

STATE OF NEW HAMPSHIRE (U) DEPARTMENT of NATURAL and CULTURAL RESOURCES DIVISION of HISTORICAL RESOURCES

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301

November 18, 2019

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, <u>Use of Funds</u>, authorize the Department of Natural and Cultural Resources, Division of Historical Resources to award a Conservation Number Plate (Moose Plate) Grant to the Town of Mason (VC #154623), Mason, NH in the amount of \$10,000 for replacement of the Sunny Valley Schoolhouse's roof effective upon Governor and Executive Council approval through September 30, 2021. 100% Other Funds (Agency Income)

Funding is available in account, Conservation Plate Fund, as follows:

FY 2020 \$10,000

03-035-035-350010-34050000-073-509074 - Grants Non-Federal

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 Sunny Valley Schoolhouse (Schoolhouse) was built in 1821 and may be the second oldest brick schoolhouse in New Hampshire. The Schoolhouse operated as a school until the early 1900s and was for a time, the studio of children's book illustrator, Elizabeth Orton Jones. The town-owned building is being repaired to house historical collections. The Schoolhouse is listed to the New Hampshire State Register of Historic Places.

Respectfully submitted,

Sarah L. Stewart Commissioner

GRANT AGREEMENT Grant #MP-19-09

New Hampshire Division of Historical Resources

RECEIVEL OCT 21 2019 This agreement between the State of New Hampshire, Division of Historical Resources (hereinafter "DHR") and the Town of Mason (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- GRANT PERIOD: Pending G&C Approval September 30, 2021 [2 years to complete]
- OBLIGATION OF THE GRANTEE: The Grantee agrees to accept \$_10,000 and apply it to the project(s) described in the grant application and approved budget referenced above. 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.

As required by the Conservation License Plate Grant Program and the DHR, Grantee agrees to prominently place a DHR provided grant information sign on site or within the community throughout the project funded by this grant, and to acknowledge support of the DHR and the Conservation License Plate Program on any materials promoting the project.

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 shall cease.

3.	PAYMENT of 50% w and Council (as appro- final report document	ill be made following review by the NH-Attorney General's priate). Payment of the final 50%; will be made upon receipnition.	s Office and Governo at and approval of the
4.	September 1 annually Grantee agrees to sub	antee agrees to submit a narrative report of progress to the I for the duration of the grant which summarizes progress on mit a final financial and project report in a format provided tend of the grant period.	the project. The

3.	PAYMENT of 50% will be made following reand Council (as appropriate). Payment of the			
	final report documentation.	j	43 # 09	•
4.	REPORTING: The Grantee agrees to submit a September 1 annually for the duration of the g Grantee agrees to submit a final financial and than 30 days after the end of the grant period.	rant whi	ich summarizes progress c	on the project. The
5.	SOVERIGN IMMUNITY: No provision of thi immunity by the State of New Hampshire.	is contra	ct is to be deemed a waive	er of sovereign
	PARTMENT OF NATURAL AND LTURAL RESOURCES Salay June 1/19/22		GRANTEE Name Town of M Address 16 Darling	HILLAN HILLAN
	Ah L. Stewart, Commissioner Date	, t 2021	Authorized Signature	Bos Chair 10/8/19 Date
_	Jamin H. Wilson, Director/SHPO Date	MB.E., Notary Publi New Hampshire Stoires January 13	STATE OF NEW HAMPSHI The foregoing statement was a thisday of	acknowledged before me
2	proved as to form, substance and execution: 12/4/2019 12/4/2019 12/4/2019 12/4/2019	KATHLEEN (State of 1 by Commission E		
ZIII	oc of Attorney General Bate	₹		



Sunny Valley Schoolhouse Proposed Scope of Work Repair and Replace Main Building Roof

South Side -

Remove shingles and existing roofing boards.

Remove 8"x8"x24' plate, and replace with a new 8"x8"x24' beam.

Remove and replace 3 - 4"x6"x14' rafters.

Install new sheathing, water shield and asphalt shingles.

North Side -

Remove shingles and existing roofing boards and replace with new sheathing, water shield and asphalt shingles.

Remove and replace all rake trim, facia and overhang trim.

All replacement timbers are reclaimed. All materials are on hand and already paid for by Town funds.

Depending on availability, contractor will be either KS LLC General Contracting, DBA Wolf Rock Construction, or William H Wildes General Contracting.

CERTIFICATE FOR MUNICIPALITIES

I (insert name) Debra Morrison, of (insert Municipality name), Mason,
do hereby certify to the following assertions:
1. I am a duly elected and acting Clerk/Secretary for the Municipality documented above, which is in
the State of New Hampshire
2. I maintain and have custody of, and am familiar with, the minute books of the Municipality:
3. I am duly authorized to issue certificates with respect to the contents of such books:
4. The following are true, accurate and complete copies of the resolutions adopted during an official meeting of the Municipality. Said meeting was held in accordance with the laws and by-laws of the State, upon the following date (insert meeting date) Oct 8, 2019.
RESOLVED: That this municipality shall enter into a contract with the State of New Hampshire, acting by and through the Department of Natural and Cultural Resources providing for the
performance by this Municipality of certain services as documented within the foregoing grant
application, and that the official listed, (document the title of the official authorizing the grant and
document the name of the individual filling that position) Land Land Control of
behalf of this Municipality, is authorized and directed to enter into the said grant agreement with the
State of New Hampshire, and that they are to take any and all such actions that may be deemed
necessary, desirable of appropriate in order to execute, seal, acknowledge and deliver any and all
documents, agreements and other instruments on behalf of this Municipality in order to accomplish the same.
RESOLVED: That the signature of the above authorized party or parties of this Municipality, when
affixed to any instrument of document described in, or contemplated by, these resolution, shall be
conclusive evidence of the authority of said parties to bind this Municipality, thereby:
5. The foregoing resolutions have not been revoked, annulled, or amended in any manner what so ever, and remain in full force and effect as of the date hereof;
6. The following person or persons have been duly elected to, and now occupy, the Offices
indicated:
Municipality Mayor: Louise Lavoic, Chair of Selectboard
Municipality Clerk: Delorge Morcison
Municipality Treasurer: Dorothy Mitchell
IN WITNESS WHEREOF: As the Clerk/Secretary of this municipality, I sign below upon this date
(insert date of signing) 10819
Clerk/Secretary (signature) Culto O Movison
In the State and County of: (State and County names) Now Hamson - Hillsborough County
NOTARY STATEMENT: As Notary Public and/or Justice of the Peace, REGISTERED IN THE
STATE OF:, County of:, County of:
UPON THIS DATE (insert full date) 10/8/19, appeared before me (print full name of notary)
the undersigned officer personally appeared (Insert officers
name) Debre Morrison who acknowledged him/herself to be (Insert the name
of municipality) Mason and that being authorized to do so, he/she executed
the foregoing instrument for the purposes therein contained, by signing by him/herself in the name of the
Municipality
In witness whereof I hereunto set-my hand and official seal. (provide signature, seal and expiration of
commission) Vatter Will
and a second Partific

KATHLEEN WILE, Notary Public State of New Hampshire My Commission Expires January 13, 2021



CERTIFICATE OF COVERAGE

The New Hampshire Public Risk Management Exchange (Primex?) 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, Primex³ is authorized to provide pooled risk management programs established for the benefit of political subdivisions in the State of New Hampshire.

Each member of Primex³ is entitled to the categories of coverage set forth below. In addition, Primex³ 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 Primex³, including but not limited to the final and binding resolution of all claims and coverage disputes before the Primex³ 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 Primex³. 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 after the coverage afforded by the coverage categories listed below.

Participating Member: Me	omber Number: Comp		pany Affording Coverage:						
Town of Mason 16 Darling Hill Road Mason, NH 03048	B(Bow 46 D	NH Public Risk Management Exchange - Primex ³ Bow Brook Place 46 Donovan Street Concord, NH 03301-2624					
Type of Coverage	Effective Date (mm/dd/yyyy)	Expiration (mm/dd/y)		Limits - NH Statutory Limits May Apply, If Not:					
X General Liability (Occurrence Form)	7/1/2019	7/1/202		Each Occurrence	\$ 5,000,000				
Professional Liability (describe)	17 11 23 13	,,,,,		General Aggregate	\$ 5,000,000				
Claims Occurrence				Fire Damage (Any one fire)					
·	.]			Med Exp (Any one person)					
X Automobile Liability Deductible Comp and Coll: \$1,000 Any auto	7/1/2019	7/1/2020		Combined Single Limit (Each Accident) Aggregate	\$5,000,000 \$5,000,000				
Trily date									
X Workers' Compensation & Employers' Liability	1/1/2019	1/1/202	20	X Statutory					
				Each Accident	\$2,000,000				
•		=		Disease — Each Employee	\$2,000,000				
				Disease — Policy Limit					
X Property (Special Risk includes Fire and Theft)	7/1/2019	7/1/2020		Blanket Limit, Replacement Cost (unless otherwise stated)	Deductible: \$1,000				
Description: Proof of Primex Member coverage only.									
CERTIFICATE HOLDER: Additional Covered Part	y Loss F	'avee	Prim	ex ¹ – NH Public Risk Manage	ment Exchange				
- Transfer of the second secon	By: May Beth Punett								
State of New Hampshire	Date: 10/2/2019 mpurceli@nhprimex.org								
Department of Natural and Cultural Resources 172 Pembroke Rd Concord, NH 03301	Please direct inquires to: Primex³ Claims/Coverage Services 603-225-2841 phone 603-228-3833 fax								