



STATE OF NEW HAMPSHIRE 43 RCVD
 DEPARTMENT of NATURAL and CULTURAL RESOURCES
 STATE COUNCIL on the ARTS

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19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301
 Phone: 271-2789 Fax: 271-3584

June 7, 2022

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

REQUESTED ACTION

Authorize the Department of Natural and Cultural Resources, Division of the Arts, to award an American Rescue Plan Act grant to Belknap Mill Society (VC #167092), Laconia, NH in the amount of \$6,000 for salary support of the Program Coordinator and Theater Producer, effective upon Governor and Council approval through June 30, 2022. 100% Federal Funds.

Funds are available in account, ARPA Grant DNCR Arts Council, as follows:

03-035-035-353510-24930000-072-500575 - Grants Federal	<u>FY 2022</u> \$6,000
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EXPLANATION

The National Endowment for the Arts amended the Arts Partnership Grant to the New Hampshire State Council on the Arts to assist arts and cultural nonprofit organizations sustain their operations. These American Rescue Plan funds are intended to help these entities and their employees endure the economic hardships caused by the pandemic and to distribute critical funds to a broad constituency and geographic range. The first forty-three organizations to receive funding were those awarded Public Value Partnership grants in July 2021.

This funding category recognizes that the nonprofit arts industry is an important sector of New Hampshire's economy, and that financial support is necessary to help save jobs and keep operations functioning. The grant awards are designed to assist in the recovery of organizations that are at risk of permanent closure, or endured loss of paid staff, venue, or significant revenue. Organizations were allowed to request funds for salary support, marketing, fulfill contracts with artist's, rent and utilities, or health and safety supplies.

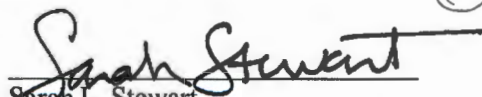
Six panelists reviewed forty-one applications and recommended thirty-seven awards based on three criteria: quality of arts programming, administrative capacity, and impact on the arts work force. Gant categories and deadlines are advertised through the divisions' website, social media, and electronic newsletters.

Earlier in Fiscal Year 2022, Belknap Mill Society was awarded an Arts for Community Engagement grant in the amount of \$4,000 bringing the cumulative total to the \$10,000 threshold, therefore requiring Governor and Council approval. Belknap Mill is the oldest unaltered brick textile mill in the U.S. Listed on the National Register of Historic Places. The mission of the Belknap Mill Society is to preserve the Belknap Mill as a historic gathering place and a center for cultural and educational programs.

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

Respectfully submitted,

(SM)


 Sarah L. Stewart
 Commissioner

Vendor #: 167092

FY2022ARP # 10628

Acct Code: 24930000-072.35 NHARPA



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 Belknap Mill Society (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. **GRANT PERIOD:** FY2022

2. **OBLIGATIONS OF THE GRANTEE:**

- The Grantee agrees to accept \$6,000.00 and apply it to the program(s) described in the grant application and approved budget for **American Rescue Plan | Salary Support**. 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:



Belknap Mill Society 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.

COUNCIL APPROVAL

Contracting Officer for State Agency

[Signature] 6/6/22
Signature Date

Name, Title: Virginia Lupi, Director

[Signature] 6/10/22
Signature Date

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL

as to form, substance and execution:

[Signature] 6/13/2022
Office of Attorney General Date

GRANTEE SIGNATURE

Org/ Name: **Belknap Mill Society**

Address: 25 Beacon St East Laconia NH 0376

[Signature]
Printed Name of Authorized Official for Grantee

Cheryl L Avery 6/11/22
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Merrimack

On the 1 day of June 2022 before the undersigned officer, personally appeared

Cheryl Avery
(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.

Cassandra Mason
Notary Public / Justice of the Peace
Printed Name: Cassandra Mason
My Commission expires: 8/2/22
10628]

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 BELKNAP MILL SOCIETY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 11, 1970. 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: 61105

Certificate Number: 0005027932



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of October A.D 2020.

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

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name: BELKNAP MILL SOCIETY	Business ID: 61105
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 02/11/1970	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 02/11/1970	
Principal Office Address: 25 Beacon Street East, Laconia, NH, 03246, USA	Mailing Address: 25 Beacon Street East, Laconia, NH, 03246, USA
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	
Business Email: operations@belknapmill.org	Phone #: NONE
Notification Email: operations@belknapmill.org	Fiscal Year End Date: NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / INDUSTRIAL KNITTING MUSEUM AND CULTURAL CENTER	

Principals Information

Name/Title

Jennifer Anderson / Chairman of the Board of Directors
S. Peter Karagianis / Chairman of the Board of Directors
Martin Hough / Treasurer
Shawna Bentley / Secretary
Kathy Calvin / Other Officer

Business Address

PO Box 5399, Laconia, NH, 03246, USA
71 Church Street, Laconia, NH, 03246, USA
93 Lexington Drive, Laconia, NH, 03246, USA
28 Bowman Street, Laconia, NH, 03246, USA
One Mill Plaza, Laconia, NH, 03246, USA

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Registered Agent Information

Name: Not Available

Registered Office Not Available
Address:

Registered Mailing Not Available
Address:

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
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No records to view.

[Filing History](#) [Address History](#) [View All Other Addresses](#) [Name History](#) [Shares](#)
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VII Department of State 107 North Main St. Room 204 Concord, NH 03301 - [Contact Us](#)
[\(/online/Home/ContactUS\)](#)

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Corporate Resolution

I, Jennifer Anderson (Name of Person A) hereby certify that I am duly elected Clerk/Secretary/Officer of Beltway Mill Society (Name of Organization). I hereby certify the following is a true record of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on 2/8/22, at which a quorum of the directors/shareholders were present and voting.

Voted: That Cheryl Alery (Name of Person - cannot be Person A) (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of Beltway Mill Society (Name of Organization) with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect 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 the date of the contract to which this certificate is attached. This authority shall remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify that it is understood the State of New Hampshire will rely on this certificate as evidence the person(s) listed above currently occupy the positions(s) indicated and that they have full authority to bind the corporation. To the extent that there are limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: 6/3/22

ATTEST: 
(Signature of Person A)

STATE OF New Hampshire
COUNTY OF Merrimack

On the 3 day of June, before me Cassandra Mason, the undersigned officer personally appeared Jennifer Anderson, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set my hand and official seal:

Cassandra Mason
Justice of the Peace / Notary Public

My Commission Expires: 8/2/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2022

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 Melcher & Prescott Insurance 426 Main Street Laconia NH 03246	CONTACT NAME: Jessica Hildreth	FAX (A/C, No):
	PHONE (A/C, No, Ext): (603) 524-4535	E-MAIL ADDRESS: jhildreth@melcher-prescott.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Ohio Casualty Insurance Co		24074
INSURER B: Ohio Security Ins Company		24082
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL226609187 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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BKO58174021	12/01/2021	12/01/2022	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			BAS58174021	12/01/2021	12/01/2022	MED EXP (Any one person)	\$ 15,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PERSONAL & ADV INJURY	\$ 1,000,000					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			USO58174021	12/01/2021	12/01/2022	GENERAL AGGREGATE	\$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	XWO58174021	12/01/2021	12/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)	\$					
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER State of NH Dept of Natural & Cultural Resources 172 Pembroke Road 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

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