoing statement was acknowledged before me this
Elizabeth Muzzey, Dhector/SHFO Date	Signature of Notary Public MCommission Expires  COMMISSION  EXPIRES
Approved as to form, substance and execution:	MAY 18, 2021
Office of Attorney General Date	HAMPSHIM

## CERTIFICATE FOR MUNICIPALITIES

I (insert name) Katie Gargano, of (insert Municipality name), Franklin, NH
do hereby certify to the following assertions:
1. I am a duly elected and acting Clerk/Secretary for the Municipality documented above, which is in
the State of New Hampshire
2. I maintain and have custody of, and am familiar with, the minute books of the Municipality:
3. I am duly authorized to issue certificates with respect to the contents of such books:
4. The following are true, accurate and complete copies of the resolutions adopted during an official
meeting of the Municipality. Said meeting was held in accordance with the laws and by-laws of the
State, upon the following date (insert meeting date) 5-6-2019.
RESOLVED: That this municipality shall enter into a contract with the State of New Hampshire,
acting by and through the Department of Natural and Cultural Resources providing for the
performance by this Municipality of certain services as documented within the foregoing grant
application, and that the official listed, (document the title of the official authorizing the grant, and document the name of the individual filling that position) City Mange, Judie Milmon
document the name of the thatviaual fitting that position) 1.114 value / Doct Rathinon
behalf of this Municipality, is authorized and directed to enter into the said grant agreement with the
State of New Hampshire, and that they are to take any and all such actions that may be deemed
necessary, desirable of appropriate in order to execute, seal, acknowledge and deliver any and all
documents, agreements and other instruments on behalf of this Municipality in order to accomplish
the same.
RESOLVED: That the signature of the above authorized party or parties of this Municipality, when
affixed to any instrument of document described in, or contemplated by, these resolution, shall be
conclusive evidence of the authority of said parties to bind this Municipality, thereby:
5. The foregoing resolutions have not been revoked, annulled, or amended in any manner what so ever
and remain in full force and effect as of the date hereof;
6. The following person or persons have been duly elected to, and now occupy, the Office or Offices
indicated: Municipality Mayor: Tony Givnta
Municipality Mayor: 1000 Clothe 2000 Co.
Municipality Clerk: Katik Gargano
Municipality Treasurer: AVACEY LADZINO IN WITNESS WHEREOF: As the Clerk/Secretary of this municipality, I sign below upon this date
(insert date of signing) 5-10-2019
Clerk/Secretary (signature) Action (Section 1)
In the State and County of: (State and County names) NH, Merrimack
NOTARY STATEMENT: As Notary Public and/or Justice of the Peace, REGISTERED IN THE
STATE OF: New Hampshire , County of: Merrimack.
UPON THIS DATE (insert full date) 5 · 10 · 19, appeared before me (print full name of notary)
the undersigned officer personally appeared (Insert officers
name) Kotte Gaccano who acknowledged him/herself to be (Insert the name
of municipality) Municipality Clerk and that being authorized to do so, he/she executed
the foregoing instrument for the purposes therein contained, by signing by him/herself in the name of th
Municipality
In witness whereof I hereintast my hand and official seal. (provide signature, seal and expiration of
commission)

Official Seel
Audrey Lanzillo
Notary Public - New Hampshire
My Commission Expires
June 21, 2022



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/22/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

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	DUCER						en Snell, Cl	С							
	is & Towle Morrill & Everett, Inc.				PHONE (A/C, No. Ext): (603) 715-9754 (A/C, No. Ext): (603) 225-7935										
	Airport Road scord, NH 03301						davistowle	.com	`						
						· · · · · · · · · · · · · · · · · ·	·	RDING COVERAGE		NAIC#					
			INSURER A : Travelers Insurance					19046							
INSURED  City of Franklin 316 Central St.			INSURER 8:												
			INSURER C:												
			INSURER D:												
Franklin, NH 03235				INSURER E :											
					INSURER F:										
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:							
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI	REMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS					
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S						
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000					
	CLAIMS-MADE X OCCUR			ZLP31M3545317PA		7/1/2018	7/1/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	S	100,000					
					,			MED EXP (Any one person)	s	0					
						i		PERSONAL & ADV INJURY	\$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:			•				GENERAL AGGREGATE	\$	2,000,000					
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000					
	OTHER:								\$						
Α	AUTOMOBILE LIABILITY	[ :						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000					
	X ANY AUTO			H81107F133872COF17		7/1/2018	7/1/2019	BODILY INJURY (Per person)	\$	•					
	OWNED SCHEDULED AUTOS			, '				BODILY INJURY (Per accident)	\$						
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s						
		<u> </u>							\$						
Α	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	4,000,000					
	EXCESS LIAB CLAIMS-MADE	4	/	ZUP91M3658917PB		7/1/2018	7/1/2019	AGGREGATE	Ş	4,000,000					
	DED X RETENTIONS 10,000		<u> </u>						\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						]	PER OTH-							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$						
	(Mandatory in NH) If yes, describe under	ŀ	l					E.L. DISEASE - EA EMPLOYEE	\$						
	DESCRIPTION OF OPERATIONS below		<u> </u>					E.L. DISEASE - POLICY LIMIT	\$						
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	CORE	101, Additional Remarks Schedu	ile, may b	attached if mor	re space is requir	ed)	•						
								•							
	DTISIOA TE UOI DED				CANC	TI LATION									
CE	RTIFICATE HOLDER	<del></del>			CANC	ELLATION									
Department of Natural and Cultural Resources 172 Pembroke Road Concord, NH 03301					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE											
										Mary Ellen Vall					
															11/6
				A.C.	ORD 25 (2016/03)					<u>ක</u> 19	88-2015 AC	ORD CORPORATION.	All rial	hts reserved	

Marsh Building Construction and Project-Management, LLC 6 Daniel St. Franklin, NH 03235

## **Estimate**

Oate

4/22/2015

Name / Address

City of Franklin
Parks and Recreation Dept
Rowell Drive
Franklin, NH 03235



		Project		
March Building Construction will provide materials and labor for the	construction will provide materials and labor for the Odell Co			
Description		Rate		
NORTH PORCH RENOVATION				
Remove existing lattice work, and trim, and set aside. Provide temporary support under entire length of porch and rais jacking, evenly at both ends, to an above level position. Remove rotted posts and support frame work. Locate and exca post holes and fill with concrete. Install new, historically accurate, support posts and framing directly over new concret Lower porch down into level position. Ensure proper attachment of the porch to the main house, using lag bolts and at connector deemed necessary. Remove temporary support from under the porch.  Repair previously removed lattice work, and trim. Scrape and sand peeling paint, re-nail loose strips, replace rotted sec are beyond repair. Apply primer to all exposed areas of wood. Apply two coats of paint. Install repaired lattice and triu underside of porch in their original positions.	vate new te piers. ty	3,200.00		
Assess wooden shingle siding and wood trim and begin repairs. Shingles beyond repair will be removed and replaced with similar, historically accurate materials. All siding will be scraped to remove peeling paint, wire brushed where necessary. All exposed wood will have a coat of primer paint, with two coats of paint applied thereafter. Color to be determined by the City of Franklin. Remove existing entry door and assess. Remove/strip paint down to bare wood. Repair any damaged sections as necessary. Apply one coat of primer and two coats of exterior paint to all sides, including top and bottom of door. Scrape and paint door jambs to match exterior trim. Sand and scrape threshold and apply three coats of exterior "Spar" varnish to exposed wood.				
Remove damaged interior floor boards and assess. Replace floor boards that are deemed beyond repair, and replace with historically accurate material. Strip remaining flooring down to bare wood, removing scratches, dings, dents and other imperfections. Apply three coats of methane floor finish to the fresh floor boards.	th.	1,500.00		
Remove window sashes, and strip or scrape paint down to bare wood. Sand sashes smooth, and apply primer, and two paint to interior and exterior. Scrape and sand the window jambs, casings and wall surfaces. Repair damaged areas as Apply primer to fresh wood, and two coats of finish paint or three coats of wethane finish depending on existing finish Repair window sash cords where needed, and install window sashes.	needed.	1,700.00		
Thank you for considering us for your project	otal	\$10,000.00		