



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CULTURAL RESOURCES**

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

*American Canadian French Cultural Exchange Commission,  
Administratively Attached*

**Van McLeod, Commissioner**



February 13, 2014

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

**REQUESTED ACTION**

The Department of Cultural Resources respectfully requests permission to award a Conservation Number Plate Grant in the amount of \$8,745.00 to the Allenstown Public Library (vendor code 172818) for the conservation and digitization of 21 volumes of poll tax registers effective upon Governor and Council approval through December 31, 2014.

100% Other Funds.

Funds are available in the account titled Administration Support as follows:

|   |               |
|---|---------------|
|   | <u>FY2014</u> |
| 01-34-34-340010-69990000-054-500528 Trust Fund Expenditures | \$8,745.00    |

**EXPLANATION**

Pursuant to RSA 261:97- c Conservation Number Plate Funds shall be 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 conservation and preservation of significant publicly-owned works of art, artifacts, and documents that contribute to New Hampshire's cultural heritage.

Grant funds will be used for the conservation, microfilming and digitization of 21 volumes of Allenstown handwritten poll tax registers dated 1860-1889. The registers contain information on the town's residents and their property in addition to data on migrants from French Canada who relocated to Allenstown to work in the mill. Upon completion the files will be loaded into Allenstown Digital History website with a copy of the microfilm given to the State Library and State Archives.

Should Other Funds become no longer available General funds will not be requested to support this program.

Respectfully submitted,

Van McLeod  
Commissioner



**Grant Agreement**  
 State of New Hampshire  
 Department of Cultural Resources  
 New Hampshire State Library



This agreement between the State of New Hampshire, Department of Cultural Resources, New Hampshire State Library (hereinafter "State Library") and the **Allenstown Public Library, Allenstown, New Hampshire** (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions.

1. FUNDING PERIOD: State of New Hampshire Fiscal Year 2013/2014.
2. OBLIGATION OF THE GRANTEE
  - 2.1.1. The Grantee agrees to accept **\$8,745** and apply it to the project entitled *Conserve, microfilm and digitize 21 volumes of Allenstown tax registers dated 1860-1889* as described in the Grantee's Moose Conservation License Plate grant application. 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.
  - 2.1.2. The Grantee agrees to abide by the limitations, conditions and procedures outlined herein and to perform grant activities as put forth in the Grantee's project narrative proposal and project budget.
  - 2.1.3. If appropriated funds for this grant program are reduced or terminated (including a reduction by the NH Conservation License Plate Advisory Committee), all payments under this grant may cease. That determination rests within the sole discretion of the Commissioner of Cultural Resources.
3. ACKNOWLEDGEMENT: Funding credit must appear in all programs, publicity, and promotional materials. The following wording is suggested:  
*"This conservation project has been made possible through funds received from the sale of the New Hampshire Moose Conservation License Plate and administered by the New Hampshire State Library, a Division of the New Hampshire Department of Cultural Resources."*
4. PAYMENT: Payment will be made upon the approval by Governor and Executive Council of the executed Grant Agreement and supporting documentation in the amount of ninety percent (90%) and in the amount of ten percent (10%) upon receipt by the State Library of Final Grant Reports.
5. FINAL REPORTS: The Grantee agrees to submit a Final Grant Narrative Report and Financial Report per reporting instructions provided by the State Library by **December 31, 2014**. Failure to submit final reports will render the Grantee ineligible for future Conservation License Plate Grant funding within the New Hampshire Department of Cultural Resources.
6. SOVERIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.
7. SIGNATURES:

**Grantee**

Organization:

Address:

*Pauline Boutin, Library Trustee*  
 Printed name and title of Authorized Signatory

*Pauline Boutin*  
 Authorized Signature

*12/9/13*  
 Date

**New Hampshire State Library**

*Michael C. York* 12/2/13  
 Michael C. York, State Librarian Date

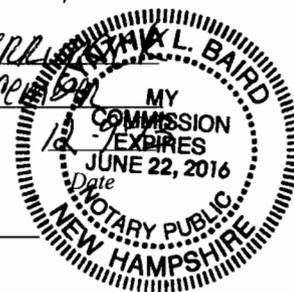
**Notary**

State of New Hampshire, County of *Merrimack*

Subscribed before me this day *9<sup>th</sup>* *December*

*Anthony L. Baird*  
 Notary Signature

My commission expires *6-22-16*



**Attorney General**

*Approved as to form, substance & execution*

*Rosanna H. Pelt* 2-20-14  
 Office of the Attorney General Date

*Moose License Plate Conservation Grant Program FY 2013/2014*

**EXHIBITS A and B**

**Grantee:** Allenstown Public Library, Allenstown, NH

**Grant amount:** \$8,745.00

**Project activities:** The project will consist of conservation, microfilming and digitization of 21 volumes of Allenstown handwritten poll tax registers dated 1860-1889. The registers contain information on the town's residents and their property in addition to data on migrants from French Canada who relocated to Allenstown to work in the mill. Kofile of Essex, VT will perform the grant activities. A copy of the microfilm will be given to the NH State Library and the State Archives. The digital files will be loaded into the Allenstown Digital History website.

**Payment Schedule:** Upon approval by the Executive Council, 90% of the grant award will be paid to the grantee. The final 10% of the award will be paid upon receipt of final grant reports by the State Library.

*Grant awarded on August 22, 2013 by committee of:*

Michael York, State Librarian

Charles Shipman, NHSL Reference Librarian

Donna Gilbreth, NHSL Supervisor, Reference & Information Department

Alan Rumrill, Executive Director, Historical Society of Cheshire County

Alice Staples, Archivist, Mason Library, Keene State University

Peter Haebler, Historian, UNH-Manchester (ret.)

State of New Hampshire  
CERTIFICATE OF AUTHORITY

**Resolution**

1. THIS IS TO CERTIFY that the following is a true and correct excerpt facsimile from a resolution adopted at a meeting of the Board of Trustees of the  
(organization) Atlenstain Public Library  
on \*(date) 10/24/2013 at which time a quorum was present and voted, and further that said resolution has not been rescinded, altered or amended and is still in full force and effect.

**"Be it resolved that** (Name of official signing grant agreement) Pauline Boutin  
(Title of official signing the grant agreement) President  
**is hereby authorized on behalf of this Organization to enter into contracts with the State of New Hampshire and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications, thereto, as s/he may deem necessary, desirable or appropriate."**

2. The following person or persons have been duly elected to, and now occupy, the Office or Offices indicated:

Organization President Pauline Boutin  
Organization Secretary: Kimberly Carbonneau  
Organization Treasurer: JoAnne Dufort

Kimberly J. Carbonneau 3/24/14  
(Signature of organization's Secretary) (Date)

Kimberly Carbonneau  
(Printed name)

**Notary**

State of New Hampshire,  
County of Merrimack

On the 24 day of MARCH, 2014  
Kimberly Carbonneau personally appeared and was satisfactorily proven to be the person whose name appears above, and acknowledged s/he executed this document in the capacity indicated.

Signature of Notary Public Cynthia Baird  
My Commission Expires 6-22-2016



## CERTIFICATE OF COVERAGE

This certificate evidences the limits of liability in effect at the inception of the Member Agreement(s) described below. This certificate is issued as a matter of information only and confers no rights on the certificate holder and does not amend, extend or alter the coverage afforded by the Member Agreement(s); except to the extent provided in the additional covered party box or loss payee box below, if checked.

THIS IS TO CERTIFY THAT THE MEMBER NAMED BELOW IS A PARTICIPATING MEMBER OF COMPANY A AND THAT A MEMBER AGREEMENT(S) HAS BEEN ISSUED TO THE MEMBER FOR THE AGREEMENT TERM(S) 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 COVERAGE AFFORDED BY THE MEMBER AGREEMENT(S) IS SUBJECT TO ALL THE EXCLUSIONS, EXTENSIONS, TERMS AND CONDITIONS OF SUCH MEMBER AGREEMENT(S). AGGREGATE LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| <b>Participating Member:</b> Town of Allenstown<br><b>Member Number:</b> 152-070198 - 14  |                           | <b>Company Affording Coverage (the "Company"):</b><br><br>Property-Liability Trust, Inc.<br>PO Box 2008, Concord, NH 03302-2008 |  |   |
|---|---------------------------|---|--|---|
| Coverage (Occurrence basis only):   | Effective Date (mm/dd/yy) | Expiration Date (mm/dd/yy)  | Limits (subject to applicable NH statutory limits) |   |
| <input checked="" type="checkbox"/> General Liability<br>(Member Agreement Section III.A)   | 7/1/2013                  | 6/30/2014   | Each Occurrence                                    | \$ 5,000,000                                |
|   |                           |   | General Aggregate                                  | \$  |
|   |                           |   | Personal & Adv Injury                              | \$  |
|   |                           |   | Med Exp (any one person)                           | \$  |
|   |                           |   | Products -Comp/Op Agg                              | \$  |
|   |                           |   | Fire Damage (each fire)                            | \$  |
| <input checked="" type="checkbox"/> Automobile Liability<br>(Member Agreement Section III.A)<br><input type="checkbox"/> Any Auto<br><input type="checkbox"/> All Owned Autos<br><input type="checkbox"/> Scheduled Autos<br><input type="checkbox"/> Hired Autos<br><input type="checkbox"/> Non-Owned Autos<br><input type="checkbox"/> Other _____ | 7/1/2013                  | 6/30/2014   | Each Occurrence                                    | \$ 5,000,000                                |
|   |                           |   | Bodily Injury (per person)                         | \$  |
|   |                           |   | Bodily Injury (per accident)                       | \$  |
|   |                           |   | Property Damage (per accident)                     | \$  |
|   |                           |   |  |   |
| <input type="checkbox"/> Excess Liability   |                           |   | Each Occurrence                                    | \$ N/A                                      |
|   |                           |   | Aggregate  | \$ N/A                                      |
| <input checked="" type="checkbox"/> Property (All Risk including Theft)<br>(Member Agreement Section I) Deductible: \$1,000   | 7/1/2013                  | 6/30/2014   |  | \$Per scheduled limits and Member Agreement |
| <input type="checkbox"/> Workers' Compensation (Coverage A)<br>Employers' Liability (Coverage B)  |                           |   | Coverage A:  | Statutory                                   |
|   |                           |   | Cov. B: Each Accident                              | \$ 2,000,000                                |
|   |                           |   | Disease - Each Employee                            | \$ 2,000,000                                |
|   |                           |   | Disease - Policy Limit                             | \$ 2,000,000                                |
| <b>Description:</b> New Hampshire State Library is named as Additional Covered Party relative to the Moose Plate Grant.   |                           |   |  |   |

**CANCELLATION:** If any of the above coverages under the Member Agreement are cancelled before the expiration date, the Company will endeavor to mail 30 days written notice to the Certificate Holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company.

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Additional Covered Party</b> <input type="checkbox"/> <b>Loss Payee, as his, her or its interests appear</b>   |   |   |
| Coverage for the Additional Covered Party is limited to "bodily injury" or "property damage" caused by, and only to the extent of, the sole negligence of the "Member," and no protection is available for the negligence of others, including the Additional Covered Party and its directors, officers, employees or agents. Available limits of coverage are shared between the "Member" and the Additional Covered Party.* |   |   |
| <b>Certificate Holder:</b><br>New Hampshire State Library<br><br>20 Park Street<br><br>Concord NH 03301   | <b>Companies</b><br><br>By: <u>Debra A. Lewis</u><br>Authorized Representative<br><br>Date Issued: <u>10/9/2013</u> | Please direct inquiries to:<br><br>Debra A. Lewis<br>603.230.3332 |

\*Terms in quotes are defined in the Member Agreement.



NH Public Risk Management Exchange

### 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><br>Town of Allenstown<br>16 School Street<br>Allenstown, NH 03275   |                             | <b>Member Number:</b><br>103 | <b>Company Affording Coverage:</b><br>NH Public Risk Management Exchange - Primex <sup>3</sup><br>Bow Brook Place<br>46 Donovan Street<br>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:  |             |
| <b>General Liability (Occurrence Form)</b><br><b>Professional Liability (describe)</b><br><input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence |                             |                              | Each Occurrence  |             |
|  |                             |                              | General Aggregate  |             |
|  |                             |                              | Fire Damage (Any one fire)   |             |
|  |                             |                              | Med Exp (Any one person)   |             |
| <b>Automobile Liability</b><br>Deductible    Comp and Coll:<br><input type="checkbox"/> Any auto   |                             |                              | Combined Single Limit (Each Accident)  |             |
|  |                             |                              | Aggregate  |             |
| <b>X</b> <b>Workers' Compensation &amp; Employers' Liability</b>   | 1/1/2013                    | 1/1/2014                     | <b>X</b> Statutory   |             |
|  |                             |                              | Each Accident  | \$2,000,000 |
|  |                             |                              | Disease - Each Employee  | \$2,000,000 |
|  |                             |                              | Disease - Policy Limit   |             |
| <b>Property (Special Risk includes Fire and Theft)</b>   |                             |                              | Blanket Limit, Replacement Cost (unless otherwise stated)  |             |
| <b>Description:</b> Proof of Primex Member coverage.   |                             |                              |  |             |

|   |                                 |                   |   |
|---|---------------------------------|-------------------|---|
| <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 State Library<br>20 Park St<br>Concord, NH 03301 |                                 |                   | <b>By:</b> <i>Tammy Denver</i><br><b>Date:</b> 10/18/2013    tdenver@nhprimex.org<br>Please direct inquires to:<br><b>Primex<sup>3</sup> Claims/Coverage Services</b><br>603-225-2841 phone<br>603-228-3833 fax |