



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CULTURAL RESOURCES

Division of Arts, Division of Historical Resources,
Division of Libraries, Film and Television Office
Office of Curatorial Services

*American Canadian French Cultural Exchange Commission,
Administratively Attached*

Van McLeod, Commissioner



33 - PJ

October 4, 2013

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

REQUESTED ACTION

The Department of Cultural Resources requests permission to award public value partnership grants totaling \$21,450.00 to the following organization effective upon Governor and Council approval through June 30, 2014. 100% General Funds.

Funds are available in the account titled State Arts Development as follows:

01-34-34-341010-12500000-073-500581 Grants Non-Federal

	<u>Vendor Code</u>	<u>FY14</u>
NH Theatre Project, Portsmouth	156466	\$ 8,450
AVA Gallery, Lebanon	167176	<u>\$13,000</u>
	Total	\$21,450

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.

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 Theatre Project (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. GRANT PERIOD: FY2014/2015
2. OBLIGATIONS OF THE GRANTEE:
 - The Grantee agrees to accept \$8,450.00 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 Theatre 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.
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

[Handwritten Signature]
Signature _____ Date 9/12/13
Name, Title: Lynn Martin Graton, Acting Director

GRANTEE SIGNATURE

Org/ Name: NH Theatre Project
Address: 959 Islington St, Portsmouth, NH 03801
Genevieve Aichele
Printed Name of Authorized Official for Grantee
G. Aichele, Art. Director 8/21/13
Authorized Official's Signature & Title _____ Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Rockingham

On the 21st day of August 2013 before the undersigned officer, personally appeared Genevieve Aichele
(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.

Brian Leader
Notary Public/ Justice of the Peace
Printed Name: Brian Leader
My Commission expires: December 18th, 2013

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

S. Webster 9/25/13
Office of Attorney General _____ Date

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 of

New Hampshire Theater Project on August 15, 2013
(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 Genevieve Aichele 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: Karen M. Kervick
(Signature of Clerk/Secretary to the board)
Printed Name KAREN M. KERVICK

2. **Certificate

STATE OF NEW HAMPSHIRE
COUNTY OF Hillsborough

On the 22 day of August, 2013 before the undersigned officer, personally appeared Karen Kervick, 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.

Michelle Gauthier
Notary Public/ Justice of the Peace
Printed Name: Michelle Gauthier
My Commission Expires _____



GRANTEE INFORMATION FORM for ORGANIZATIONS

Please complete the following for fulfillment of grant requirements by the Governor and Executive Council and the State of New Hampshire's Department of Administrative Services.

Name of

Organization

New Hampshire Theatre Project

1. Statement of Purpose:

(Give your organization's mission statement or list your organization's objectives in the space below)

To create transformational & educational theatre using a collaborative model that encourages both artists & audience members to self-reflection, creative passion & community connection

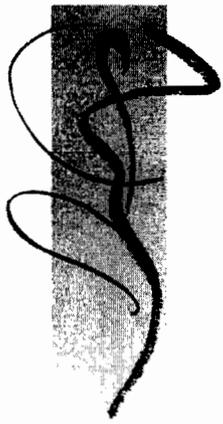
2. Salary of Administrator:

(List annual salary of administrator, not artist's fees, who will be involved in this grant.)

\$24,000

Attach the Following:

3. Resume of Administrator
4. Financial Statement:
-A one-page financial statement of your organization's most recently completed fiscal year.
5. Board of Directors:
A list of the current directors and officers of your organization.
Please do not include any personal information such as home addresses, phone numbers or emails.
6. List Geographic Areas Served by Organization state of NH, southern ME, NB MA
7. Certificate of Liability Insurance
8. Please include a copy of a current year Certificate of Good Standing.
If you do not have a Certificate of Good Standing with the state of NH please call Secretary of State Corporate Division at 271-3244 and request an application.



NEW HAMPSHIRE THEATRE PROJECT

959 Islington Street · Portsmouth, NH 03801
603/431-6644 www.nhtheatreproject.org

GENEVIEVE AICHELE
Artistic Director

BIOGRAPHY 2013

Genevieve Aichele is artistic director of New Hampshire Theatre Project in Portsmouth, and has performed, directed and taught theatre arts both nationally and internationally for over 35 years. She currently teaches strategic storytelling, public speaking and community leadership at the University of New Hampshire, and is an affiliate consultant with the Brown Center and the Woodland Group.

Recent acting credits include Madame Arcati in *Blithe Spirit*, Grace in *Faith Healer*, and Sister Aloysius in *Doubt*. Recent directing credits include *Waiting for Godot*, *Twelfth Night*, *Amadeus*, *Antigone*, *Hamlet*, *Mother Courage & Her Children*, *Clara's Dream: A Jazz Nutcracker*, and *A Shaker Sisters Entertainment*, among others. As a playwright, Genevieve has written dozens of scripts for young people, along with *Neighborhoods* (for which she won a Spotlight Community Arts Award in 2001), her own adaptation of Aristophanes' *Lysistrata*, and *Dreaming Again*, a play about immigration commissioned by the NH Humanities Council.

Genevieve also tours with musician Randy Armstrong in *World Tales*. Their two CD's have won numerous national and international awards. Her first audiobook recording, *Forest Secrets* by Tracy Kane, was released in 2012.

Genevieve received the 2001 New Hampshire Governors Award for Excellence in Arts in Education and the 2008 NH Theatre Award for her work with youth. In 2002, she received an award for Outstanding Achievement in American Theatre from the New England Theatre Conference.

For more information, visit:
www.nhtheatreproject.org
www.armastrongandaichele.com
www.genevieveaichele.com

New Hampshire Theatre Project
Balance Sheet
As of August 31, 2012

	<u>Aug 31, 12</u>
ASSETS	
Current Assets	
Checking/Savings	
Optima Legacy Fund-Restricted	1,630.82
Regular Checkng Acct 0001011774	-1,704.95
Petty Cash	32.63
Total Checking/Savings	<u>-41.50</u>
Accounts Receivable	
Accounts Receivable	149.00
Total Accounts Receivable	<u>149.00</u>
Total Current Assets	107.50
Fixed Assets	
Furniture and Fixtures	14,272.45
Equipment	6,382.62
Acc Dep - Furn & Fix	-13,282.70
Acc Dep - Equip	-499.00
Total Fixed Assets	<u>6,873.37</u>
TOTAL ASSETS	<u>6,980.87</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	13,842.05
Total Accounts Payable	<u>13,842.05</u>
Credit Cards	
Capital One FSB	2,358.78
Bank of America	3,704.60
Citizens Bank Mastercard	602.69
Total Credit Cards	<u>6,666.07</u>
Other Current Liabilities	
Payroll Liabilities	-431.70
Private Loan - Kinsey Bunker	4,500.00
Fed Payroll Taxes Payable	477.98
Total Other Current Liabilities	<u>4,546.28</u>
Total Current Liabilities	25,054.40
Long Term Liabilities	
Optima Loan 50000391	7,797.53
People's United Loan 2624520	1,071.16
Total Long Term Liabilities	<u>8,868.69</u>
Total Liabilities	33,923.09
Equity	
Clearing Account	-60.28
Carried forward	120.62
Opening Bal Equity	3,760.93
Retained Earnings	-31,414.25
Net Income	650.76
Total Equity	<u>-26,942.22</u>
TOTAL LIABILITIES & EQUITY	<u>6,980.87</u>

12:00 PM
08/13/13
Accrual Basis

New Hampshire Theatre Project
Profit & Loss
September 2011 through August 2012

	<u>Sep '11 - Aug 12</u>
Income	
In-Kind Income	5,440.55
Other Income	2,940.31
Earned Revenues	98,954.83
Contributed Support	44,870.47
	<hr/>
Total Income	152,206.16
	<hr/>
Gross Profit	152,206.16
Expense	
In-Kind Expenses	5,440.55
Payroll Expenses	19,673.03
Equipment Expense	619.99
Marketing	2,785.13
Special Events Expense	13.71
Supplies	3,101.51
Interest Expense	1,385.26
Insurance Expense	1,596.32
Occupancy Expense	12,415.00
Salaries & Related Expenses	44,768.90
Other Personnel Expenses	54,320.00
Office Expenses	3,549.47
Travel & Meetings	135.00
Miscellaneous Expenses	1,751.53
	<hr/>
Total Expense	151,555.40
	<hr/>
Net Income	<u>650.76</u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2013

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 J. Clifton Avery Insurance Agency 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	CONTACT NAME: Denise Corriveau PHONE (A/C No. Ext.): (603) 766-3733 E-MAIL ADDRESS: denisec@averyinsurance.net	FAX (A/C. No.): (603) 569-4266
	INSURER(S) AFFORDING COVERAGE	
INSURED NEW HAMPSHIRE THEATRE PROJECT 959 ISLINGTON ST PORTSMOUTH NH 03802	INSURER A: Maryland Casualty Co NAIC #: 19356	
	INSURER B: Technology Insurance Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 12-13 Master **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PPS003328020	12/17/2012	12/17/2013	EACH OCCURRENCE \$ 1,000,000
	<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						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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	N/A	3A States: NH TWC3342881	2/5/2013	2/5/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Coverage as per terms and conditions of policy. This certificate of insurance is issued as a matter of information only and conveys no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms exclusions, and conditions afforded by the policy or policies referenced herein.

CERTIFICATE HOLDER (603) 433-3996 New Hampshire Theatre Project 959 Islington St. Portsmouth, NH 03801	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 Thomas O'Dowd/DENISE

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 THEATRE PROJECT is a New Hampshire nonprofit corporation formed February 11, 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 4th day of April A.D. 2013

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



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 AVA Gallery and Art Center (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- GRANT PERIOD: FY2014/2015**
- 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:

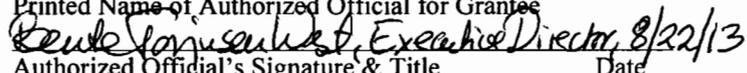
AVA Gallery and Art Center is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.
 - The Grantee agrees to provide up to two (2) complimentary tickets/admissions as requested for site visits by appropriate Council staff/evaluators.
 - The 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 9/12/13
 Name, Title: Lynn Martin Graton, Acting Director

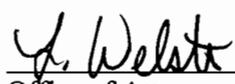
GRANTEE SIGNATURE

Org/ Name: AVA Gallery and Art Center
 Address: 11 Bank Street, Lebanon, NH 03766
BENTE TORJUSEN WEST
 Printed Name of Authorized Official for Grantee

 Authorized Official's Signature & Title _____ Date 8/22/13

NOTARIZATION REQUIRED:

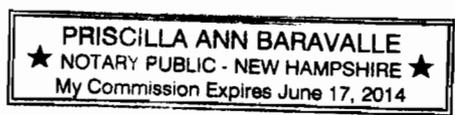
STATE OF NEW HAMPSHIRE, COUNTY OF Durham

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

 Office of Attorney General _____ Date 9/25/13

On the 22nd day of Aug, 2013 before the undersigned officer, personally appeared
Bente Torjusen West
 (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.

Priscilla Ann Baravalle
 Notary Public/ Justice of the Peace
 Printed Name: PRISCILLA ANN BARAVALLE
 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

AVA Gallery and Art Center on August 20, 2013
(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 BENTE TORJISEN WEST 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: Sheryl Trainor
(Signature of Clerk/Secretary to the board)
Printed Name Sheryl Trainor

2. **Certificate

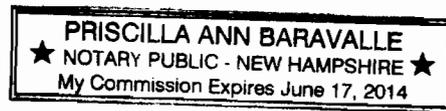
STATE OF NEW HAMPSHIRE

COUNTY OF Drafton

On the 22nd day of Aug, 2013 before the undersigned officer, personally appeared Sheryl Trainor, 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.

Priscilla Ann Baravalle
Notary Public/ Justice of the Peace
Printed Name: PRISCILLA ANN BARAVALLE
My Commission Expires _____



DUNS number: 781154174

New Hampshire
State Council on the

Arts

GRANTEE INFORMATION FORM for ORGANIZATIONS

Please complete the following for fulfillment of grant requirements by the Governor and Executive Council and the State of New Hampshire's Department of Administrative Services.

Name of

Organization Community Gallery, Inc. d/b/a/ AVA Gallery and Art Center

1. Statement of Purpose:

(Give your organization's mission statement or list your organization's objectives in the space below)

AVA/Alliance for the Visual Arts, is dedicated to promoting the visual arts through exhibitions and educational programs that nurture, support and challenge New England artists, and to providing art classes for children, teens and adults of all levels and abilities. AVA's programs - including special events that foster interaction among artists, patrons of the arts and the community - are dedicated to recognizing the ways in which art enriches our lives.

2. Salary of Administrator:

(List annual salary of administrator, not artist's fees, who will be involved in this grant.)

\$69,550

Attach the Following:

3. Resume of Administrator *See attached*
4. Financial Statement:
A one-page financial statement of your organization's most recently completed fiscal year. *See attached*
5. Board of Directors:
A list of the current directors and officers of your organization. *See attached*
Please do not include any personal information such as home addresses, phone numbers or emails.
- X 6. List Geographic Areas Served by Organization *See below*
7. Certificate of Liability Insurance *See attached*
8. Please include a copy of a current year Certificate of Good Standing. *See attached*
If you do not have a Certificate of Good Standing with the state of NH please call Secretary of State Corporate Division at 271-3244 and request an application.
- X 6. AVA Gallery and Art Center serves communities throughout NH and VT, with particular emphasis on the Upper Connecticut River Valley/Dartmouth-Sunapee region.

Executive Director Bente Torjusen has been at AVA Gallery and Art Center since December 1986. She graduated from the University of Oslo (Norway), majoring in Art History. Her scholarship, centered on the art of Edvard Munch, has included major exhibitions of the artist's work in Oslo, Prague and Washington; in addition she has published numerous reviews, articles, and essays, including in the catalogue for the major Munch exhibition at the National Gallery in Washington, DC, in 1978. She also wrote narrations for two documentary films on Munch by Clifford B. West, and her monograph, Words and Images of Edvard Munch was published in 1986 by Chelsea Green Publishing. Bente has taught widely; in Norway, as Curator of Education for the Oslo Municipal Art Collections (of which the Munch Museum is a part), she created a broad selection of pioneering educational programs.

At AVA, Bente has overseen its considerable expansion, including its move from Hanover to Lebanon in 1990. She has spear-headed the development of AVA's exhibition, education, community outreach and scholarship programs, and related publications. She played a major role in making possible AVA's acquisition (September, 2003) of the 11 Bank Street building in Lebanon. She was deeply involved in every aspect of the planning process for the renovation of this building, the former H. W. Carter overall factory (completed in Fall 2007), and held a key position in the organization's \$4.5 million-dollar capital campaign, which resulted in LEED (Leadership in Energy and Environmental Design) Gold-certification from the US Green Building Council.

She has served on numerous grants panels for Vermont Arts Council and New Hampshire State Council on the Arts, and has been the juror for many statewide exhibitions in the two states.

Prior to her move to the United States in 1982, Bente lived and worked for six years near Florence, Italy, with her artist husband, the late Clifford B. West, and their two daughters.

AVA Gallery and Art Center
Operating Profit and Loss
September 2011 through August 2012

4,

	<u>Sep '11 - Aug 12</u>
Ordinary Income/Expense	
Income	
Education Income	196,423.54
Fundraising	158,504.59
Gallery	75,821.74
Grants	73,684.00
Membership	56,596.97
Total Income	<u>561,030.84</u>
Expense	
Administrative Supplies	16,507.57
Building	72,921.62
Education Expenses	78,924.49
Fees	6,095.70
Gallery	46,491.71
Insurance	9,752.61
Human Resources	254,417.31
Publicity	48,721.00
Fundraising Expense	1,547.30
Total Expense	<u>535,379.31</u>
Net Ordinary Income	25,651.53
Other Income/Expense	
Other Income	
Interest Earned	9.12
Total Other Income	<u>9.12</u>
Net Income	<u><u>25,660.65</u></u>

AVA Gallery and Art Center Board of Directors 2013

phone: 603-448-3117 fax: 603-448-4827 email: info@avagallery.org web: www.avagallery.org

Chair

William Dunn

Commercial Loan Officer
Mascoma Savings Bank
November 2013

H. Sloane Mayor, AIA

Architect
November 2015

Vice Chair

Dana Ireland

Retired Teacher
November 2014

Ruthie Murray

Artist
November 2015

Treasurer

Dale Cunningham, CPA

Norwich Partners
November 2015

Joseph O'Donnell, MD

Senior Advising Dean and Director of
Community Programs,
Geisel School of Medicine at
Dartmouth
November 2015

Secretary

Sheryl Trainor

Artist, Businesswoman
PO Box 1257
November 2015

Emily Ridgway, MD

Plastic Surgeon, Dartmouth-Hitchcock
Medical Center
November 2015

Board Member at Large

C. Stuart White, Jr., AIA

Architect
November 2013

Jennifer Snyder

Realtor, Redpath Realtors
November 2015

Joy Kenseth

Professor of Art History
Dartmouth College
November 2013

Geoffrey J. Vitt

Attorney
Vitt Brannen & Loftus, PLC
November 2016

Jonathan D. Masland

Director, Career Development
Tuck School of Business,
Dartmouth College
November 2013

Ex Officio

Bente Torjusen

AVA Gallery and Art Center
Executive Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/14/2013

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 Goss-Logan Insurance Agency, Inc. 17 Mascoma Street P.O. Box 192 Lebanon NH 03766-0192	CONTACT NAME: Chrisondra Tracy, CIC
	PHONE (A/C No. Ext): (603) 448-2556 FAX (A/C No.): (603) 448-0036
INSURED Community Gallery, Inc., DBA: AVA Gallery and Art Center 11 Bank Street Lebanon NH 03766	E-MAIL ADDRESS: chris.tracy@gosslogan.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Peerless Insurance Co NAIC # 24198
	INSURER B:
	INSURER C:
	INSURER D:
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2013-2014 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CBP9063617	3/31/2013	3/31/2014	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8764064	3/31/2013	3/31/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC9004115 WC STATES: NH/VT	3/31/2013	3/31/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

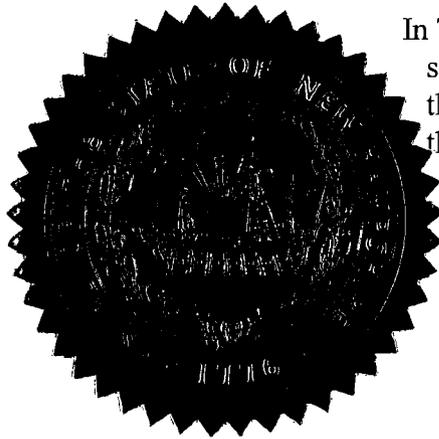
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS AN ADDITIONAL INSURED FOR COMMERCIAL GENERAL LIABILITY, BUT ONLY WITH RESPECT TO THE LIABILITY OF THE CERTIFICATE HOLDER ARISING OUT OF ONGOING OPERATIONS PERFORMED BY OR ON BEHALF OF THE NAMED INSURED AND ONLY TO THE EXTENT TO WHICH THIS INSURANCE APPLIES. THIS STATUS ENDS WHEN YOUR CONTRACT OR AGREEMENT ENDS AND IS CONTINGENT UPON A WRITTEN CONTRACT REQUIRING THIS STATUS HAVING BEEN EXECUTED PRIOR TO AN ACCIDENT.

CERTIFICATE HOLDER (603) 271-3584 NEW HAMPSHIRE STATE COUNCIL ON THE ARTS 19 PILLSBURY STREET CONCORD, NH 03301-4447	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 Michael Crate/MC
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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 COMMUNITY GALLERY, INC. is a New Hampshire nonprofit corporation formed March 6, 1974. 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 23rd day of April A.D. 2013

A handwritten signature in cursive script that reads "William M. Gardner".

William M. Gardner
Secretary of State