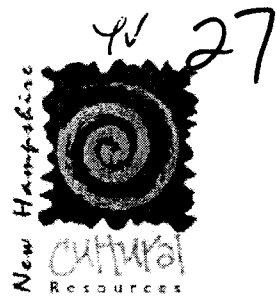




STATE OF NEW HAMPSHIRE  
DEPARTMENT of CULTURAL RESOURCES

State Council on the Arts, Division of Historical Resources  
State Library, Film & Television Office,  
Commission on Native American Affairs (administratively attached)

20 Park Street  
Concord, New Hampshire 03301



VAN McLEOD  
Commissioner  
Van.McLeod@dcr.nh.gov

TEL: 603-271-2540  
FAX: 603-271-6826  
www.nh.gov/nhculture

December 2, 2014

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 a Partnership Initiative Grant in the amount of \$23,000 to New Hampshire Writers Project (Vendor code 166654) for the Poetry Out Loud Project, effective upon Governor and Council approval through June 30, 2015.  
100% Federal Funds.

Funds are available in the account titled Federal Arts Partnership Grant as follows:

01-34-34-341010-1255000-072-500575 Grants Federal **FY15**  
\$23,000

**EXPLANATION**

The New Hampshire Writers Project, in partnership with NH State Council on the Arts, the National Endowment for the Arts and the NEA Poetry Foundation is sponsoring the 2015 State of New Hampshire Poetry Out Loud National Recitation Project. Since its inception, the NH POL program has worked with a non-profit Fiscal Agent through a partnership model. Pursuant to State of New Hampshire requirements for an open bid process, a Request for Proposal for a fiscal agent was issued to six non-profit arts organizations for the FY2015 NH POL Program and it was posted to our website. The New Hampshire Writer's Project was the only bidder.

New Hampshire has experienced growth in participation each year, due to an increase in enrollment four regional finals will be held at the New Hampshire Institute of Art, New England College, Southern New Hampshire University and Jean's Playhouse, Lincoln and the state finals were held in Representative's Hall at the State House. This project encourages the New Hampshire youth to learn about great poetry through memorization and performance. *Poetry Out Loud* uses a pyramid structure that begins at the classroom level. Winners advance to the school wide competition, then to the state competition, and ultimately to the National Finals. This exciting program helps students master public speaking skills, build self-confidence, and learn about their literary heritage.

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

The New Hampshire Writers Project has previously received grants totaling \$2,925 in fiscal year 2015

Respectfully submitted,

Van McLeod  
Commissioner





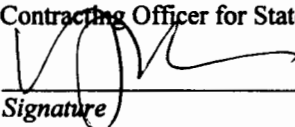
NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

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

- GRANT PERIOD: FY2015**
- OBLIGATIONS OF THE GRANTEE:**
  - The Grantee agrees to accept \$23,000.00 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:
 

**NH Writers Project 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.
- PAYMENT** will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
- 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.**
- 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 \_\_\_\_\_ Date 11.17.14  
 Name, Title: Virginia Lupi, Director

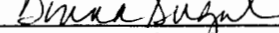
GRANTEE SIGNATURE

Org/ Name: NH Writers Project  
 Address: 2500 N. River Rd Manch. NH  
  
 Printed Name of Authorized Official for Grantee  
 Authorized Official's Signature & Title \_\_\_\_\_ Date 10/20/14

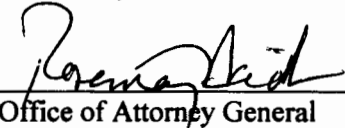
NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Rockingham

On the 20 day of Oct 2014 before the undersigned officer, personally appeared John Herman  
 (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: Donna Dugal  
 My Commission expires: Feb 22, 2017

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:  
  
 Office of Attorney General \_\_\_\_\_ Date 12-1-14

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 on the same date or after 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

NH WRITERS' Project on Aug 20, 2014  
(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 JOHN HERMAN is hereby authorized  
(Printed name of authorizing official)

on behalf of this Corporation to enter into contracts with the State of New Hampshire and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as (s)he may deem necessary, desirable or appropriate."

Signed: [Signature]  
(Signature of Clerk/Secretary to the board)  
Printed Name JOHN HERMAN

**2. \*\*Certificate**

STATE OF NEW HAMPSHIRE  
COUNTY OF Rockingham

On the 20 day of Oct, 2014 before the undersigned officer, personally appeared John Herman, or satisfactorily proven to be the person whose name appears  
(print name of person whose signature is being notarized)

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

Donna Dugal  
Notary Public/ Justice of the Peace  
Printed Name: Donna Dugal  
My Commission Expires Feb 22, 2017

DONNA DUGAL  
NOTARY PUBLIC  
STATE OF NEW HAMPSHIRE  
My commission expires Feb 22, 2017

## **New Hampshire Writers' Project Board of Trustees**

*Trustees can serve two three-year terms. Terms extended if serving as an officer. Term ends December 31st of the given year.*

Jerri Clayton  
First term ends 2016.

Kevin Flynn  
First term ends 2016.

Meghan Glynn  
First term ends 2016.

Kathy Gillet  
First term ends 2015.

Rob Greene (Vice President)  
First term ends 2015.

John Herman (President)  
Second term ends 2016.

Sally Hirsh-Dickenson  
First term ends 2016.

Barbara Rath Hoover (Treasurer)  
First term ends 2017.

Jim Kelly  
jim@jimkelly.net  
Second terms ends 2016.

Crystal Paradis  
First term ends 2016.

Mary A. Russell  
First term ends 2017.

Amy Suchocki (Secretary)  
First term ends 2015.

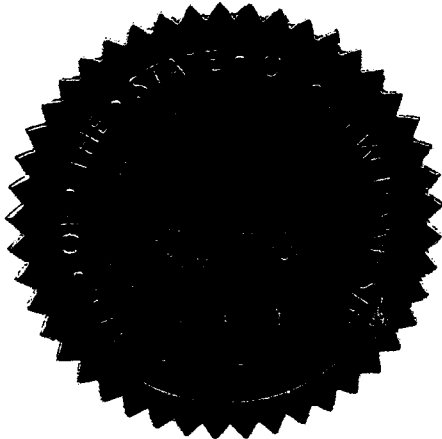
Kristina Wright  
First term ends 2016.

Mary Jo Alibrio (ex-officio)  
Ex-officio term ends 2014.

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 NEW HAMPSHIRE WRITERS & PUBLISHERS PROJECT is a New Hampshire nonprofit corporation formed May 4, 1988. 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 23<sup>rd</sup> day of September A.D. 2013

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

William M. Gardner  
Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/12/2014

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

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

<b>PRODUCER</b> PEOPLE'S UNITED INS AGENCY INC PO BOX 2248  GRAND RAPIDS MI 49501-2248	<b>CONTACT NAME:</b> CUSTOMER SERVICE CENTER <b>PHONE (A/C, No, Ext):</b> (866) 972-7378 <b>FAX (A/C, No):</b> (800) 455-9611 <b>E-MAIL ADDRESS:</b> BUSINESS.CUSTOMERSERVICE@FARMERSINSURANCE.COM
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : FOREMOST SIGNATURE INSURANCE INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

**INSURED** (603) 226-6649  
 NH WRITERS PROJECT  
 2500 N. RIVER ROAD  
 MANCHESTER NH 03106

**COVERAGES**                      **CERTIFICATE NUMBER:** Cert ID 139082                      **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 checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y N	PAS003202951	5/21/2014	5/21/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>	Y N	PAS003202951	5/21/2014	5/21/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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    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)  
 SALES , SERVICE OR CONSULTING ORGANIZATIONS / CERTIFICATE HOLDER IS DESIGNATED AS ADDITIONAL INSURED WITH REGARDS TO GENERAL LIABILITY. SUBJECT TO THE POLICY TERMS AND CONDITIONS.

<b>CERTIFICATE HOLDER</b>  NEW HAMPSHIRE STATE COUNCIL ON THE ARTS  19 PILLSBURY  CONCORD NH 03301	<b>CANCELLATION</b>  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 
--	--