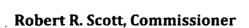


#### MAY 21'19 and 0:15 DAS The State of New Hampshire

### **Department of Environmental Services**



May 14, 2019

His Excellency, Governor Christopher T. Sununu and The Honorable Council State House Concord, NH 03301

#### REQUESTED ACTION

Authorize the New Hampshire Department of Environmental Services (NHDES) to enter into an agreement with the Nippo Lake Association of Barrington, NH, (VC # 279203) in the amount of \$100,000 to complete the Nippo Lake Association Stormwater Management Plan: Implementation of Road, Residential, and In-lake Best Management Practices, effective upon Governor and Council approval through December 31, 2021. 100% Federal Funds.

Funding is available in the accounts as follows:

| 03-44-44-442010-2035-072-500575 Dept. Environmental Services, NPS Restoration Program, Grants-Federal   | <u>FY 2019</u><br>\$65,000 |
|---------------------------------------------------------------------------------------------------------|----------------------------|
| 03-44-44-442010-7602-072-500575 Dept. Environmental Services, Surface Water Quality PPG, Grants-Federal | \$35,000                   |
| Total                                                                                                   | \$100,000                  |

#### **EXPLANATION**

The Department of Environmental Services (NHDES) issued a Request for Proposals (RFP) for the 2019 Watershed Assistance Grants program. The nine proposals received were ranked based on the criteria included in the RFP: water quality improvement or protection; cost/benefit ratio; local capacity to complete the project; relative value or significance of the water body; and, general quality, and thoroughness of the proposal. Based on the results of the selection process and available federal grant funding levels, the six highest ranked implementation projects were selected to receive funding. Please see Attachment B for a list of project rankings and review team members.

Watershed Assistance grants focus on the reduction of nonpoint source (NPS) pollution. NPS pollution occurs when rainfall, snowmelt, or irrigation water runs over land or through the ground, transporting materials which are then deposited into rivers, lakes, and coastal waters, or introduced into the groundwater. Pollutants can include chemicals, sediments, nutrients, and toxics which often have harmful effects on drinking water supplies, recreation, fisheries, and wildlife. Land development or changes in land use c an also cause NPS pollution by disrupting the natural hydrology of a water body, increasing impervious surfaces, and contributing to the loss of aquatic habitat. Watershed Assistance programs address NPS pollution by promoting good land use practices on a watershed scale.

His Excellency, Governor Christopher T. Sununu and The Honorable Council

Page 2 of 2

Nippo Lake is an 85 acre waterbody located in Barrington, New Hampshire. Since 1986, Nippo Lake has been monitored annually in association with the University of New Hampshire's Lakes Lay Monitoring Program. Cyanobacteria blooms have been observed annually since 2010. In-lake phosphorus monitoring indicates that nutrient levels have risen dramatically since monitoring started and now often exceed the levels which define an aging, eutrophic body of water. Currently, Nippo Lake is on the state's impaired waters list for Primary Contact Recreation (cyanobacteria blooms) in connection with the algal blooms and phosphorus. Stormwater discharge from a gravel road, known as Golf Course Way, has been identified as a significant, ongoing source of phosphorus loading into the lake. Additionally, watershed loading modeling conducted during the watershed planning process, indicates that phosphorus loading from in-lake sediments accounts for 34% of the phosphorus loading to the lake. Residential properties also contribute phosphorus loading to the lake from stormwater runoff and septic systems. Through this project, the Nippo Lake Association (NLA) will implement management actions, defined in the watershed-based plan, that will reduce chronic phosphorus loading, stabilize lake chemistry sufficiently to permit post-project remediation, and ultimately reduce the frequency of cyanobacteria blooms in Nippo Lake.

The total project costs are budgeted at \$166,700. The NHDES Watershed Assistance Grants program will provide \$100,000 (60%) of the project costs through a federal grant and the Nippo Lake Association will provide the remaining costs through cash and in-kind services. A budget breakdown is provided in Attachment A. In the event that Federal Funds become no longer available, General Funds will not be requested to support this program. The agreement has been approved by the Office of the Attorney General as to form, execution, and content.

We respectfully request your approval.

Robert R. Scott, Commissioner

#### GRANT AGREEMENT

Subject: Nippo Lake Association Stormwater Management Plan: Implementation of Road, Residential, and In-lake Best Management Practices

The State of New Hampshire and the Contractor hereby mutually agree as follows:

#### **GENERAL PROVISIONS**

1. IDENTIFICATIONS AND DEFINITIONS 1.1 State Agency Name 1.2 State Agency Address Department of Environmental Services 29 Hazen Drive Concord, NH 03301 1.4 Grantee Address 1.3 Grantee Name 900 Elm Street, 14th Floor. Nippo Lake Association, Inc. of Barrington, NH Manchester, NH 03101 1.8 Grant Limitation 1.5 Effective Date 1.6 Completion Date 1.7 Audit Date \$100,000 December 31, 2021 Upon G&C approval N/A 1.9 Grant Officer for State Agency: Stephen C. 1.10 State Agency Telephone Number 603-271-2969 Landry, Watershed Assistance Section Supervisor 1.11 Grantee Signature 1.12 Name & Title of Grantee Signor Lynda Brushett, President 1.13 Acknowledgment; State of New Hampshire, County of STRAFFERD 1271709, before the undersigned officer, personally appeared the person identified in block 1.12. or satisfactorily proven to be the person whose name is signed in block 1.11., and acknowledged that s/he executed this document in the capacity indicated in block 1.12. Public or startice of the Peace-(Seal) 1.13.2 Name & Title of Notary Public of Justice of the Peace KEVIN M. FITZGERALD, Notary Public State of New Hampshire My Commission Expires February 10, 2021 1.14 State Agency Signature(s) 1.15 Name/Title of State Agency Signor(s) Robert R. Scott, Commissioner by Attorney General's Office (Form, Substance and Execution) Attorney, On: 5 / 17 / 19 yal by the Governor and Council

On:

1

- 2. <u>SCOPE OF WORK.</u> In exchange for grant funds provided by the state of New Hampshire, acting through the agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-O, the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being referred to as "the Project").
- 3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the state of New Hampshire.

#### 4. EFFECTIVE DATE: COMPLETION OF PROJECT.

- 4.1 This Agreement, and all obligations of the parties hereunder, shall become effective on the date in block 1.5 or on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire whichever is later (hereinafter referred to as "the Effective Date").
- 4.2 Except as otherwise specifically provided for herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.6 (hereinafter referred to as "the Completion Date").

### 5. GRANT AMOUNT; LIMITATION ON AMOUNT; VOUCHERS; PAYMENT.

- 5.1 The Grant Amount is identified and more particularly described in EXHIBIT B, attached hereto.
- 5.2 The manner of, and schedule of payment shall be as set forth in EXHIBIT B.
- 5.3 In accordance with the provisions set forth in EXHIBIT B, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80.7 through 7-c.
- 5.4 The payment by the State of the Grant amount shall be the only, and the complete, compensation to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.
- 5.5 Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

# 6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws, regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits.

#### 7. RECORDS AND ACCOUNTS.

- 7.1 Between the Effective Date and the date seven (7) years after the Completion Date the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
- 7.2 Between the Effective Date and the date seven (7) years after the Completion Date, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records or personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these general provisions.

#### 8. PERSONNEL.

- 8.1 The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.
- 8.2 The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform such Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.
- 8.3 The Grant officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.

#### 9. DATA: RETENTION OF DATA: ACCESS.

- 9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
- 9.2 Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
- 9.3 No data shall be subject to copyright in the United States or any other country by anyone other than the State.
- 9.4 On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first
- 9.5 The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

#### 10. CONDITIONAL NATURE OF AGREEMENT,

Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

#### 11. EVENT OF DEFAULT; REMEDIES.

- 11.1 Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):
- 11.1.1 failure to perform the Project satisfactorily or on schedule; or
- 11.1.2 failure to submit any report required hereunder; or
- 11.1.3 failure to maintain, or permit access to, the records required hereunder; or
- 11.1.4 failure to perform any of the other covenants and conditions of this Agreement.
- 11.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
- 11.2.1 give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and

11.2.2 give the Grantee a written notice specifying the Evenyof

Grantee Initials,

Date \

Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and 11.2.3 set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

#### 12. TERMINATION,

- 12.1 In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination
- 12.2 In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.
- 12.3 In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.
- 12.4 Notwithstanding anything in this Agreement to the contrary, either the State or except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.
- 13. CONFLICT OF INTEREST. No officer, member or employee of the Grantee and no representative, officer of employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interests or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
- 14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement, the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, worker's compensation or emoluments provided by the State to its employees.
- 15. <u>ASSIGNMENT AND SUBCONTRACTS</u>. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranteed by the Grantee other than as set forth in Exhibit A without the prior written consent of the State.
- 16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee of Subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

#### 17. INSURANCE AND BOND.

17.1 The Grantee shall, at its sole expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee

performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

- 17.1.1 statutory worker's compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$2,000,000 for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and
- 17.2 The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation of modification of the policy earlier than ten (10) days after written notice has been received by the State.
- 18. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure or waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.
- 19. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.
- 20. <u>AMENDMENT.</u> This agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.
- 21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
- 22. THIRD PARTIES. The parties hereto do not intend to benefit any

third parties and this Agreement shall not be construed to confer any such benefit.

23. <u>ENTIRE AGREEMENT.</u> This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

Grantee Initials

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### Exhibit A Scope of Services

The Nippo Lake Association shall perform the following tasks as described in the detailed proposal titled, Nippo Lake Association Stormwater Management Plan: Implementation of Road, Residential, and In-lake Best Management Practices submitted by the Nippo Lake Association December 7, 2018:

Objective 1: In-lake treatment planning, design, permitting, and bid development.

Measures of Success: In-lake treatment is designed and permitted; bid documents are developed.

Deliverable 1: Final treatment design, approved permit(s), bid documents for treatment.

Task 1: Review successful alum treatment plans from other lakes, coordinate with NHDES to develop a plan for Nippo Lake and submit to NHDES.

Task 2: Coordinate with NHDES to develop final permit(s) - to include permit(s), final designs, and public meeting.

Task 3: Develop a bid package.

Objective 2: Implement stormwater controls for Golf Course Way - Phase 2.

Measures of Success: Best Management Practices (BMPs) are implemented to control runoff from Golf Course Way.

**Deliverable 2**: BMP documentation, pollutant load reductions, and signed operation and maintenance agreements.

Task 4: Finalize designs and permits.

Task 5: Procure materials for BMP construction.

Task 6: Construct BMPs according to designs and permits.

Task 7: Conduct construction oversight.

Task 8: Document BMPs using NHDES guidance and Standard Operating Procedures (SOPs), develop/submit pollutants controlled report for installed BMPs, and provide operation and maintenance plan to BMP owners for signatures.

Objective 3: Implement residential stormwater BMPs.

Measures of Success: Stormwater BMPs are implemented on at least three, residential properties.

**Deliverable 3**: BMP documentation, pollutant load reductions, and signed operation and maintenance plans.

Task 9: Identify final BMP locations and obtain permits if needed.

Task 10: Procure materials for BMP construction.

Task 11: Construct BMPs according to designs and permits.

Task 12: Document residential BMPs using NHDES guidance and SOPs, develop/submit pollutants controlled report for final BMPs, and provide operation and maintenance plans to BMP owners for signatures.

4

Objective 4: Conduct project management and other project activities.

Measures of Success: Completed final report accepted by NHDES.

Grantee Initials

#### Deliverable 4: Final report.

Task 13: Conduct volunteer water quality monitoring to track water quality improvements (with Lakes Lay Monitoring Program (LLMP); under the University of New Hampshire Programmatic QAPP for the LLMP).

Task 14: Conduct outreach programs for residents and Nippo Lake Association members.

Task 15: Update project SSPP as needed.

Task 16: Project and contract management and coordination.

<u>Objective 5</u>: The Nippo Lake Association prepares semi-annual reports, pollutants controlled reports for each BMP installed, and a final report for NHDES.

Measures of Success: Timely semi-annual status reports, pollutants controlled reports, and final report submitted to NHDES.

**Deliverable 5**: Semi-annual reports, pollutants controlled reports and final report to NHDES. Task 17: Submit electronic semi-annual reports documenting all work performed during the project periods as follows:

- Work completed April 1 September 30, report is due by October 31
- Work completed October 1 March 31, report is due by April 30

A Pollutants Controlled Report must be completed and received by NHDES within one month following BMP implementation. In the event that the grantee has not completed a timely submittal of the progress reports, all further payments will be suspended until the overdue reports are submitted, and approved by NHDES.

Task 18: Submit Payment Requests to NHDES.

Task 19: Submit a comprehensive final report to NHDES on or before the project completion date. The final report shall include load reduction estimates, photo-documentation of installed system components when applicable, and comply with the NHDES and U.S. Environmental Protection Agency requirements found in the final report guidance document on the NHDES Watershed Assistance Section webpage.

#### Additional Requirements of the Agreement

#### **Quality Assurance**

All project activities which are to be guided by a quality assurance (QA) document such as a Quality Assurance Project Plan (QAPP) or Site Specific Project Plan (SSPP) must **not** begin prior to NHDES/EPA approval of that QA document. In the event that sampling, modeling, or other such activities precede QA document approval, the data will not be considered valid, and the grantee will forfeit the ability to receive payment for those activities.

#### **Outreach Materials**

All materials produced for public distribution shall be reviewed and approved by NHDES prior to distribution and shall include the NHDES logo and the following citation: "Funding for this project

Grantee Initials

was provided in part by a Watershed Assistance Grant from the NH Department of Environmental Services with Clean Water Act Section 319 funds from the U.S. Environmental Protection Agency"

#### **Operations and Maintenance**

Management practices implemented as agreed upon in the scope of services of this grant agreement and with grant funds or matching funds under a Section 319 Watershed Grant, shall be properly operated and maintained for the intended purposes during the life span of the project. The life span of a project shall be determined by the Grantee, tailored to the types of practices expected to be funded in this project, and agreed upon by NHDES. The Grantee shall provide NHDES with an engineering estimate of the design life of the best management practice(s) (BMPs), or in the case of small-scale BMPs which do not have a design life estimation completed by an engineer, the design life of that practice shall be estimated to be ten years.

Operation includes the administration, management, and performance of non-maintenance actions needed to keep the completed practice safe and functioning as intended. Maintenance includes work to prevent deterioration of the practice, repairing damage, or replacement of the practice to its original condition if one or more components fail. The Grantee shall assure that any sub-award of Section 319 funds similarly include the same condition in the sub-award. Additionally, both EPA and NHDES reserve the right to periodically inspect a practice during the life span of the project to ensure that operation and maintenance are occurring. If it is determined that the participants are not operating and maintaining these practices in an appropriate manner, NHDES may request a refund for that practice supported by the grant.

6

Grantee Initials

## **Exhibit B Method of Payment and Contract Price**

Procurements of goods or services made with grant funds, or those credited as match, shall comply with the terms of this agreement, and must be reported to NHDES. Documentation of match credit shall be provided with each payment request. The cumulative match value for the project shall meet or exceed the amount of grant funds received multiplied by 0.667 (e.g. \$100,000 grant X 0.667 = \$66,700 minimum match required). The grantee shall submit payment requests, procurement reports, and match documentation on the forms provided by NHDES. Payment shall be made in accordance with the following schedule based upon satisfactory completion of specific tasks, and receipt of deliverables as described in Exhibit A:

| Upon completion and NHDES approval of Task 1      |       | \$7,600            |
|---------------------------------------------------|-------|--------------------|
| Upon completion and NHDES approval of Task 2      |       | \$14,900           |
| Upon completion and NHDES approval of Task 3      |       | \$2,200            |
| Upon completion and NHDES approval of Task 4      |       | \$3,000            |
| Upon completion and NHDES approval of Task 5      |       | \$35,300           |
| Upon completion and NHDES approval of Task 6      |       | \$30,000           |
| Upon completion and NHDES approval of Task 7      |       | \$2,000            |
| Upon completion and NHDES approval of Task 8      |       | \$2,000            |
| Upon completion and NHDES approval of Tasks 9-10  |       | \$500              |
| Upon completion and NHDES approval of Tasks 11-12 |       | <sup>,</sup> \$500 |
| Upon completion and NHDES approval of Tasks 13-16 |       | \$1,000            |
| Upon completion and NHDES approval of Tasks 17-19 |       | \$1,000            |
|                                                   | Total | \$100,000          |

Funding is provided through a Watershed Assistance Grant from the NH Department of Environmental Services with Clean Water Act Section 319 funds from the U.S. Environmental Protection Agency.

Grantee Initials Date

7

#### Exhibit C

#### **Special Provisions**

Subparagraph 1.7 of the General Provisions shall not apply to this Agreement.

Subparagraph 17.1.1 of the General Provisions shall not apply to the Grantee. The Grantee certifies that they are a non-profit volunteer agency with no employees, and are exempt from maintaining statutory worker's compensation and employees liability insurance.

Subparagraph 17.1.2 of the General Provisions shall be changed to read: "comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate; and"

Federal Funds paid under this agreement are from a Grant Agreement to the State from the US Environmental Protection Agency, NPS Implementation Grant under CFDA # 66.460 and 66.605. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant Agreement are hereby adopted in full force and effect to the relationship between this Department and the grantee. Additionally, the Grantee shall comply with the terms of the Federal Funding Accountability and Transparency Act (FFATA) by providing NHDES with their Data Universal Numbering System (DUNS) number, and all applicable Executive Compensation Data information as required under the FFATA. The Grantee's DUNS number is <u>08528256</u>.

In addition to the General Provisions of Paragraph 1 through 23, the following provisions as required by federal regulations apply to this Agreement:

- I) *Nondiscrimination*. The Grantee shall comply with 40 CFR part 7 which prohibits discrimination under any program or activity receiving Federal assistance on the basis of race, color, national origin, or gender, and 40 CFR part 12 which prohibits discrimination based on handicap.
- II) *Financial management*. The Grantee shall comply with 2 CFR Part 200 Subpart D and the specific standards regarding financial reporting, accounting records, internal control, budget control, allowable cost, source documentation, and cash management outlined therein.
- III) Allowable costs. All costs charged to this Agreement shall be eligible, necessary, and reasonable for performing the tasks outlined in the approved project scope of services. The costs, including match, shall be incurred during the period of performance of the project, and shall be allowable, meaning that the costs must conform to specific Federal requirements detailed in 2 CFR Part 200 Subpart E.
- IV) *Matching funds*. All matching funds contributed by the Grantee shall conform to the same laws, regulations, and grant conditions as the federal funds in the Agreement and referenced in 2 CFR Part 200 Subpart E.
- V) *Property Management.* The Grantee shall comply with the property management and procedures detailed in 2 CFR Part 200 Subpart D.
- VI) Debarment and Suspension. The Grantee shall comply with 2 CFR Part 200 Subpart C. By signing and submitting the Agreement, the Grantee certifies that it has not been debarred or suspended by a government agency. Additionally, the Grantee certifies that it will not make or permit any award (subgrant or subcontract) at any tier to any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549, "Debarment and Suspension."
- VII) *Procurement.* When purchasing goods or services with grant or match funds, the Grantee shall comply with procurement regulations as detailed in 2 CFR Part 200 Subpart D which includes procurement standards,

Grantee Initial

- competition, methods of procurement, contract cost and price, agency review, bonding requirements, and contract provisions.
- a. Assignment of Subcontracts. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State Agency.
- b. Consultant Fee Cap. The Grantee will limit grant-funded payment to subcontractors under the circumstances detailed in 2 CFR Part 1500.9
- c. Subcontracts. The Grantee shall:
- i. Ensure that every subcontract includes provisions for compliance with Federal and State standards applicable to the contract:
- ii. Ensure that every subcontract includes all clauses required by Federal statute and executive orders, and their implementing regulations; and
- iii. Ensure that subcontractors are aware of requirements imposed upon them by State and Federal statutes and regulations.
- VIII) *Participation by Disadvantaged Business Enterprises*. The Grantee shall comply with the terms of 40 CFR Part 33 Subpart C, which requires that organizations conduct a competitive procurement process making a good faith effort to utilize goods and services provided by disadvantaged businesses.
- IX) New Restrictions on Lobbying: Interim Final Rule. The Grantee shall comply with the terms of 40 CFR part 34, and 2 CFR Part 200 Subpart E which prohibit the use of Federal grant funds to influence (or attempt to influence) a Federal employee, and requires the submission of Standard Form LLL ("Disclosure of Lobbying Activities") if nonfederal funds have been used to influence (or attempt to influence) a Federal employee.
- X) *Drug-Free Workplace*. The Grantee shall comply with the terms of 2 CFR Part 1536 which require as a condition of the Agreement, certification that the Grantee maintains a drug-free workplace. By signing and submitting this Agreement, the Grantee certifies that they will observe the required practices for maintaining a drug-free workplace.
- XI) **Bonding requirements.** For construction or facility improvement contracts or subcontracts exceeding the simplified acquisition threshold (currently \$150,000), the minimum requirements shall be as follows:
- a. A bid guarantee from each bidder equivalent to five percent of the bid price. The "bid guarantee" shall consist of a firm commitment such as a bid bond, certified check, or other negotiable instrument accompanying a bid as assurance that the bidder will, upon acceptance of his bid, execute such contractual documents as may be required within the time specified.
- **b.** A performance bond on the part of the contractor for 100 percent of the contract price. A "performance bond" is one executed in connection with a contract to secure fulfillment of all the contractor's obligations under such contract
- c. A payment bond on the part of the contractor for 100 percent of the contract price. A "payment bond" is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.
- XII) Limitation on Administrative Costs. In accordance with §319(h)(12) of the Clean Water Act, administrative costs in the form of salaries, overhead, or indirect costs shall not exceed in any fiscal year 10 percent of the amount of the grant except that costs of implementing enforcement and regulatory activities, education, training, technical assistance, demonstration projects, and technology transfer programs shall not be subject to this limitation.
- XIII) Management fees. Management fees or similar charges in excess of the direct costs and approved indirect rates are not allowable. The term "management fees or similar charges" refers to expenses added to the direct costs in order to accumulate and reserve funds for ongoing business expenses; unforeseen liabilities; or for other similar costs which are not allowable under this Agreement. Management fees or similar charges may not be used to improve or expand the project funded under this Agreement, except to the extent authorized as a direct cost of carrying out the scope of work.

**Grantee Initials** 

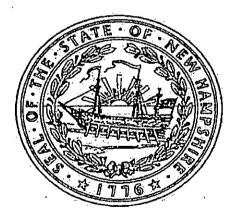
Date `

### 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 NIPPO LAKE ASSOCIATION, INC OF BARRINGTON, N.H. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 24, 2015. 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: 732209



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 26th day of May A.D. 2017.

William M. Gardner Secretary of State

#### CERTIFICATE OF AUTHORITY

- I, John Richards, Secretary of Nippo Lake Association, Inc. of Barrington, New Hampshire, do hereby certify that:
- (1) I am the duly elected Secretary;
- (2) at a meeting held on June 23, 2018, Nippo Lake Association, Inc. of Barrington, New Hampshire voted to accept New Hampshire Department of Environmental Services funds and to enter into a contract with the New Hampshire Department of Environmental Services;
- (3) Nippo Lake Association, Inc. of Barrington, New Hampshire further authorized its President to execute any documents which may be necessary for this contract;
- (4) this authorization has not been revoked, annulled, or amended in any manner whatsoever, and remains in full force and effect as of the date hereof; and
- (5) the following person has been appointed to and now occupies the office indicated in (3) above:

#### Lynda Brushett, Ph.D.

|                                             | <del></del>                                                                                                                                                      |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             | ave hereunto set my hand as the Secretary of the Nippo Lake, New Hampshire this <u>27</u> day of <u>4</u> , 2019.  John Richards, Secretary                      |
| STATE OF NEW HAMPSHI<br>COUNTY OF STRAFFORD | RE                                                                                                                                                               |
| •                                           |                                                                                                                                                                  |
| officer, appeared John Richards             | , 2019, before me () () the undersigned s who acknowledged himself to be the Secretary of the Nippo ngton, New Hampshire being authorized so to do, executed the |
| foregoing instrument for the pu             | rpose therein contained.                                                                                                                                         |
| n witness whereof, I have set r             | ny hand and official seal.                                                                                                                                       |
| ·                                           |                                                                                                                                                                  |
| (seal)                                      | Notary Public/Justice of the Peace                                                                                                                               |
|                                             | My Commission Evictorias Transaction                                                                                                                             |
|                                             | My Commission Expires February 10, 2021                                                                                                                          |
|                                             |                                                                                                                                                                  |



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/29/2019

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(les) 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).

RODUCER

EXAMPLE: Eleanor Spinazzola

PHONE
(ANG. No. Extl. (603) 293-2791

EMAIL
(ANG. NO. Extl. (603)

| PROD                                                       | PRODUCER CONTACT Eleanor Spinazzola                                                                                                  |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------|--------|------------------------|----------------------------------------------------------------|----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|--|
| E & S Insurance Services LLC                               |                                                                                                                                      |          |        |                        | PHONE (A/C, No, Ext): (603) 293-2791 (A/C, No): (603) 293-7188 |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
| 21 Meadowbrook Lane                                        |                                                                                                                                      |          |        |                        | E-MAIL ADDRESS: Eleanorspinazzola@esinsurance.net              |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
| PO                                                         | Box 7425                                                                                                                             |          |        |                        | INSURER(S) AFFORDING COVERAGE NAME                             |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
| Gilford NH 03247-7425                                      |                                                                                                                                      |          |        | NH 03247-7425          | INSURE                                                         | Distantate     | hia Insurance  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
| INSUI                                                      | RED                                                                                                                                  |          |        |                        | INSORERA:                                                      |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            | Nippo Lake Association Inc of B                                                                                                      | arring   | ton Ni | 4                      | INSURER B :                                                    |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            | PO Box 213                                                                                                                           |          |        |                        | INSURER C: INSURER D:                                          |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            |                                                                                                                                      |          |        | ,                      | INSURE                                                         |                | -              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            | Barrington                                                                                                                           |          |        | NH 03825-0213          | INSURE                                                         |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
| COV                                                        |                                                                                                                                      | TIFIC    | ATF I  | NUMBER: 2019           | mount                                                          | NF.            |                | REVISION NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | '                  |        |  |
|                                                            | IS IS TO CERTIFY THAT THE POLICIES OF                                                                                                |          |        |                        | ISSUED                                                         | TO THE INSUR   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ERIOD              | -      |  |
| INI                                                        | DICATED. NOTWITHSTANDING ANY REQUI                                                                                                   | REME     | NT, TE | RM OR CONDITION OF ANY | CONTRA                                                         | ACT OR OTHER   | DOCUMENT V     | MTH RESPECT TO WHICH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H THIS             |        |  |
|                                                            | RTIFICATE MAY BE ISSUED OR MAY PERT.<br>CLUSIONS AND CONDITIONS OF SUCH PO                                                           |          |        |                        |                                                                |                |                | UBJECT TO ALL THE TERI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MS.                |        |  |
| INSR                                                       |                                                                                                                                      | ADDL.    | SUBR   |                        | KLDOC                                                          | POLICY EFF     | POLICY EXP     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | uize.              |        |  |
| LTR                                                        | TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY                                                                                      | INSD     | WVD    | POLICY NUMBER          |                                                                | (MM/DD/YYYY)   | (MM/DD/YYYY)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MITS 1,00          | 0.000  |  |
| -                                                          |                                                                                                                                      |          |        |                        |                                                                |                |                | EACH OCCURRENCE<br>DAMAGE TO RENTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>        |        |  |
|                                                            | CLAIMS-MADE X OCCUR                                                                                                                  |          |        |                        |                                                                |                |                | PREMISES (Ea occurrence)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ 50,0            |        |  |
|                                                            |                                                                                                                                      |          |        | DUDICAGEGGG            |                                                                | 05/04/0040     | 05/04/0000     | MED EXP (Any one person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s 5,00             |        |  |
| Α                                                          |                                                                                                                                      |          |        | PHPK1959334            |                                                                | 05/31/2019     | 05/31/2020     | PERSONAL & ADV INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | 0,000  |  |
|                                                            | GENL AGGREGATE LIMIT APPLIES PER:                                                                                                    |          |        |                        |                                                                |                |                | GENERALAGGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | 0,000  |  |
|                                                            | POLICY PRO-                                                                                                                          |          |        |                        |                                                                |                |                | PRODUCTS - COMP/OPAGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del>' ' ' '</del> | 0,000  |  |
|                                                            | OTHER:                                                                                                                               | <u> </u> |        |                        |                                                                |                |                | COLUMN CO | S                  |        |  |
|                                                            | AUTOMOBILE LIABILITY                                                                                                                 |          |        | •                      |                                                                |                |                | COMBINED SINGLE LIMIT<br>(Ea accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                 |        |  |
|                                                            | ANY AUTO'                                                                                                                            |          |        |                        |                                                                |                |                | BODILY INJURY (Per person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>s</u>           |        |  |
| OWNED SCHEDULED AUTOS                                      |                                                                                                                                      |          |        |                        |                                                                |                |                | BODILY INJURY (Per accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r) \$              |        |  |
|                                                            | HIRED NON-OWNED AUTOS ONLY                                                                                                           |          |        |                        |                                                                |                |                | PROPERTY DAMAGE<br>(Per accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s                  |        |  |
|                                                            |                                                                                                                                      |          |        | •                      |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                  |        |  |
|                                                            | UMBRELLA LIAB OCCUR                                                                                                                  |          |        | ,                      |                                                                | ,              |                | EACH OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s                  |        |  |
|                                                            | EXCESS LIAB CLAIMS-MADE                                                                                                              | 1        |        |                        |                                                                |                |                | AGGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                 |        |  |
|                                                            | DED RETENTION \$                                                                                                                     | 1        |        |                        |                                                                | ·              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s                  |        |  |
|                                                            | WORKERS COMPENSATION                                                                                                                 |          |        |                        |                                                                |                |                | PER OTH<br>STATUTE ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                  |        |  |
| AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE |                                                                                                                                      | l        |        |                        |                                                                |                |                | E.L. EACH ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s                  |        |  |
|                                                            | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                                                                           | N/A      |        |                        |                                                                |                |                | E.L. DISEASE - EA EMPLOYE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E S                |        |  |
|                                                            | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                                                                            |          |        |                        |                                                                |                |                | E.L. DISEASE - POLICY LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |        |  |
|                                                            | DESCRIPTION OF CITATIONS SHOW                                                                                                        |          |        |                        |                                                                |                |                | E.C. DIOCHOE IT OCCUPANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r   \$             |        |  |
|                                                            |                                                                                                                                      |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            |                                                                                                                                      |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
| DESC                                                       | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            | eream menter or measures recursores transcer function to the manuscription of the arrested it inclashed its admires.                 |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            |                                                                                                                                      |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            |                                                                                                                                      |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            |                                                                                                                                      |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            | ·                                                                                                                                    |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            |                                                                                                                                      |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
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| CER                                                        | TIFICATE HOLDER                                                                                                                      | -        | -      | •                      | CANC                                                           | ELLATION       | · · · · · ·    | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 1      |  |
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|                                                            | · .                                                                                                                                  |          |        |                        |                                                                |                |                | F, NOTICE WILL BE DELIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |        |  |
|                                                            | NH Department of Environment                                                                                                         | al Sen   | vices  |                        | ACC                                                            | ORDANCE WIT    | H THE POLICY   | PROVISIONS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |        |  |
|                                                            | 29 Hazen Drive                                                                                                                       |          |        |                        |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            |                                                                                                                                      |          |        |                        | AUTHO                                                          | RIZED REPRESEI | NTATIVE        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |        |  |
|                                                            | Concord                                                                                                                              |          |        | NH 03301               |                                                                | •              | than Obs       | 3 Kennevel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>.</b>           |        |  |
|                                                            | 1                                                                                                                                    |          |        |                        | 1                                                              |                | and the second | <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                  |        |  |

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# Attachment A Budget Estimate

| Budget Item            | s319 Grant<br>Funding | Non-Federal<br>Matching Funds | Total Project Cost |
|------------------------|-----------------------|-------------------------------|--------------------|
| Salaries & Wages       | \$0                   | \$41,100                      | \$41,100           |
| Travel and Training    | \$0                   | \$0                           | \$0                |
| Contractual            | \$24,700              | \$0                           | \$24,700           |
| Equipment and Supplies | \$1,000               | \$1,600                       | \$2,600            |
| Construction           | \$74,300              | \$24,000                      | \$98,300           |
| Total Project Cost     | \$100,000             | \$66,700                      | \$166,700          |

Attachment B: 2019 Watershed Assistance and Restoration Grant Ranking

| Organization                              | Project Name                                                                                                                                              | <b>A</b> | В   | c  | Ď  | Ε: | "<br>F | AVG  | RANK by<br>avg |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----|----|----|--------|------|----------------|
| Southwest Region Planning Commission      | Spofford Lake Watershed Management Plan<br>Implementation Phase I: Watershed/ Shoreline BMPs                                                              | Imp      | 8   | 10 | 5  | 8  | 9      | 86.6 | 1              |
| Pleasant Lake Preservation<br>Association | Pleasant Lake Watershed Restoration Plan Implementation Phase II: Rt 107 Inlet Subwatershed BMPs                                                          | lmp .    | 7 . | 9  | 6  | 10 | 8      | 86.4 | 2              |
| Nippo Lake Association                    | Nippo Lake Watershed Management Plan: Implementation of Road, Residential and In-lake BMPs                                                                | Imp      | 9   | 7  | 8  | 9  | 5      | 86.2 | 3              |
| Four Seasons Property Assoc.              | Baboosic Lake Watershed Plan Implementation Phase 4:<br>Four Seasons Beach Area BMPs                                                                      | lmp      | 8   | 8  | 6  | 9  | 5      | 84.8 | 4              |
| Lake Winnipesaukee Assoc.                 | Lake Winnipesaukee Watershed Management Plan<br>Implementation Phase 1: BMPs in the Waukewan, Meredith<br>Bay, and Moultonborough Bay Inlet subwatersheds | lmp      | 4   | 10 | 5  | 9  | 7      | 83.4 | 5              |
| Town of Wolfeboro                         | Lake Wentworth/ Crescent Lake WMP Implementation Phase 4: shoreline and roadside BMPs                                                                     | lmp      | 8   | 10 | 5  | 9  | 7      | 80.6 | 6              |
| Acton Wakefield<br>Watersheds Alliance    | Salmon Falls Headwaters Watershed Management Plan<br>Implementation Project – Phase 3: Residential NPS<br>Pollution Reduction and Community Outreach      | lmp      | 8   | 9  | 8  | 10 | 6      | 80.4 | 7              |
| Southwest Regional Planning Assoc.        | : Lake Warren Watershed Management Implementation Phase 2: Stormwater BMPs                                                                                | lmp      | 6   | 10 | ·5 | 5  | 7.     | 78.3 | Not Selected   |
| Town of Effingham                         | Province Lake Watershed Management Plan Implementation Phase 3: Lake Outlet Drainage Improvements – Bailey Road project                                   | lmp      | 7   | 7. | 5  | 3  | 5      | 61.2 | Not Selected   |

Review Team Members

| Name         | Qualifications in the second of the second o |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Steve Landry | 21 years experience, Watershed Assistance Section Supervisor, project management, Merrimack watershed and fluvial geomorphology expertise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Jeff Marcoux | 15 years experience, Watershed Coordinator, project management, grant and contract expertise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Sally Soule  | 21 years experience, Coastal Watershed Coordinator, project management, Coastal watershed expertise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Wendy Waskin | 15+ years experience, Grants Specialist, budgeting, planning, project assistance expertise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Katie Zink   | 8 years experience, Watershed Assistance Specialist, surface and drinking water sampling, microbial expertise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |