



STATE OF NEW HAMPSHIRE  
DEPARTMENT of NATURAL and CULTURAL RESOURCES  
STATE COUNCIL on the ARTS  
19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301  
Phone: (603) 271-2789 FAX: (603) 271-3584

December 15, 2021

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

**REQUESTED ACTION**

Pursuant to RSA 261:97-c, Use of Funds, authorize the Department of Natural and Cultural Resources, State Arts Council, to award a Conservation Number Plate (Moose Plate) Grant to the Claremont Opera House (VC #167132), Claremont, NH in the amount of \$20,000 to support the restoration of stained glass windows effective upon Governor and Executive Council approval through June 30, 2022. 100% Other Funds (Agency Income).

Funds are available in account, Conservation Plate Fund, as follows:

	<u>FY 2022</u>
03-035-035-350010-34050000-073-509074 – Grants Non-Federal	\$20,000

**EXPLANATION**

The Conservation Number Plate Fund is used to promote the use and conservation of cultural resources in New Hampshire and to preserve the cultural heritage that belongs to all New Hampshire citizens by providing for the preservation of publicly owned historic properties.

The Claremont Opera House, located in the Claremont City Hall Building and dedicated in 1897, is seeking funding to conserve thirteen original leaded, stained glass windows (a total of 66 panels). The stained glass panels on the outside of the building are in immediate need of removal and restoration due to their location above the City Hall and adjacent to the Police Station. The project will be completed in six phases. This request is for phase two of the project which will cover repairing three window openings.

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

Respectfully submitted,

(12/15)

Sarah L. Stewart  
Commissioner

167132

FY2022CC # 10515

Acct Code: 34050000-073



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 Claremont Opera House (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 \$20,000.00 and apply it to the program(s) described in the grant application and approved budget for To support the restoration of stained glass windows. 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:



Claremont Opera House is supported in part by a grant from the New Hampshire State Council on the Arts & the Cultural Conservation Mooseplate Program.

- 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: [Handwritten Signature] Date: 12/1/21

Name, Title: Virginia Lupi, Director

Signature: [Handwritten Signature] Date: 12/21/2021

Name, Title: Sarah Stewart, Commissioner

APPROVED BY ATTORNEY GENERAL as to form, substance and execution:

Signature: [Handwritten Signature] Date: 12/28/2021
Office of Attorney General

GRANTEE SIGNATURE

Org/ Name: Claremont Opera House

Address: 58 Opera House Square

Signature: [Handwritten Signature]
Printed Name of Authorized Official for Grantee: Felicia Brych Dalke

Authorized Official's Signature & Title: [Handwritten Signature] Board President Date: 11/5/21

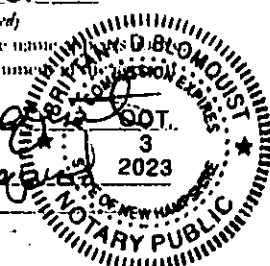
NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Sullivan

On the 5th day of Nov 2021 before the undersigned officer, personally appeared

Signature: [Handwritten Signature]
(Print name of person whose signature is being notarized) or satisfactorily proven to be the person whose name and acknowledged that s/he executed this document in his/her individual capacity

Signature: [Handwritten Signature]
Notary Public/ Justice of the Peace
Printed Name: Brittany Blouin
My Commission expires: 10/31/21



# 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 CLAREMONT OPERA HOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 06, 1977. 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: 62699

Certificate Number: 0005063103



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 30th day of December 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

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Business Name: CLAREMONT OPERA HOUSE, INC.	Business ID: 62699
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 10/06/1977	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 10/06/1977	
Principal Office Address: 58 Opera House Square (City Hall Complex), Claremont, NH, 03743, USA	Mailing Address: NONE
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2020
	Next Report Year: 2025
Duration: Perpetual	
Business Email: andrewp@claremontoperahouse.org	Phone #: 603-542-0064
Notification Email: fbrych@gmail.com	Fiscal Year End Date: NONE

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### Principal Purpose

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S.No	NAICS Code	NAICS Subcode
1	OTHER / OPERA HOUSE / THEATER / ARTS AND LIVE ENTERTAINMENT	

## Principals Information

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Name/Title	Business Address
Felicia P Brych Dalke / President	PO Box 664, Claremont, NH, 03743, USA
Stacy Bathrick / Vice President	PO Box 664, Claremont, NH, 03743, USA
Amy McQuoid / Vice President	PO Box 664, Claremont, NH, 03743, USA
H. Clay Hawkins / Treasurer	PO Box 664, Claremont, NH, 03743, USA
Ashleigh Carpenter / Secretary	PO Box 664, Claremont, NH, 03743, USA

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## Registered Agent Information

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Name: Not Available  
Registered Office Address: Not Available  
Registered Mailing Address: Not Available

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## Trade Name Information

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No Trade Name(s) associated to this business.

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## Trade Name Owned By

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No Records to View.

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## Trademark Information

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

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[Filing History](#)   [Address History](#)   [View All Other Addresses](#)   [Name History](#)   [Shares](#)

[Businesses Linked to Registered Agent](#)   [Return to Search](#)   [Back](#)

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)  
[\(/online/Home/ContactUS\)](#)

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Certificate of Authority #1

(Corporation, Non-profit Corporation)

Corporate Resolution

I, Ashleigh Carpenter, hereby certify that I am duly elected Clerk/Secretary/Officer  
(Name)  
of Clement Open House Inc I hereby certify the following is a true of a vote taken at a  
(Name of Corporation)  
meeting of the Board of Directors/shareholders, duly called and held on Oct. 19<sup>th</sup>, 2021,  
at which a quorum of the directors/shareholders were present and voting.

Voted: That Felicia Birch Dalko (may list more than one person) is duly  
(Name and Title) President  
authorized to enter into contracts or agreements on behalf of Clement Open House Inc  
(Name of Corporation)  
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: 11-5-21

ATTEST: [Signature] Secretary  
(Name & Title)

STATE OF New Hampshire  
COUNTY OF Sullivan

On the 5<sup>th</sup> day of November 2021, before me Brittany Blomquist,  
the undersigned officer personally appeared Ashleigh Carpenter, 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 me hand and official seal:

[Signature]  
Justice of the Peace / Notary Public

My Commission Expires: 10/3/23





## CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex<sup>3</sup>) is organized under the New Hampshire Revised Statutes Annotated, Chapter 5-B, Pooled Risk Management Programs. In accordance with those statutes, its Trust Agreement and bylaws, Primex<sup>3</sup> is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex<sup>3</sup> is entitled to the categories of coverage set forth below. In addition, Primex<sup>3</sup> may extend the same coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, amendments, rules, policies and procedures that are applicable to the members of Primex<sup>3</sup>, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex<sup>3</sup> Board of Trustees. The Additional Covered Party's per occurrence limit shall be deemed included in the Member's per occurrence limit, and therefore shall reduce the Member's limit of liability as set forth by the Coverage Documents and Declarations. The limit shown may have been reduced by claims paid on behalf of the member. General Liability coverage is limited to Coverage A (Personal Injury Liability) and Coverage B (Property Damage Liability) only. Coverage's C (Public Officials Errors and Omissions), D (Unfair Employment Practices), E (Employee Benefit Liability) and F (Educator's Legal Liability Claims-Made Coverage) are excluded from this provision of coverage.

The below named entity is a member in good standing of the New Hampshire Public Risk Management Exchange. The coverage provided may, however, be revised at any time by the actions of Primex<sup>3</sup>. As of the date this certificate is issued, the information set out below accurately reflects the categories of coverage established for the current coverage year.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the coverage categories listed below.

<b>Participating Member:</b> City of Claremont 58 Opera House Square Claremont, NH 03743		<b>Member Number:</b> 141	<b>Company Affording Coverage:</b> NH Public Risk Management Exchange - Primex <sup>3</sup> Bow Brook Place 46 Donovan Street Concord, NH 03301-2624	
Type of Coverage	Effective Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Limits - NH Statutory Limits May Apply, If Not:	
<input checked="" type="checkbox"/> <b>General Liability (Occurrence Form)</b> <b>Professional Liability (describe)</b> <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	1/1/2021	1/1/2022	Each Occurrence	\$ 5,000,000
			General Aggregate	\$ 5,000,000
			Fire Damage (Any one fire)	
			Med Exp (Any one person)	
<input type="checkbox"/> <b>Automobile Liability</b> Deductible    Comp and Coll: \$1,000  <input type="checkbox"/> Any auto			Combined Single Limit (Each Accident)	
			Aggregate	
<input checked="" type="checkbox"/> <b>Workers' Compensation &amp; Employers' Liability</b>	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> Statutory	
			Each Accident	\$2,000,000
			Disease - Each Employee	\$2,000,000
			Disease - Policy Limit	
<input type="checkbox"/> <b>Property (Special Risk includes Fire and Theft)</b>			Blanket Limit, Replacement Cost (unless otherwise stated)	
<b>Description:</b> Proof of Primex Member coverage only.				

<b>CERTIFICATE HOLDER:</b>	<b>Additional Covered Party</b>	<b>Loss Payee</b>	<b>Primex<sup>3</sup> - NH Public Risk Management Exchange</b>
NH Department of Natural and Cultural Resources 172 Pembroke Road Concord, NH 03301			By: <i>Mary Beth Purcell</i>
			Date: 11/30/2021    mpurcell@nhprimex.org
			Please direct inquiries to: <b>Primex<sup>3</sup> Claims/Coverage Services</b> 603-225-2841 phone 603-228-3833 fax

CO	10	P. Lvl	03500
Vendor #	1167132	Remit #	Inv #
PO #		Ln#	\$
AU	34050000	Acct	500
Activity		Acct Cat	J
Signature	Cassie Mason	Date	12/2/21

NH State Council on the Arts - Invoice for Payment

Claremont Opera House / 1167132

(Name of Person / Organization / Vendor Code)

\$ 20,000

(Total amount of Payment for this Invoice)

\$ 20,000

(Total amount of grant / service agreement / P37)

Please circle the TYPE of Documents and Payments

Grant

Full:

Service Agreement:

Partial:

P37:

Upon Invoice:

Other:

Cassie Mason

12/2/21

NHSCA Authorization

Date: