



STATE OF NEW HAMPSHIRE
DEPARTMENT of NATURAL and CULTURAL RESOURCES
STATE COUNCIL on the ARTS

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301
Phone: 271-2789 Fax: 271-3584

May 19, 2022

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

REQUESTED ACTION

Authorize the Department of Natural and Cultural Resources, Division of the Arts, to award an American Rescue Plan Act grant to The Alchemists (VC #282774), Henniker, NH in the amount of \$6,000 for salary support of the Artistic Director and artist contract fees for the Composer in Residence, effective upon Governor and Council approval through June 30, 2022. 100% Federal Funds

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

03-035-035-353510-24930000-072-500575 - Grants Federal

FY 2022
\$6,000

EXPLANATION

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


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

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

Earlier in Fiscal Year 2022, The Alchemists received a Youth Arts Project grant in the amount of \$4,000 bringing the cumulative total to the \$10,000 threshold, therefore requiring Governor and Council approval. The Alchemists is an arts organization that serves communities with original performing arts programs that educate, entertain, and give a sense of identity including children's theater and a touring programming for seniors in NH healthcare facilities.

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

Respectfully submitted,


Sarah L. Stewart
Commissioner





NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

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

1. GRANT PERIOD: FY2022

2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$6,000.00 and apply it to the program(s) described in the grant application and approved budget for American Rescue Plan | Salary Support. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



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

New Hampshire
State Council on the Arts

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.

3. PAYMENT will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council

4. FINAL REPORT: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.

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

COUNCIL APPROVAL

Contracting Officer for State Agency

[Signature]
Signature

4/14/22
Date

Name, Title: Virginia Lupi, Director

[Signature]
Signature

5/23/2022
Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature]
Office of Attorney General

5/26/2022
Date

GRANTEE SIGNATURE

Org/ Name: The Alchemists

Address: 80 653

[Signature]
Printed Name of Authorized Official for Grantee

Authorized Official's Signature & Title

Date

Chaffon Boisvert

Notary Public, State of New Hampshire
My Commission Expires Sept. 5th, 2023

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack

On the 8th day of April, 2022 before the undersigned officer, personally appeared

[Signature]
(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 indicated

Notary Public / Justice of the Peace

Printed Name: Chaffon Boisvert

My Commission expires: Sept. 5th 2023
10622]

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 ALCHEMISTS is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 01, 2002. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 407096

Certificate Number: 0005000522



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of September A.D. 2020.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	THE ALCHEMISTS	Business ID:	407096
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	05/01/2002	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	05/01/2002		
Principal Office Address:	PO Box 658, Henniker, NH, 03242, USA	Mailing Address:	NH, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / FOSTER & DEV PLAYWRITING BY PROVIDING INSTRUCTION FOR THE DEV BY INDIV & COMMU	

Principals Information

Name/Title	Business Address
Mary McFall / President	45 S. Main St, Concord, NH, 03301, USA
Sandra Kalicik / Vice President	PO Box 422, Bow, NH, 03304, USA
Tom Dunn / Director	PO Box 658, Henniker, NH, 03242, USA
Kelly Hilton / Secretary	10 Grandview Rd, Bow, NH, 03304, USA
Jack Richman / Treasurer	959 River Rd, Weare, NH, 03281, USA

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Registered Agent Information

Name: Not Available

Registered Office Not Available
Address:

Registered Mailing Not Available
Address:

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

[Filing History](#) [Address History](#) [View All Other Addresses](#) [Name History](#) [Shares](#)

[Businesses Linked to Registered Agent](#) [Return to Search](#) [Back](#)

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)
(/online/Home/ContactUS)

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Certificate of Authority #1

(Corporation, Non-profit Corporation)

Corporate Resolution

I, Mary E. McFall, hereby certify that I am duly elected Clerk/Secretary/Officer
(Name of Person A)
of The Alchemists' Workshop. I hereby certify the following is a true record of a vote taken
(Name of Organization)
at a meeting of the Board of Directors/shareholders, duly called and held on March 27, 2022, at
which a quorum of the directors/shareholders were present and voting.

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

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

DATED: 4/4/22

ATTEST: Mary E. McFall
(Signature of Person A)

STATE OF New Hampshire
COUNTY OF Merrimack

On the 4th day of April, before me, Kimberly D. Cote,
the undersigned officer personally appeared Mary E. McFall, known to me
or satisfactorily proven to be the person whose name is subscribed to the within instrument and
acknowledged that he/she executed the same for purposes therein contained. In witness whereof,
I hereunto set my hand and official seal:

Kimberly D. Cote
Justice-of-the-Peace / Notary Public

My Commission Expires: KIMBERLY D. COTE, Notary Public
My Commission Expires January 8, 2025



ALCHWOR-01

AHILTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/29/2022

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

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

PRODUCER
Davis & Towle-Walnut Hill, LLC
27 Route 101A
Amherst, NH 03031

CONTACT
NAME:
PHONE
(A/C, No, Ext): (603) 872-5155 FAX
(A/C, No): (603) 872-5154
E-MAIL
ADDRESS:

INSURED
Alchemists Workshop DBA: Henniker Youth Theatre
c/o Tom Dunn
PO Box 658
Henniker, NH 03242

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: MMG Insurance Company	15997
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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CF12513100	4/17/2022	4/17/2023	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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		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)

CERTIFICATE HOLDER

CANCELLATION

NH Department of Natural & Cultural Resources
172 Pembroke Rd
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

Unaiueal Katto