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

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301

December 19, 2019

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

REQUESTED ACTION

Authorize the Department of Natural and Cultural Resources, Division of the Arts to award a Public Value Partnership Grant to Rochester Opera House (VC #154980), Rochester, NH in the amount of \$13,500 to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors effective upon Governor and Executive Council approval through June 30, 2020. 100% General Funds

Funding is available in account, State Arts Development, as follows:

03-035-035-353510-41040000-073-500575 - Grants Non Federal

FY 2020
\$13,500

EXPLANATION

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

At a recent meeting, the NH State Art Councilors unanimously voted to accept the Arts Division's Public Value Partnership Review Panel's recommendations for the partnerships based on its funding priority ranking within a competitive review. The six-member peer panel, facilitated by an Arts Councilor, considered 17 criteria to arrive at a consensus ranking for each application. The evaluative criteria range from the administrative capacity of the organization, artistic quality, strategic planning, to community impact and accessibility.

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

Respectfully submitted,

(initials)

Sarah L. Stewart
Commissioner



NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

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

1. GRANT PERIOD: FY2020
2. OBLIGATIONS OF THE GRANTEE:
 - The Grantee agrees to accept \$13,500.00 and apply it to the program(s) described in the grant application and approved budget for Investment in Cultural Infrastructure. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
 - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



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

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
 - The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
3. PAYMENT will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council.
 4. FINAL REPORT: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
 5. SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

Donor APPROVAL

Contracting Officer for State Agency

Sarah Stewart 12/27/19
Signature Date

Name, Title: Sarah h. Stewart
Commissioner

GRANTEE SIGNATURE

Org/ Name: Rochester Opera House

Address: 31 Wakefield St Rochester NH 03867

Anthony Ejarque
Printed Name of Authorized Official for Grantee

[Signature] No B. 19
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF STRAFFORD

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

Gill Belin 1/4/2020
Office of Attorney General Date

On the 8 day of Nov 2019 before the undersigned officer, personally appeared

Anthony Ejarque
(Print name of person whose signature is being notarized)

or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

Kelly Walters
Notary Public/ Justice of the Peace

Printed Name: Kelly Walters

My Commission expires: 3/8/2022

KELLY A. WALTERS, Notary Public
State of New Hampshire
My Commission Expires March 8, 2022

State of New Hampshire

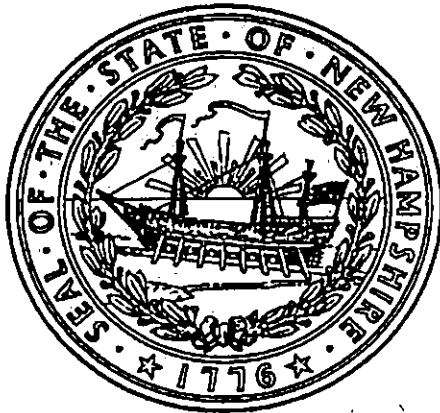
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ROCHESTER OPERA HOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 20, 2003. 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: 431131

Certificate Number: 0004492445



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of April A.D. 2019.

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

William M. Gardner
Secretary of State

Board Resolution

I, ROBERT J. PERRY, hereby certify that I am duly elected Clerk/Secretary of
(Name)

ROCHESTER OPERA HOUSE. I hereby certify the following is a true copy of a vote taken at
(Name of Organization)

a meeting of the Board of Directors/shareholders, duly called and held on 10/21, 2019
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That ANTHONY E. JARQUE is duly authorized to enter a
(Name and Title)

Contract on behalf of ROCHESTER OPERA HOUSE with the
(Name of Organization) PERSON SIGNING GRANT

NH State Council on the Arts _____ State of New Hampshire and further is
(Name of State Agency)

Authorized to execute any documents which may in his/her judgment be
desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full
force and effect as of the 10/21, 2019. I further certify that it is understood that the
State of New Hampshire will rely on this certificate as evidence that the person listed above currently
occupies the position indicated and that they have full authority to bind the corporation to the specific
contract indicated.

DATED: 10/21/19

ATTEST: Robert J. Perry
(Name and Title) Clerk/Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2019

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

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425		CONTACT NAME: Eleanor Spinazzola PHONE (A/C, No, Ext): (603) 293-2791 E-MAIL ADDRESS: Eleanor.spinazzola@esinsurance.net FAX (A/C, No): (603) 293-7188	
INSURED Rochester Opera House 31 Wakefield St Rochester NH 03867		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # GAIG	

COVERAGES CERTIFICATE NUMBER: 2019 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MAC 379353314	05/13/2019	05/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MAC 379353314	05/13/2019	05/13/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		MAC 379353314	05/13/2019	05/13/2020	Aggregate Limit \$500,000 Each Common Cause \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER NH Department of Natural & Cultural Resources 20 Park St Concord NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Fairley Kennedy</i>
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DATE (MM/DD/YYYY)
11/04/2019

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PRODUCER Voyager Insurance Services 371 Sagamore Road Rye NH 03870	CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): 603-766-1990 E-MAIL ADDRESS: info@voyager-ins.com	FAX (A/C, No): 603-590-7822
	INSURER(S) AFFORDING COVERAGE	
INSURED Rochester Opera House 31 Wakefield Street Rochester NH 03867	INSURER A: Utica National Insurance Group	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4653848	06/05/2019	06/05/2020	PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Statutory State(s): NH

CERTIFICATE HOLDER NH Department of Natural & Cultural Resources 20 Park Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Lisa W. Davis
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GRANTEE INFORMATION FORM for ORGANIZATIONS

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

Name of Organization Rochester Opera House

1. Statement of Purpose:

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

With an "Arts for All" philosophy, the mission of the Rochester Opera House is to educate, engage and inspire a community of all ages by presenting extraordinary, affordable, culturally diverse theater performance art, music, dance, and film on the city's foremost performing arts stage.

2. Salary of Administrator:

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

\$55,000

Attach the Following:

3. DUNS Number (If not provided on application)
4. Resume of Administrator
5. Financial Statement:
A one-page financial statement of your organization's most recently completed fiscal year.
6. Board of Directors:
A list of the current directors and officers of your organization.
Please do not include any personal information such as home addresses, phone numbers or emails.
7. List Geographic Areas Served by Organization
8. Certificate of Liability and Workers Comp Insurance with the Department of Natural & Cultural Resources as the certificate holder
9. Please include a copy of a current year Certificate of Good Standing. (if not provided with the application)
If you do not have a Certificate of Good Standing with the state of NH please call Secretary of State Corporate Division at 271-3244 and request an application.

Rochester Opera House
Profit & Loss
July 2018 through June 2019

	<u>Jul '18 - Jun 19</u>
Ordinary Income/Expense	
Income	
Donations	8,468.99
Fundraisers	97,884.92
Income General	46,109.00
Liquor Sales	87,872.80
Other Income	36,430.28
Porchfest	1,920.00
Rental Of ROH	30,901.64
Restricted Income	20,000.00
RPAC Income	163,506.16
Scholarship	2,275.00
Sponsors	29,725.00
Theatre Camp	0.00
Ticket Sales	781,359.66
Total Income	<u>1,306,453.45</u>
Gross Profit	1,306,453.45
Expense	
Advertising & Promotions	25,166.66
Bank Fees	22,267.88
Depreciation Expense	15,154.02
Employee Relations	55.34
Facilities and Equipment	38,848.83
Fundraising Expenses	21,589.25
Insurance	22,849.51
Interest Expense	8,686.26
Liquor	18,777.16
Operations	4,207.09
Other Expenses (Fees, Misc)	2,055.99
Payroll Expenses	259,051.74
Professional Services	9,747.15
Rent	1,800.00
RPAC Expense	112,211.35
Seating Restoration	29,865.00
Show Expenses	650,031.74
Tickets	22,032.59
Travel and Meetings	397.33
Utilities	29,605.28
Total Expense	<u>1,294,400.17</u>
Net Ordinary Income	<u>12,053.28</u>
Net Income	<u><u>12,053.28</u></u>



Rochester Opera House Board of Directors

John McKenna President & Arts Advocate	Liberty Mutual Group Senior Vice President and Chief Information Security Officer - retired
Dr. Nicholas Kanelos, Jr. Vice President	Garrison Family Dental Dentist/Owner
Robert Perry Secretary	Retired Official Court Reporter, Superior Court, State of New Hampshire
Marcia Doble, E.A. Treasurer	Mobile Tax Service Owner
Donna Bogan	Rochester City Councilor
Karyn Forbes	Shaheen & Gordon, PA Attorney/Partner
Lisa Roberto	Lincoln Financial Group LTD Specialist I
Eric DeLorey	Edward Jones, Financial Advisor
Scott Johnson	Certified Retail Solutions, Founder
Michael Allen	Frisbie Memorial Hospital Director of Security
Alfred T Catalfo, III	Catalfo Law, PLLC Attorney/Head of Firm
Brian Chagnon	Videographer & Teacher
Debra Cuddahy	Jack & Jill School Owner/Executive Director
Joshua Gupta	Curlies Comedy Club Owner/Manager

[REDACTED] que [REDACTED]
[REDACTED] [REDACTED]

Producer/Director/Actor/Business Owner

Professional Experience

Executive Producer—Rochester Opera House, Rochester NH 2001-2004, 2008-

Duties include: Scheduling all productions and performances, budgeting, coordinating staff and fundraising initiatives, facility management, marketing and sales. Produced over 500 concerts including: Leanne Rimes, Blues Traveler, Clint Black, Capital Steps, and the Little River Band. Examples of theatrical shows include: Chicago, Wizard of Oz, Shrek, Christmas Carol, Cabaret, Oliver and Annie. Spearheaded an expansion that resulted in a second facility, The Rochester Performance and Arts Center, which opened in 2017.

Co-owner/operator—The Governor's Inn, Rochester NH 1993-

Duties include: overall stewardship of a 20 room Inn and two onsite restaurants with an annual operating budget of approximately \$2 million.

Owner—Fat Tony's Italian Grill, Rochester NH 2006-2014

Owned and operated family style Italian restaurant in downtown Rochester NH. Annual sales approx. 1 million

Owner—Slim's Tex Mex Cantina, Rochester NH 2003-2010

Owned and operated family style Mexican restaurant in downtown Rochester NH. Annual sales approx. 1 million

Independent Director and Actor - 1986—

Trained classical actor with Off-Broadway, regional, television, National tours and film credits. AEA and SAG member.

Associate Producer—Ensemble Studio Theater, New York, NY 1998-1999

Duties included: Producing "Marathon" play series and Mainstage series under direction of the Executive Producer and Artistic Director.

Assistant to Walter Bobbie- NYC 1999

Broadway productions of "Chicago" and "Footloose."

Assistant Manager—Morgan's Hotel Group, (Ian Schrager Company) NYC 1996-2002

Assisted Steve Rubell and Ian Schrager (Studio 54) opening and managing boutique hotels and restaurants.

Awards and Civic Memberships

Irene Ryan Acting Scholarship, Stevens Scholarship Award, 2004 Jaycees Outstanding Young Business Leader, 2006 Rochester Business Leader of the Year, Rochester Rotary Club Member, Rochester Chamber of Commerce

Education

University of NH, BA, 1986, University of Salamanca, Spain, 1985, National Shakespeare Conservatory, NY, 1987, Columbia University—Graduate studies



DUNS Number: 96-782-9529

Geographic Areas:

Patrons come from throughout New Hampshire, especially residents of Rochester, Dover, Somersworth, and the rural areas and small towns of Strafford, Rockingham, Belknap and Carroll Counties, as well as neighboring York County in Maine.