

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



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

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

September 24, 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 Public Value Partnership Grant in the amount of \$13,000 to Arts Alliance of Northern NH (Vendor code 156273) to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors, 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	<u>FY15</u>
	\$13,000

EXPLANATION

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

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

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

The Arts alliance of Northern New Hampshire has previously received grants totaling \$18,500 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 Arts Alliance of Northern NH (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. GRANT PERIOD: FY2015

2. OBLIGATIONS OF THE GRANTEE:

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



Arts Alliance of Northern NH is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee agrees to provide up to two (2) complimentary tickets/admissions as requested for site visits by appropriate Council staff/evaluators.
The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.

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

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

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

9.18.14
Date

Name, Title: Virginia Lupi, Director

GRANTEE SIGNATURE

Org/ Name: Arts Alliance of Northern NH

Address: PO Box 892, Littleton NH 03561

Frumie Selchen

Printed Name of Authorized Official for Grantee

Frumie Selchen, Exec. Director, 7/24/14
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Grafton

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Signature

9-30-14
Date

Office of Attorney General

On the 24th day of July 2014 before the undersigned officer, personally appeared

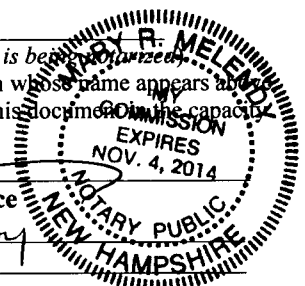
Frumie Selchen

(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: Mary Melnych

My Commission expires:



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

Arts Alliance of Northern
New Hampshire on 2-12-13
(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 Fruenie Selchen 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 Martha M. Evelyn

2. **Certificate

STATE OF NEW HAMPSHIRE
COUNTY OF Grafton

On the 26th day of July, 2014 before the undersigned officer, personally appeared Martha Evelyn, 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.

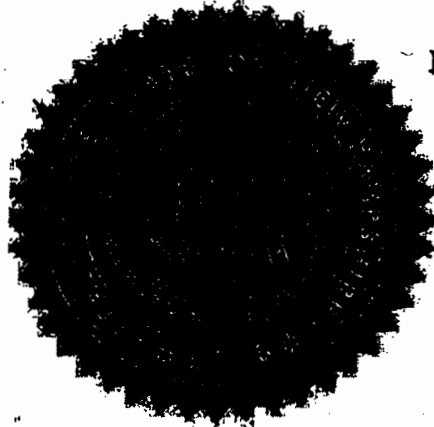
[Signature]
Notary Public/ Justice of the Peace
Printed Name: Jennifer Deem
My Commission Expires 5/9/2017



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 ARTS ALLIANCE OF NORTHERN NEW HAMPSHIRE is a New Hampshire nonprofit corporation formed February 6, 1987. 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 21st day of September A.D. 2011

Handwritten signature of William M. Gardner in cursive script.

William M. Gardner
Secretary of State

Arts Alliance of Northern New Hampshire Board of Directors 2014

Officers

Chair:

Sara (Sally) Glines

Vice-Chair:

Cynthia Robinson

Treasurer:

Robin Henne

Secretary/Clerk to Board:

Martha Evelyn

Board Members

Katherine Ferrier

Sophia Woodley



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/7/2014

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).

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Fairley Kenneally	
	PHONE (A/C No. Ext): (603) 293-2791	FAX (A/C No.): (603) 293-7188
E-MAIL ADDRESS: fairley@esinsurance.com		
INSURER(S) AFFORDING COVERAGE INSURER A: Hartford		NAIC # 19682
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES CERTIFICATE NUMBER: 2014 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	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	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 \$
A	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	04WECD06090	12/29/2013	12/29/2014	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 re: NHSCA Grant

CERTIFICATE HOLDER cassandra.mason@dcr.nh.gov NH State Council On the Arts 19 Pillsbury Street Concord, NH 03301	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 F Kenneally/FAIRLE <i>Fairley Kenneally</i>
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