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STATE OF NEW HAMPSHIRE DEPARTMENT of BUSINESS and ECONOMIC AFFAIRS DIVISION of TRAVEL and TOURISM DEVELOPMENT 172 Pembroke Road, Concord, New Hampshire 03301

Taylor Caswell Commissioner TEL: 603-271-2665 FAX: 603-271-6870 TRAVEL GUIDE: 800-386-4664 WEBSITE: <u>www.visitnh.gov</u> E-MAIL: travel@livefree.nh.gov

27 27

Victoria Cimino Director

May 18, 2018

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

## **REQUESTED ACTION**

Authorize the Department of Business and Economic Affairs, Division of Travel and Tourism Development to exercise a contract renewal option with Strategic Marketing & Research Insights, LLC, Indianapolis, Indiana (Vendor Code #274267) in the amount of \$400,000.00 for research services from July 1, 2018 through June 30, 2020. The original contract was approved by Governor and Council on August 24, 2016, item #44. 100% General Funds.

Funding in Fiscal Year 2019 is available and funding in Fiscal Year 2020 is contingent upon availability and continued appropriation with the authority to adjust encumbrances in each of the state fiscal years through the Budget Office if needed and justified:

<u>FY2019</u>

<u>FY2020</u>

03-22-22-221010-20130000 Division of Travel-Tourism 069-500567 Promotional and Marketing Exp.

\$200,000

\$200,000

## **EXPLANATION**

The Division of Travel and Tourism Development's (DTTD) mission is to develop and promote New Hampshire, domestically and internationally, as a preferred travel destination to increase visitation and expenditures, business activity, and employment throughout the state. To assist in reaching its mission, DTTD requires a research program to validate advertising effectiveness, return on investment and provide key expert research insight to the state's tourism industry.



Strategic Marketing & Research Insights, LLC (SMARInsights) is an Indiana-based full-service research firm with a focus on travel and tourism. SMARInsights has more than 33 years of proven experience, having worked with 20 state tourism organizations, 38 convention and visitors bureaus, and 23 attractions.

SMARInsights will be responsible for the development and execution of a comprehensive research program that will complement the mission of DTTD. In addition to evaluating advertising effectiveness and the Division's return on investment, SMARInisghts will include monthly and seasonal reports, travel forecasting, imaging and positioning research and updates to the DTTD online dashboard.

SMARInsights current client list includes VisitFlorida, VisitOrlando, the states of Arizona, California, Colorado, Texas, Indiana, Utah, Tennessee, South Carolina, Wyoming, Missouri, and Georgia as well Mammoth Lakes, California, Greater Palm Springs, the Los Angeles Tourism and Convention Board, Gatlinburg, Tennessee and Sea World.

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

Submitted by,

Victoria Cimino, Director Division of Travel and Tourism Development

Approved b

Taylor Caswell, Commissioner Dept. of Business and Economic Affairs Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

:

## AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

#### GENERAL PROVISIONS

## 1. IDENTIFICATION.

| 1.1 State Agency Name           |  | 1.2  | State Agency Address   |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|
|                                 | nent of  |  |  |  |  |  |  |  |
| Business and Economic Affairs   |  | Conc   | ord, NH 03301  |  |  |  |  |  |
|                                 |  |  |  |  |  |  |  |  |
| 1.3 Contractor Name             |  | 1.4 (  | Contractor Address   |  |  |  |  |  |
| Strategic Marketing and Researc | h Insights, LLC  |  |  | e 1330   |  |  |  |  |
|                                 | ·  | India  | napolis, IN 46204  |  |  |  |  |  |
| 1.5 Contractor Phone            | 1.6 Account Number   | 1.7 (  | Completion Date  | 1.8 Price Limitation   |  |  |  |  |
| 317-574-7760                    | 10-022-20130000-500567   | June   | 30, 2020   | \$400,000  |  |  |  |  |
|                                 | e Agency   |  |  | imber  |  |  |  |  |
| Taylor Caswell, Commissioner    | Δ.   | 603-2  | 271-2665   |  |  |  |  |  |
| 1.11 Contractor Signature       |  | 1.12   | Name and Title of Contrac  | tor Signatory  |  |  |  |  |
| 1 all                           | $\mathcal{T}$  | David M. Seiferth, President   |  |  |  |  |  |  |
| 113 Acknowledgement: State      | of Findiana, County of +   | tan. 1   | ton  |  |  |  |  |  |
| On y-16-14 hefore               | the undersigned officer, person  | ally appe  | ared the person identified in  | block 1.12, or satisfactorily  |  |  |  |  |
|                                 |  |  |  |  |  |  |  |  |
| indicated in block 1.12.        | -  |  |  |  |  |  |  |  |
| 1.13.1 Signature of Notary Pub  | ie or Justice of the Peace   | X  |  |  |  |  |  |  |
|                                 | $ \rightarrow \varphi $  | 1  |  |  |  |  |  |  |
| [Seal]                          |  | 0  |  |  |  |  |  |  |
| 1.13.2 Name and Title of Notar  | y or Justice of the Peace  |  |  |  |  |  |  |  |
| DANCEL T                        | Sm.t-  |  |  |  |  |  |  |  |
| 1.14 State Agency Signature     |  | 1.15   | Name and Title of State Ag   | gency Signatory  |  |  |  |  |
| JXCC                            | Date:  |  |  |  |  |  |  |  |
| 1.16 Approval by the N.H. Dep   | artment of Administration, Divis   | sion of Pe   | ersonnel (if applicable)   |  |  |  |  |  |
| By:                             |  | Direct   | tor, On:   |  |  |  |  |  |
| 1.17 Approval by the Attorney   | General (Form, Substance and E   | xecution   | ) (if applicable)  |  |  |  |  |  |
| By: AUN                         |  | On:  | 6/1/18   |  |  |  |  |  |
| 1.18 Approval by the Governor   | and Executive Council (if appli  | cable)   |  |  |  |  |  |  |
| By:                             |  | On:  |  |  |  |  |  |  |
|                                 | State of New Hampshire Departr<br>Business and Economic Affairs<br>1.3 Contractor Name<br>Strategic Marketing and Researc<br>1.5 Contractor Phone<br>Number<br>317-574-7760<br>1.9 Contracting Officer for State<br>Taylor Caswell, Commissioner<br>1.11 Contractor Structure<br>1.12 Acknowledgement: State<br>On 4-16-18, before<br>proven to be the person whose na<br>indicated in block 1.12.<br>1.13.1 Signature of Notary Publ<br>[Seal]<br>1.13.2 Name and Title of Notary<br>1.14 State Agency Signature<br>1.16 Approval by the N.H. Dep<br>By:<br>1.17 Approval by the Attorney<br>By:<br>1.18 Approval by the Governor | State of New Hampshire Department of<br>Business and Economic Affairs         1.3 Contractor Name<br>Strategic Marketing and Research Insights, LLC         1.5 Contractor Phone<br>Number       1.6 Account Number         317-574-7760       10-022-20130000-500567         1.9 Contracting Officer for State Agency<br>Taylor Caswell, Commissioner       1.11 Contractor Structure         1.11 Contractor Structure       Job Contracting Officer for State Agency Taylor Caswell, Commissioner         1.12 Contractor Structure       Job Contracting Officer for State Agency Taylor Caswell, Commissioner         1.13 Contractor Structure       Job Contracting Officer for State Agency Taylor Caswell, Commissioner         1.13 Acknowledgement: State of Doctaters, County of Hong Total Contracting Officer, person proven to be the person whose name is signed in block 1.11, and indicated in Block 1.12.         1.13.1 Signature of Notary Public of Justice of the Peace         [Seal]         1.13.2 Name and Title of Notary or Justice of the Peace         [Seal]         1.14 State Agency Signature         1.16 Approval by the N.H. Department of Administration, Divise         By:         1.17 Approval by the Attorney General (Form, Substance and E         By:         1.18 Approval by the Governor and Executive Council (if applit) | State of New Hampshire Department of<br>Business and Economic Affairs       172.1         1.3 Contractor Name<br>Strategic Marketing and Research Insights, LLC       1.35.1         1.3 Contractor Phone<br>Number<br>317-574-7760       1.6 Account Number       1.7 G         1.9 Contracting Officer for State Agency<br>Taylor Caswell, Commissioner       1.0       1.10         1.17 Contractor Statut       1.10       603-4         1.18 Approval by the Attorney General (Form, Substance and Execution<br>By:       1.15         1.14 Approval by the Governor and Executive Council (if applicable)       1.15 | State of New Hampshire Department of<br>Business and Economic Affairs       172 Pembroke Road<br>Concord, NH 03301         1.3 Contractor Name<br>Strategic Marketing and Research Insights, LLC       1.4 Contractor Address<br>135 N. Pennsylvania Street, Suite<br>Indianapolis, IN 46204         1.5 Contractor Phone<br>Number<br>317-574-7760       1.6 Account Number<br>10-022-20130000-500567       1.7 Completion Date<br>June 30, 2020         1.9 Contracting Officer for State Agency<br>Taylor Caswell, Commissioner       1.10 State Agency Telephone Nu<br>603-271-2665         1.11 Contractor functure       1.12 Name and Title of Contract<br>David M. Seiferth, Preside         1.4 Acknowledgement: State of Food interface, personally appeared the person identified in<br>proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this<br>indicated in block 1.12.         1.13.1 Signature of Notary Public of Justice of the Peace       1.15 Name and Title of State Agency<br>Date:         1.14 State Agency Signature<br>By:       Director, On:         1.17 Approval by the Attorney General (Form, Substance and Execution) ( <i>if applicable</i> )<br>By:       Director, On:         1.17 Approval by the Attorney General (Form, Substance and Execution) ( <i>if applicable</i> )<br>By:       On:         1.18 Approval by the Governor and Executive Council ( <i>if applicable</i> )       On: |  |  |  |  |

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO

**BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

#### 3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

#### 4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

## 5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law. 5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

## 6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws. 6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination. 6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

## 7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

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Contractor Initials

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

#### 8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions: 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

## 9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

#### 11. CONTRACTOR'S RELATION TO THE STATE. In

the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

#### 12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

**13. INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

#### 14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property. 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

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Contractor Initials Date 4/19/18

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

#### 15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A (*"Workers' Compensation"*).

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

#### 19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

**20. THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

**21. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**22. SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

## EXHIBIT A SCOPE OF SERVICES

Strategic Marketing and Research Insights, LLC. (SMARInsights) will serve as the New Hampshire Department of Business and Economic Affairs, Division of Travel and Tourism Development's (DTTD) research partner. SMARInsights will be responsible for the development and execution of a comprehensive research program. The program will not only track performance, but also inform strategic marketing decisions. Specific details as follows:

## 1. Scope of Work

- 1.1 SMARInsights will develop and execute a strategic research plan in collaboration with DTTD staff and key partners.
- 1.2 SMARInsights will provide seasonal/annual travel reports with specific element will need to be structured by travel region and additional geographic analyses may be requested. Reports will include, but not limited to:
  - Rooms and Meals Sales
  - Tax Revenue
  - Visitation
  - Visitor Spending
  - Travel Sector Employment
  - Airline Passengers/Vehicle Rentals
  - Gas Prices
  - Exchange Rates
- 1.3 SMARInsights will provide monthly lodging reports (by travel region/state senate district) including, but not limited to; occupancy percentage, ADR, and RevPAR.
  - 1.3.1 SMARInsights will develop a mechanism for capturing smaller property's data.
- 1.4 SMARInsights will provide monthly reports outlining domestic and international travel trends/news.
- 1.5 SMARInsights will provide reports on advertising effectiveness and return on investment.
- 1.6 SMARInsights will provide annual report on New Hampshire's market share in target markets and recommend potential new markets.
- 1.7 SMARInsights will provide seasonal/holiday forecasts.
- 1.8 SMARInsights will provide an annual report illustrating the impact of reducing and/or eliminating tourism marketing budgets.
- 1.9 SMARInsights will develop a focus group to determine path-to-purchase travel decisions and.
- 1.10 SMARInsights will provide total impact that includes indirect and induced (secondary) effects and will show all of the primary and secondary earnings and employment that are attributable to travel and tourism at the state level.
- 1.11 SMARInsights will provide visitor impacts by county.
- 1.12 SMARInsights will be responsible for updating DTTD's online dashboard with relevant data.
- 1.13 SMARInsights will attend industry events as requested and agreed upon.

1.14 SMARInsights will attend and potentially present at NH's Governor's Conference on Travel and Tourism; potentially attend other DTTD or regional event(s); and quarterly partner meetings.

## 2. Billing and Terms

2.1 Professional fees will be billed at the beginning of each month. Costs associated with special or optional projects and out of pocket expenses will be billed by the 15<sup>th</sup> of the following month. All outside vendor costs will be billed at cost and copies of all vendor invoices and all out of pocket expenses will be included.

## 3. Right to Cancel

3.1 DTTD has the right to alter or cancel any schedules, services or projects of SMARInsights or its outside vendors at any time. SMARInsights will take necessary steps to implement changes requested by DTTD. In turn, DTTD agrees to pay any fees incurred for work in progress or materials purchased, or for other liabilities incurred as a result of the required changes or cancellations.

## 4. Approval

4.1 As stated in Exhibit B, SMARInsights will provide a written estimate of work for DTTD approval in advance of beginning work on special or optional projects. The estimates will detail the nature of the work and the associated costs. SMARInsights will adhere to these costs as the estimates, once signed by DTTD, form the contract between the two parties. Should there be a change in scope of services to be provided, SMARInsights will revise the estimate and seek approval from DTTD before proceeding. The signed estimate indicates approval to proceed.

## 5. Ownership

5.1 All materials and product prepared and provided by SMARInsights for DTTD will become the property of DTTD, upon payment, unless otherwise agreed to in writing by both parties.

## 6. Staffing and Project Management

6.1 SMARInsights agrees to have the appropriate principals directly responsible for the management of all projects undertaken by it on behalf of DTTD. A principal of the organization will also assume responsibility for providing daily oversight to the account service and will be present for all DTTD/ SMARInsights meetings unless otherwise agreed to by both parties.

- 6.2 SMARInsights agrees that it will maintain adequate staffing to provide DTTD with responsive and timely service.
- 6.3 SMARInsights will give guidance and support to other DTTD contractors to ensure maximum synergy and results. This includes, but is not limited to, agency of record, website developer, guidebook publisher, and public relations.
- 6.4 SMARInsights agrees to provide members of its staff who work with DTTD training and development opportunities, included but not limited to informal research time and attendance at seminars, workshops or lectures related to travel and tourism. DTTD will be invoiced for attendance at training and development opportunities requiring overnight or long-distance travel which are attended by SMARInsights staff at DTTD's request.
- 6.5 SMARInsights may subcontract services. Proposals that include subcontracting services must include information identifying the subcontractor(s) and demonstrate the subcontractor(s)' qualifications to perform the services, and a letter from the proposed subcontractor(s) stating their intent to subcontract on the project. The prime contractor will be responsible for all services provided by, and obligations of its subcontractor(s). All communications, departmental director, invoices and payments will be processed through the prime contractor. All data generated as a result of this contract is the exclusive property of DTTD.
- 6.6 SMARInsights is not authorized to represent the State's position to the public or media and must be authorized to provide information by DTTD.

## 7. Delivery

7.1 If for any reason, SMARInsights fails to make a delivery date, SMARInsights will be assessed Liquidated Damages of \$1,000.00 per week, or portion thereof, until the production, revision or delivery date is met. The SMARInsights foresees an event beyond its reasonable and normal contract and properly notifies DTTD of such event – in writing – DTTD may allow the contract to exceed a production, revision or delivery date with no Liquidated Damages assessed.

## 8. Examination of Records

8.1 DTTD; upon giving notice to SMARInsights, may examine all records and files related to its account. Arrangements for such examination must be conducted at SMARInsights' office and will be scheduled at a time mutually agreeable to the parties involved.

## EXHIBIT B PAYMENT TERMS

SMARInsights will invoice DTTD for professional fees at the beginning of each month. Costs associated with special or optional projects and out of pocket expenses will be billed by the 15<sup>th</sup> of the following month. All outside vendor costs will be billed at cost and copies of all vendor invoices and all out of pocket expenses will be included. Total amounts for each category specified below can be adjusted by written agreement between the two parties. Total expenses for all services shall not exceed the total contract award for each fiscal year of \$200,000.

| Professional fees         | \$163,000 |
|---------------------------|-----------|
| Optional/Special Projects | \$ 32,000 |
| Out of Pockets            | \$ 5,000  |
| Total                     | \$200,000 |

SMARInsights will provide a written estimate of work for DTTD approval in advance of beginning work on special or optional projects. The estimates will detail the nature of the work and the associated costs. SMARInsights will adhere to these costs as the estimates, once signed by DTTD, form the contract between the two parties. Should there be a change in scope of services to be provided, SMARInsights will revise the estimate and seek approval from DTTD before proceeding. The signed estimate indicates approval to proceed.

A breakdown of anticipated projects for the subsequent month will be included in the account's activity reports presented by the 5<sup>th</sup> day of each month.

Professional fees will be invoiced at the beginning of each month. Itemized monthly invoices are to be submitted by the 15th of the following month. State payment terms are net 30.

## EXHIBIT C SPECIAL PROVISIONS

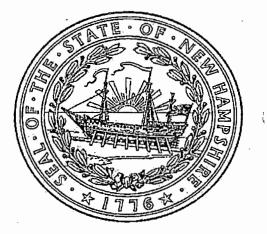
There are no special provisions included with this contract

## 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 STRATEGIC MARKETING & RESEARCH INSIGHTS LLC is a Indiana Limited Liability Company registered to transact business in New Hampshire on June 17, 2016. 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: 746328 Certificate Number : 0004087179



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 24th day of April A.D. 2018.

William M. Gardner Secretary of State



## **Certificate of Authority**

## FOR

## STRATEGIC MARKETING & RESEARCH INSIGHTS LLC

I, David M. Seiferth, hereby certify that I am the sole member of Strategic Marketing & Research Insights, LLC, a limited liability company under RSA 301-C.

I certify that I am authorized to bind the limited liability company.

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 limited liability company.

Date

Attes (Name and Title) David M. Seiferth, President

State of Indiana

County of Hamilton

This instrument was signed or acknowledged before me on \_\_\_\_\_\_

by DANGELT Smith

(Date)

Notary Signature

(Name above)



ACORD

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (NEWDD/YYYY)

| 6                 |  |                        |                          | IVAIE UF LIA  | -                             |  |  |  | ALL SUCCESSION    | 26/2018             |
|-------------------|--|------------------------|--------------------------|---|-------------------------------|--|--|--|-------------------|---------------------|
| CI<br>BI          | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |                        |                          |   |                               |  |  |  |                   |                     |
| l If              | PORTANT: If the certificate holder is<br>SUBROGATION IS WAIVED, subject t<br>is certificate does not confer rights to  | o the                  | n term                   | ns and conditions of the  | policy,                       | certain polic                                | les may roqi                           | L INSURED provisions o<br>uire an endorsement. A   | r be ei<br>statem | ndorsed.<br>Ient on |
| States and states | DUCER  | 16                     | 441 H                    | HAMPO HAIMON HI HAM AI 24   | CONTAI<br>NAME:               |  | and a second second second second      | a o a sou o y a a maio (100) y a y a a a a a a a a a a a a a a a a   | -                 |                     |
| Kni               | ght Insurance Agency   |                        |                          |   | PHONE                         | Entl: 317987                                 |  | (AAC, No):   | 31757             | 69390               |
| 1                 | Box 3727   |                        |                          |   | E-MAIL<br>ADDRE               | ~  | mestnightins                           |  |                   |                     |
|                   |  |                        |                          |   | INSURER(B) AFFORDING COVERAGE |  |  |  |                   | NAIC 5              |
|                   | Carmel IN 46082  |                        |                          |   |                               | INSURER A: ERIE INS EXCHANGE                 |  |  |                   |                     |
| INSU              | INSURED  |                        |                          |   |                               | INSURER B : ERIE INS CO OF NY                |  |  |                   |                     |
|                   | STRATEGIC MARKETING  |                        |                          |   |                               | RC: HISCOX                                   | INSURANC                               | E CO INC   |                   | 10200               |
|                   | & RESEARCH INSIGHTS LLC  |                        |                          |   | INSURE                        |  |  |  |                   |                     |
|                   | I35 N PENNSYLVANIA ST STE 1330<br>INDIANAPOLIS IN 46204-2488   |                        |                          |   | INBURE                        |  | -                                      |  |                   |                     |
| CON               | INDIANAPOLIS IN 46204-2488<br>COVERAGES CERTIFICATE NUMBER:  |                        |                          |   | INSURE                        | ar;  |  | REVISION NUMBER:   |                   |                     |
| TH                | IS IS TO CERTIFY THAT THE POLICIES OF  | INSU                   | JRAN                     | CE LISTED BELOW HAVE BE   | EN ISS                        | UED TO THE IN                                | SURED NAME                             | ED ABOVE FOR THE POLICY  | PERIC             | D                   |
| IN<br>CS<br>EX    | DICATED. NOTWITHSTANDING ANY REQU<br>ERTIFICATE MAY BE ISSUED OR MAY PER<br>(CLUSIONS AND CONDITIONS OF SUCH P   | JIREN<br>Tain<br>Olici | ient,<br>The I<br>Es. Li | TERM OR CONDITION OF A<br>INSURANCE AFFORDED BY<br>MITS SHOWN MAY HAVE BE   | NY CON<br>THE PO              | ITRACT OR OT<br>LICIES DESCR<br>DUCED BY PAI | HER DOCUMI<br>NBED HEREIN<br>D CLAIMS, | ENT WITH RESPECT TO WH   | ICH TH            | lis                 |
| INSR<br>LTR       | TYPE OF INBURANCE  | ADDI.<br>INSD          | Susk<br>WVD              | POLICY NUMBER   |                               | POLICY EFF<br>(MMUDDMMM)                     | POLICY EXP<br>(NSM/DD/////)            | LIMIT  | 5                 |                     |
|                   |  |                        |                          |   |                               |  |  |  | s 100             |                     |
|                   | CLAIMS-MADE X OCCUR  |                        |                          |   |                               |  |  |  | \$ 100            |                     |
|                   |  |                        |                          |   |                               |  |  |  | s 500             |                     |
| A                 |  | Y                      |                          | Q971743889  |                               | 01/01/2018                                   | 01/01/2019                             |  |                   | 0000                |
|                   | GENL AGGREGATE LIMIT APPLIES PER:  |                        |                          |   |                               |  |  | GENERAL AGGREGATE  |                   | 0000                |
|                   |  |                        |                          |   |                               |  |  | CRUDULIA + LUMPIOP AGG   | \$ 200            | 2020                |
|                   |  |                        |                          |   |                               |  |  | COMBINED SINGLE LIMIT<br>(Ea accident)   | <u> </u>          |                     |
|                   | ANY AUTO   |                        |                          |   |                               |  |  |  | 5                 |                     |
|                   | AUTOS ONLY AUTOS   |                        |                          |   |                               |  |  |  | \$                |                     |
|                   | HIRED NON-OWNED AUTOS ONLY   |                        |                          |   |                               |  |  | PROPERTY DAMAGE<br>(Per accident)  | \$                |                     |
|                   |  |                        |                          |   |                               |  |  |  | \$                |                     |
|                   | X UMBRELLA LIAB OCCUR  |                        |                          |   |                               |  |  | EACH OCCURRENCE  |                   | 0000.00             |
| A                 | EXCESS LIAB CLAIMS-MADE  |                        |                          | Q25 0175746 R   |                               | 02/01/2018                                   | 02/01/2019                             | AGGREGATE  | -                 | 0000.00             |
| <u> </u>          | DED RETENTION S  | <u> </u>               |                          |   |                               |  |  | X PER OTH-   | \$                |                     |
|                   | AND EMPLOYERS' LABILITY  |                        |                          |   |                               |  |  | E.L. EACH ACCIDENT   | s 100             | 0000                |
| в                 | OFFICER/MEMBER EXCLUDED?   | N/A                    |                          | Q85-5105160   |                               | 01/01/2018                                   | 01/01/2019                             | E.L. DISEASE + EA EMPLOYEE   |                   |                     |
|                   | I yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                        |                          |   |                               |  |  | E.L. DISEASE - POLICY LIMIT  |                   |                     |
|                   |  |                        |                          |   |                               |  |  | Each Occurrance  |                   | 0000                |
| С                 | Professional Liability   |                        |                          | UDC-2136536-EQ18  |                               | 01/01/2018                                   | 01/01/2019                             | Aggregate  | 200               | 0000                |
| DEBC              | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC   | LEØ (                  | ACOR                     | D 101, Additional Remarks Sched   | iule, may                     | be attached if m                             | ore space is req                       | uired)   |                   |                     |
|                   |  |                        |                          |   |                               |  |  |  |                   |                     |
|                   |  |                        |                          |   |                               |  |  |  |                   |                     |
|                   |  |                        |                          |   |                               |  |  |  |                   |                     |
|                   |  |                        |                          |   |                               |  |  |  |                   |                     |
|                   |  |                        |                          |   |                               |  |  |  |                   |                     |
| CEP               | TIFICATE HOLDER  |                        |                          | ವರ್ಷದ ಕ್ರಾಮಕ್ರಿ ಕ್ರಮಕ್ಕೆ ಪ್ರಶಸಿ ಎಂದು ಇವರು ಕಾರ್ಯಕ್ರಿ ಕ್ರಾಮಕ್ಕೆ ಕ್ರಾಮಕ್ಕೆ ಸ್ಥಳ ಬಿಲ್ಲೆ ಬಿಲ್ಲಿಯರ್ ಕಾರ್ಯಕ್ರ ಕಾರ್ಯಕರ<br>ಕ್ರಾಮಕ್ಕೆ ಕ್ರಿಯಕ್ಕೆ ಸ್ಥಳಗಳು | CANO                          | ELLATION                                     |  | and a second |                   |                     |
| Ven               |  |                        | Andre Norber             | ±++±₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩  |                               |  | udpungen normen in mensionen som       | <u>,</u>   |                   |                     |
|                   | State of New Hampshire Depar   | iment                  | of                       |   | THE                           | EXPIRATION D                                 | ATE THEREC                             | ESCRIBED POLICIES BE CA<br>PF, NOTICE WILL BE DELIVI<br>PROVISIONS.  |                   |                     |
|                   | Business and Economic Affairs  |                        |                          | -   | AUTHO                         | RIZED REPRESE                                | NTATIVE                                |  |                   |                     |
|                   | 172 Pembroke Rd Concord, NH  | 0330                   | 2-185                    |   |                               |  | Mega                                   | n Knight   |                   |                     |
|                   | © 1988-2015 ACORD CORPORATION. All rights reserved.  |                        |                          |   |                               |  |  |  |                   |                     |

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FAX: 603-271-6870

TRAVEL GUIDE: 800-386-4664

E-MAIL: travel@dred.state.nh.us

WEBSITE: www.visitnh.gov



STATE OF NEW HAMPSHIRE DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT DIVISION of TRAVEL and TOURISM DEVELOPMENT

172 Pembroke Road, Concord, New Hampshire 03301

Jeffrey J. Rose Commissioner

Victoria Cimino Director

July 13, 2016

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

#### REQUESTED ACTION

Authorize the Department of Resources and Economic Development, Division of Travel and Tourism Development to enter into a contract with Strategic Marketing & Research Insights, LLC, Indianapolis, Indiana (Vendor Code #274267) in the amount of \$400,000.00 for research services effective upon Governor and Executive Council approval through June 30, 2018, with the option to renew for one two-year period upon consent of both parties and approval by the Governor and Executive Council. 100% General Funds.

Funding in Fiscal Year 2017 is available and funding in Fiscal Year 2018 is contingent upon availability and continued appropriation with the authority to adjust encumbrances in each of the state fiscal years through the Budget Office if needed and justified:

<u>FY2017</u>

FY2018

03-35-35-352010-36200000 Division of Travel-Tourism Revolving Fund 069-500567 Promotional and Marketing Exp.

\$200,000

\$200,000

## **EXPLANATION**

The Division of Travel and Tourism Development's (DTTD) mission is to develop and promote New Hampshire, domestically and internationally, as a preferred travel destination to increase visitation and expenditures, business activity, and employment throughout the state. To assist in reaching its



TDD ACCESS: RELAY NH 1-800-735-2964

(XX) recycled paper

mission. DTTD requires a research program to validate advertising effectiveness, return on investment and provide key expert research insight to the state's tourism industry.

DTTD issued an extensive Request for Proposals (RFP) for research services on April 14, 2016. The RFP was posted on Visitnh.gov, Admin.state.nh.us and on USTravel.org, the U.S. Travel Association's website. Five vendors submitted formal written proposals on or before May 19, 2016.

A selection committee comprised of DTTD staff and a staff person from DTTD's agency of record (Schedule #2) reviewed and scored the proposals (Schedule 1), inviting two vendors to attend inperson interviews on June 2, 2016. Each vendor was received questions regarding performance reports, to the ability to inform strategic marketing decisions, and consumer awareness studies.

Strategic Marketing & Research Insights, LLC (SMARInsights) was awarded the contract with DTTD. A composite score of both the written proposals and the in-person interviews is included as Schedule 3.SMARInsights is an Indiana-based full-service research firm with a focus on travel and tourism. SMARInsights has more than 33 years of proven experience, having worked with 20 state tourism organizations, 38 convention and visitors bureaus, and 23 attractions.

SMARInsights will be responsible for the development and execution of a comprehensive research program that will complement the mission of DTTD. In addition to evaluating advertising effectiveness and the Division's return on investment, SMARInisghts will include monthly and seasonal reporting. travel forecasting, imaging and positioning research and updates to the DTTD online dashboard.

SMARInsights current client list includes VisitFlorida, VisitOrlando, the states of Arizona, California, Colorado, Texas, Indiana, Utah, Tennessee, South Carolina, Wyoming, Missouri, and Georgia as well Mammoth Lakes, California, Greater Palm Springs, the Los Angeles Tourism and Convention Board, Gatlinburg, Tennessee and Sea World.

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

Submitted by

Victoria Cimino, Director-**Division of Travel and Tourism Development** Development

Approved by,

Jeffrey J. Rose, Commissioner Department of Resources and Economic Development

(-chm

Department of Resources and Economic Development Division of Travel and Tourism Development Research Selection 2016 Written and Oral Proposal Scoring Criteria

Proposals were reviewed, evaluated and scored by the evaluation committee. Evaluation of proposals was based on the following criteria for each component. Each criterion was scored according to the degree of responsiveness present in the proposal being evaluated.

|    |  | Max.<br>Points |
|----|--|----------------|
| 1. | OVERALL EXPERIENCE OF COMPANY / STAFF & DEMONSTRATED RESULTS<br>Includes organization's experience relative to the Scope of Work outlined within the RFP,<br>relevance of current/previous work and client list, and references. | 30             |
| 2. | SCOPE OF WORK<br>Includes overall strategy, tactical work plan, proposed schedule, and team assigned to<br>DRED's account (including third parties).   | 40             |
| 3. | CREATIVITY/INNOVATION<br>Assessment of suggested technologies, third party data sources, and overall approach to<br>the Scope of Work outlined.  | 15             |
| 4. | BUDGET APPROACH / COST EFFECTIVENESS<br>Evaluation of the proposed fee and value of overall program.   | 15             |
| TC | TAL POINTS   | 100            |

Vendors were scored on the criteria above and two research companies were invited for in-person interviews.

- Strategic Marketing & Research Insights, LLC 135 N. Pennsylvania St, Suite 1330, Indianapolis, IN 46204
- Center for Rural Partnerships MSC 68, 17 High Street, Plymouth State University, Plymouth, NH 03264

#### IN-PERSON INTERVEIW EVALUATION CRITERIA

The in-person interviews allowed finalists to demonstrate understanding of the project objectives, and to articulate capability to meet or exceed the requirements of the RFP.

The following criteria were used for scoring the in-person interview for a total of 100 points maximum.

- 1. Knowledge of New Hampshire
- 2. Cultural fit with New Hampshire
- 3. Knowledge of and Methodology for Performance Reporting
- 4. Ability to Inform Strategic Marketing Decisions
- 5. Knowledge of Consumer Awareness Studies
- 6. Staff expertise and professionalism

Department of Resources and Economic Development Division of Travel and Tourism Development Research Selection 2016 Proposal Review Committee

Victoria Cimino, Director

Division of Travel & Tourism Development 172 Pembroke Road, Concord, NH 03301 603-271-2665 <u>victoria.cimino@dred.nh.gov</u>

Amy Bassett, Deputy Director Division of Travel and Tourism Development 172 Pembroke Road, Concord, NH 03301 603-271-2665 <u>amy.bassett@dred.nh.gov</u>

Kris Neilson, Communications Manager Division of Travel and Tourism Development 172 Pembroke Road, Concord, NH 03301 603-271-2665 <u>kris.neilson@dred.nh.gov</u>

Jon Gaffney, Senior Brand Strategist GYK Antler

175 Canal Street, Manchester, NH 03101 603-625-5713 travis@gykantler.com Schedule #2

#### **SCHEDULE #3**

Department of Resources and Economic Development

**Division of Travel and Tourism Development** 

**Research Selection 2016** 

Written Proposals and In-Person Interveiws Evaluation

| Written Proposals | ŝ              | CBCP | <u>Insights</u> | Scorindge | <u>H2R Marketing</u><br><u>Research</u> | <u>Down &amp; St.</u><br><u>Germain</u> |
|-------------------|----------------|------|-----------------|-----------|---|---|
| Amy Bassett       |                | 65   | 91              | 35        | 68                                      | 73                                      |
| Victoria Cimino   |                | 50   | 88              | 43        | 63                                      | 78                                      |
| Kris Neilsen      |                | 65   | 88              | 40        | 67                                      | 75                                      |
| Jon Gaffney       |                | 61   | 91              | 35        | 65                                      | 80                                      |
|                   | Written Totals | 241  | 358             | 153       | 263                                     | 306                                     |

#### In-Person Interviews

|             | 56          | 85             |                         |
|-------------|-------------|----------------|-------------------------|
|             | 48          | .87            |                         |
|             | 57          | 85             |                         |
| _           | 53          | 82             |                         |
| Dral Totals | 214         | 339            |                         |
|             | Drai Totals | 48<br>57<br>53 | 48 87<br>57 85<br>53 82 |

TOTAL

455 697

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## FORM NUMBER P-37 (version 5/8/15)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

## AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

## GENERAL PROVISIONS

| 1. IDENTIFICATION.                    |                                     |   |                                      |  |  |  |  |  |  |
|---------------------------------------|-------------------------------------|---|--------------------------------------|--|--|--|--|--|--|
| 1.1 State Agency Name                 | ·                                   | 1.2 State Agency Address                  |                                      |  |  |  |  |  |  |
| State of New Hampshire                |                                     | 172 Pembroke Road                         |                                      |  |  |  |  |  |  |
| Department of Resources and           | Economic Development                | Concord, NH 03301                         |                                      |  |  |  |  |  |  |
| •                                     | *                                   |   |                                      |  |  |  |  |  |  |
| 1.3 Contractor Name                   | <u></u>                             | 1.4 Contractor Address                    |                                      |  |  |  |  |  |  |
| Strategic Marketing and Rese          | erch Incidate IIC                   | 135 N. Pennsylvania Street,               | Suite 1330                           |  |  |  |  |  |  |
| Dirategie markening and ress          |                                     | Indianapolis, IN 46204                    |                                      |  |  |  |  |  |  |
| 1.5 Contractor Phone<br>Number        | 1.6 Account Number                  | 1.7 Completion Date                       | 1.8 Price Limitation                 |  |  |  |  |  |  |
| 317-574-7760                          | various                             | June 30, 2018                             | \$400,000                            |  |  |  |  |  |  |
| 1.9 Contracting Officer for           | State Agency                        | 1.10 State Agency Telephor                | ne Number                            |  |  |  |  |  |  |
| Jeffrey J. Rose, Commission           |                                     | 603-271-2665                              |                                      |  |  |  |  |  |  |
| 1.11 Contractor Sighature             |                                     | 1.12 Name and Title of Co                 | ntractor Signatory                   |  |  |  |  |  |  |
| $I I I I \leq$                        |                                     |   |                                      |  |  |  |  |  |  |
| VERM-                                 | 7)01                                | DAVID M. S                                | SEIFERTH Resine                      |  |  |  |  |  |  |
| 1.13 Acknowledgement: St              | ate of Indian, County of            | Maria                                     |                                      |  |  |  |  |  |  |
| <u>.</u>                              |                                     |   |                                      |  |  |  |  |  |  |
| on July 1 12010, be                   | fore the undersigned officer, perso | onally appeared the person identif        | ied in block 1.12, or satisfactorily |  |  |  |  |  |  |
| indicated in block 1.12.              | e name is signed in block 1.11, an  | id acknowledged that s/he execute         | d this document in the capacity      |  |  |  |  |  |  |
|                                       | Public or Justice of the Peace      |   |                                      |  |  |  |  |  |  |
| 1.15.1 Oignature of Notary            | Tublic of sushiel of the reace      |   |                                      |  |  |  |  |  |  |
|                                       | 4                                   | JOSHUA D. STUC                            |                                      |  |  |  |  |  |  |
| [Seal]                                | £                                   | NOTARY PUBL                               | IC                                   |  |  |  |  |  |  |
| 1.13.2 Name and Title of N            | otary or Justice of the Peace       | SEAL                                      | NIA                                  |  |  |  |  |  |  |
| Joshi                                 | Studies                             | STATE OF INDIA<br>MY COMMISSION EXPIRES M | ARCH 9, 2023                         |  |  |  |  |  |  |
| 1.14 State Agency Signatur            | re /                                | 1.15 Name and Title of Sta                | ate Agency Signatory                 |  |  |  |  |  |  |
| Hhrd for                              | Date: 7/28/16                       | , beffray d. Alos                         | Se, Commessioner                     |  |  |  |  |  |  |
| 1.16 Approval by the N.H.             | Department of Administration, Di    | vision of Personnel (if applicable)       |                                      |  |  |  |  |  |  |
| By: N/A                               |                                     | Director, On:                             |                                      |  |  |  |  |  |  |
|                                       | ney General (Form, Substance and    | Execution) (if applicable)                |                                      |  |  |  |  |  |  |
|                                       | e M. Gergerd                        | 0n: 8/5/14                                |                                      |  |  |  |  |  |  |
|                                       | mor and Executive Council (if ap    | plicable)                                 |                                      |  |  |  |  |  |  |
| By:                                   |                                     | On:                                       |                                      |  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · · |                                     |   |                                      |  |  |  |  |  |  |

Page 1 of 4

**BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

## 3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

#### 5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law. 5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

#### 6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws. 6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination. 6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

#### 7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Page 2 of 4

Contractor Initial Date ~

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

#### 8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

#### 9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

#### 11. CONTRACTOR'S RELATION TO THE STATE. In

the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

#### 12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

#### **14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property. 14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

Page 3 of 4

Contractor Initial

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

#### **15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Page 4 of 4



## EXHIBIT A SCOPE OF SERVICES

Strategic Marketing and Research Insights, LLC. (SMARInsights) will serve as the NH Department of Resources and Economic Development, Division of Travel and Tourism Development's (DTTD) research partner. SMARInsights will be responsible for the development and execution of a comprehensive research program. The program will not only track performance, but also inform strategic marketing decisions. Specific details as follows:

- 1. Scope of Work
  - 1.1 SMARInsights will develop and execute a strategic research plan in collaboration with DTTD staff and key partners.

1.2 SMARInsights will provide monthly/seasonal travel reports with specific element will need to be structured by travel region and additional geographic analyses may be requested. Reports will include, but not limited to:

- Rooms and Meals Sales
- Tax Revenue
- Visitation
- Visitor Spending
- Travel Sector Employment
- Airline Passengers/Vehicle Rentals
- Gas Prices
- Exchange Rates
- 1.3 SMARInsights will provide monthly lodging reports (by travel region/state senate district) including, but not limited to; occupancy percentage, ADR, and RevPAR.
  - 1.3.1 SMARInsights will develop a mechanism for capturing smaller property's data.
- 1.4 SMARInsights will provide monthly reports outlining domestic and international travel trends/news.
- 1.5 SMARInsights will provide reports on advertising effectiveness and return on investment.
- 1.6 SMARInsights will provide annual report on New Hampshire's market share in target markets and recommend potential new markets.
- 1.7 SMARInsights will provide seasonal/holiday forecasts.
- 1.8 SMARInsights will provide an annual report illustrating actuals/projections over a ten-year period of time that includes visitation, spending, projected trip growth by source market and annual report communicating macro forecast assumptions of U.S. and Global Economies.
- 1.9 SMARInsights will develop annual domestic visitation and travel profile.
- 1.10 SMARInsights will provide image and positioning research.

1.11 SMARInsights will provide total impact that includes indirect and induced (secondary) effects and will show all of the primary and secondary earnings and employment that are attributable to travel and tourism at the state level.

1.12 SMARInsights will provide visitor impacts by New Hampshire Senate Districts.

- 1.13 SMARInsights will be responsible for updating DTTD's online dashboard with relevant data.
- 1.14 SMARInsights will attend industry events as requested and agreed upon.
- 1.15 SMARInsights will attend and potentially present at NH's Governor's Conference on Travel and Tourism; potentially attend other DTTD or regional event(s); and quarterly partner meetings.

## 2. Billing and Terms

2.1 Professional fees will be billed at the beginning of each month. Costs associated with special or optional projects and out of pocket expenses will be billed by the 15<sup>th</sup> of the following month. All outside vendor costs will be billed at cost and copies of all vendor invoices and all out of pocket expenses will be included.

## 3. Right to Cancel

3.1 DTTD has the right to alter or cancel any schedules, services or projects of SMARInsights or its outside vendors at any time. SMARInsights will take necessary steps to implement changes requested by DTTD. In turn, DTTD agrees to pay any fees incurred for work in progress or materials purchased, or for other liabilities incurred as a result of the required changes or cancellations.

## 4. Approval

4.1 As stated in Exhibit B, SMARInsights will provide a written estimate of work for DTTD approval in advance of beginning work on special or optional projects. The estimates will detail the nature of the work and the associated costs. SMARInsights will adhere to these costs as the estimates, once signed by DTTD, form the contract between the two parties. Should there be a change in scope of services to be provided, SMARInsights will revise the estimate and seek approval from DTTD before proceeding. The signed estimate indicates approval to proceed.

## 5. Ownership

5.1 All materials and product prepared and provided by SMARInsights for DTTD will become the property of DTTD, upon payment, unless otherwise agreed to in writing by both parties.

## 6. Staffing and Project Management

6.1 SMARInsights agrees to have the appropriate principals directly responsible for the management of all projects undertaken by it on behalf of DTTD. A principal of the organization will also assume responsibility for providing daily oversight to the

account service and will be present for all DTTD/ SMARInsights meetings unless otherwise agreed to by both parties.

- 6.2 SMARInsights agrees that it will maintain adequate staffing to provide DTTD with responsive and timely service.
- 6.3 SMARInsights will give guidance and support to other DTTD contractors to ensure maximum synergy and results. This includes, but is not limited to, agency of record, website developer, guidebook publisher, and public relations.
- 6.4 SMARInsights agrees to provide members of its staff who work with DTTD training and development opportunities, included but not limited to informal research time and attendance at seminars, workshops or lectures related to travel and tourism. DTTD will be invoiced for attendance at training and development opportunities requiring overnight or long-distance travel which are attended by SMARInsights staff at DTTD's request.
- 6.5 SMARInsights may subcontract services. Proposals that include subcontracting services must include information identifying the subcontractor(s) and demonstrate the subcontractor(s)' qualifications to perform the services, and a letter from the proposed subcontractor(s) stating their intent to subcontract on the project. The prime contractor will be responsible for all services provided by, and obligations of its subcontractor(s). All communications, departmental director, invoices and payments will be processed through the prime contractor. All data generated as a result of this contract is the exclusive property of DTTD.

6.6 SMARInsights is not authorized to represent the State's position to the public or media and must be authorized to provide information by DTTD.

## 7. Delivery

7.1 If for any reason, SMARInsights fails to make a delivery date, SMARInsights will be assessed Liquidated Damages of \$1,000.00 per week, or portion thereof, until the production, revision or delivery date is met. The SMARInsights foresees an event beyond its reasonable and normal contract and properly notifies DTTD of such event – in writing – DTTD may allow the contract to exceed a production, revision or delivery date with no Liquidated Damages assessed.

## 8. Examination of Records

8.1 DTTD, upon giving notice to SMARInsights, may examine all records and files related to its account. Arrangements for such examination must be conducted at SMARInsights' office and will be scheduled at a time mutually agreeable to the parties involved.

## EXHIBIT B PAYMENT TERMS

SMARInsights will invoice DTTD for professional fees at the beginning of each month. Costs associated with special or optional projects and out of pocket expenses will be billed by the 15<sup>th</sup> of the following month. All outside vendor costs will be billed at cost and copies of all vendor invoices and all out of pocket expenses will be included. Total amounts for each category specified below can be adjusted by written agreement between the two parties. Total expenses for all services shall not exceed the total contract award for each fiscal year of \$200,000.

| Professional fees                | \$163,000 |
|----------------------------------|-----------|
| <b>Optional/Special Projects</b> | \$ 32,000 |
| Out of Pockets                   | \$ 5,000  |
| Total                            | \$200,000 |

SMARInsights will provide a written estimate of work for DTTD approval in advance of beginning work on special or optional projects. The estimates will detail the nature of the work and the associated costs. SMARInsights will adhere to these costs as the estimates, once signed by DTTD, form the contract between the two parties. Should there be a change in scope of services to be provided, SMARInsights will revise the estimate and seek approval from DTTD before proceeding. The signed estimate indicates approval to proceed.

A breakdown of anticipated projects for the subsequent month will be included in the account's activity reports presented by the 5<sup>th</sup> day of each month.

Professional fees will be invoiced at the beginning of each month. Itemized monthly invoices are to be submitted by the 15th of the following month. State payment terms are net 30.

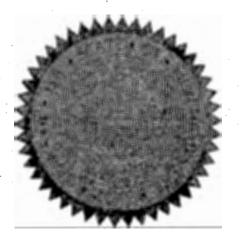
## EXHIBIT C SPECIAL PROVISIONS

There are no special provisions included with this contract

# State of New Hampshire Bepartment of State

## CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that STRATEGIC MARKETING & RESEARCH INSIGHTS LLC a(n) Indiana limited liability company registered to do business in New Hampshire on June 17, 2016. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20<sup>th</sup> day of July, A.D. 2016

William M. Gardner Secretary of State



#### **Certificate of Authority**

For

#### Strategic Marketing & Research Insights, LLC

I, David M. Seiferth, hereby certify that I am the sole member of Strategic Marketing & Research Insights, LLC, a limited liability company under RSA 304-C.

I certify that I am authorized to bind the limited liability company.

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 limited liability company and that this authorization has not expired, been amended, or repealed since the agreement was signed on July 1, 2016

Attes Date residen T (Name and Title)

State of Indiana County of Marim

| This instrume<br>by <u>Josh S</u><br>(Name a |   | bre me on $\frac{7/22}{(Date)}$ |   |
|--|---|---------------------------------|---|
|  | JOSHUA D. STUCKEY<br>NOTARY PUBLIC<br>SEAL<br>STATE OF INDIANA<br>MY COMMISSION EXPIRES MARCH 9, 2023 | Notary Signature                | ÷ |
| East/Stown                                   |   | 4                               |   |

Seal/Stamp

| ACORD |
|-------|
|       |

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/29/2016

93469

| C           | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |                                   |                              |   |  |                                       |  |  |  |
|-------------|--|-----------------------------------|------------------------------|---|--|---------------------------------------|--|--|--|
| l₩<br>th    | PORTANT: If the certificate holder is an ADDITIONAL INSURED, t<br>e terms and conditions of the policy, certain policies may require a<br>prificate holder in lieu of such endorsement(s).   | the policy(                       | les) must be<br>ment. A stat | endorsed.<br>ement on th                  | If SUBROGATION IS WAIVED<br>is certificate does not confer r                     | , subject to<br>ights to the          |  |  |  |
| PRO         | DUČER  | CONTA<br>NAME:                    | CT Brent Vols                | tad                                       | · · · · · · · · · · · · · · · · · · ·  |                                       |  |  |  |
|             | 491-0974   | PHONE<br>(A/C, No                 | Exti: 612-594                |   | FAX<br>(A/C, No):  |                                       |  |  |  |
|             | Is Fargo Insurance Services USA, Inc.  | E-MAIL<br>ADDRE                   | ss: Brent.A                  | .Volstad@we                               | llsfargo.com   |                                       |  |  |  |
|             | South 4th St   |                                   |                              |   |  | NAIC#                                 |  |  |  |
| INSU        | neapolis, MN 55415   | INSURE                            |                              |   | ns Co of America   | 19046<br>25658                        |  |  |  |
|             | RED<br>tegic Marketing & Research Insights, LLC  | INSURE                            | 01.1                         | ers Indemnity<br>rd Fire Insura           |  | 19070                                 |  |  |  |
|             | N Pennsylvania St  | INSURE                            |                              |   | and Surety Co. of America  | 31194                                 |  |  |  |
|             | e 1330   | INSURE                            |                              |   |  |                                       |  |  |  |
| Indi        | ariapolis IN 46204   | INSURE                            |                              |   | · · · · · · · · · · · · · · · · · · ·  |                                       |  |  |  |
|             | VERAGES CERTIFICATE NUMBER: 106300   | 78                                |                              | 1.1                                       | REVISION NUMBER: See belo  |                                       |  |  |  |
| N<br>C<br>E | HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW<br>DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITI<br>ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFC<br>KCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H   | have bee<br>Ion of an<br>Orded by | Y CONTRACT<br>THE POLICIES   | OR OTHER L<br>S DESCRIBED<br>PAID CLAIMS. | DOCUMENT WITH RESPECT TO<br>HEREIN IS SUBJECT TO ALL                             | WHICH THIS                            |  |  |  |
| INSR<br>LTR | TYPE OF INSURANCE INSD WYD POLICY NUMBE  | R                                 | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYY)                 | LIMITS   | . \                                   |  |  |  |
| Α           | X COMMERCIAL GENERAL LIABILITY X 680-0G600809-16-42  | 2                                 | 07/25/2016                   | 07/25/2017                                | EACH OCCURRENCE \$   | 1,000,000                             |  |  |  |
|             |  |                                   |                              |   | PREMISES (Ea occurrence) 5<br>MED EXP (Any one person) 5                         | 5,000                                 |  |  |  |
|             |  |                                   |                              |   | PERSONAL & ADV INJURY S  | 1,000,000                             |  |  |  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER  |                                   |                              |   | GENERAL AGGREGATE S  | 2,000,000                             |  |  |  |
|             |  |                                   |                              |   | PRODUCTS - COMPIOP AGG S   | 2,000,000                             |  |  |  |
|             | OTHER  |                                   | 07/05/0040                   | 07/05/0047                                | S<br>COMBINED SINGLE LIMIT S<br>(Ea accident)                                    | 1 000 000                             |  |  |  |
| Α           | AUTOMOBILE LIABILITY BA-0G760516-16-SE   |                                   | 07/25/2016                   | 07/25/2017                                | (Eq accident)<br>BODILY INJURY (Per person) \$                                   | 1,000,000                             |  |  |  |
|             | ALL OWNED SCHEDULED  |                                   |                              |   | BODILY INJURY (Per accident) \$  | · · · · · · · · · · · · · · · · · · · |  |  |  |
|             | AUTOS AUTOS AUTOS HIRED AUTOS AUTOS AUTOS  |                                   |                              |   | PROPERTY DAMAGE is   |                                       |  |  |  |
|             |  |                                   |                              |   | S  |                                       |  |  |  |
| В           | X UMBRELLA LIAB X OCCUR CUP-OG602366-16-   | 42                                | 07/25/2016                   | 07/25/2017                                | EACH OCCURRENCE S  | 5,000,000                             |  |  |  |
|             | EXCESS LIAB CLAIMS-MADE  |                                   |                              |   | AGGREGATE  | 5,000,000                             |  |  |  |
|             | DED X RETENTION S 5,000  |                                   | 07/25/2016                   | 07/05/0047                                | X PER OTH-   |                                       |  |  |  |
| C           | AND EMPLOYERS' LIABILITY Y/N ICUB-OG/0190-0-10   | <b>5</b> .                        | 0/12010                      | 07/25/2017                                | EL EACH ACCIDENT S   | 1,000,000.                            |  |  |  |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE N<br>OFFICER/MEMBER EXCLUDED?   |                                   |                              |   | EL DISEASE - EA EMPLOYEE S   | 1,000,000.                            |  |  |  |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |                                   |                              | : .                                       | E L. DISEASE - POLICY LIMIT : S  | 1,000,000,                            |  |  |  |
| D           | Professional Liability 106350842   |                                   | 08/06/2015                   | 08/06/2016                                | \$2,000,000 Limit: \$25,000 Rentantion:<br>\$1,000,000 limit, \$25,000 retantion |                                       |  |  |  |
|             |  |                                   |                              |   |  |                                       |  |  |  |
|             |  |                                   |                              |   |  |                                       |  |  |  |
| DES         | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks So  | cneovie, may 1                    | ee attached if mo            | re space is requi                         | (60)   |                                       |  |  |  |
|             |  |                                   |                              |   |  | •                                     |  |  |  |
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|             |  |                                   |                              |   | · · · · · · · · · · · · · · · · · · ·  |                                       |  |  |  |
| CE          | RTIFICATE HOLDER   | CAN                               | CELLATION                    |   |  |                                       |  |  |  |
| a           | tate of New Hampshire Department of Resources<br>nd Economic Development, Division of Travel and<br>ourism Development   | THE                               | EXPIRATIO                    | N DATE TH                                 | ESCRIBED POLICIES BE CANCEL<br>EREOF, NOTICE WILL BE DE<br>CY PROVISIONS.        |                                       |  |  |  |
| 1           | 72 Pembroke Rd Concord, NH 03302-1856  | AUTHO                             | DRIZED REPRES                |   | mbrah  |                                       |  |  |  |

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ACORD 25 (2014/01)

(This confidence replaces confidented 10559723 issued on 6/22/2016)

|   | C                             |   |                    |                              | C                         |   |                   |                              |
|---|-------------------------------|---|--------------------|------------------------------|---------------------------|---|-------------------|------------------------------|
| ACORD CI  | ERTIF                         | ICATE OF LIA  | BILI               | ry Insi                      | URANC                     | 53469<br>E  |                   | 14000000000<br>22/2015       |
| THIS CERTIFICATE IS ISSUED AS A<br>CERTIFICATE DOEB NOT AFFIRMAT<br>BELOW. THIS CERTIFICATE OF INS<br>REPRESENTATIVE OR PRODUCER, A | WELY OF<br>WRANCE<br>ND THE C | R NEGATIVELY AMEND,<br>DOES NOT CONSTITUT<br>ERTIFICATE HOLDER. | Exter<br>Te a c    | ID OR ALTI<br>ONTRACT I      | er the con<br>Between t   | Verage Afforded B<br>He issuing insurer                                 | Y THE<br>(\$), AL | E POLICIES<br>JTHORIZED      |
| IMPORTANT: If the certificate holder<br>the terms and conditions of the policy  | , centein p                   | olicies may require an en                                       | bouch()<br>bouch() | es) music pe<br>nent, A stat | endorado.<br>Iement on th | a certificate does not c  | anven<br>onfer r  | , subject to<br>ights to the |
| <u>certificate holder in lieu of such endon</u><br>mooucen  | emonu(e)                      | •   | CONTAC             | T Brent Vola                 | tad                       |   |                   |                              |
| 155-491-0974  |                               |   | PHONE LAC. NO      | Eath 612-59                  | 4-5571                    | CAC, Not:   |                   |                              |
| Nells Fergo Insurance Services USA, Inc.<br>150 South 4th St  |                               |   | ADDHE              | R: Brent.A                   | .Volstad@wa               |   |                   |                              |
| Minneapolis, MN 55415   |                               |   |                    |                              |                           | bing coverage<br>ns Co of America                                       |                   | 19046                        |
| NURED   |                               | · · · · · · · · · · · · · · · · · · ·                           |                    |                              | and indomnity             |   |                   | 25658                        |
| Sirategic Marketing & Research Insights, U  | عد<br>ا                       |   | INRUNE             |                              | rd Fire Insura            |   |                   | 19070                        |
| 135 N Pennsylvania St   |                               | · · · · ·   | INNURE             | RO: Travela                  | ors Casualty a            | and Surety Co. of America   | )                 | 31194                        |
| Suite 1330<br>ndianapolis IN 46204  |                               |   | INSUME             |                              |                           |   |                   |                              |
|   | TIFICAT                       | E NUMBER: 10599723  | INCURE             | R#1                          |                           | REVISION NUMBER:  | iee belo          |                              |
| THIS IS TO CERTIFY THAT THE POLICIES  | OF INSU                       | RANCE LISTED BELOW HAY  | VE BEE             | N ISSUED TO                  | THE INSURE                | D NAMED ABOVE FOR T   | HE POL            | ICY PERIOD                   |
| NDICATED. NOTWITHSTANDING ANY RI<br>CERTIFICATE MAY BE ISSUED OR MAY  | PERTAIN.                      | THE INSURANCE AFFORD  | ED BY "            | The policie                  | s describei               | Document with respect<br>Herein is subject to                           | D ALL             | which thas<br>the terms,     |
| EXCLUSIONS AND CONDITIONS OF SUCH   | POLICIES<br>TADDET AUGR       |   | BEEN R             | POLICED BY                   |                           |   |                   |                              |
| V COMMERCIAL GENERAL LIARS ITY  | X                             | 680-06600809-15-42  |                    | 07/25/2015                   | 07/25/2016                | EACH OCCURRENCE   | s                 | 1.000 000                    |
| CLAIMS-HADE X OCCUR   |                               | D00-03000009-13-42  |                    | 0/12012010                   | 0112312010                | DAMAGE TO RENTED<br>PREMISES (Es pocujunce)                             | \$                | 300 000                      |
|   |                               |   |                    |                              |                           | MED EXP (Any one person)  | \$                | 5.000                        |
|   |                               | ĺ   |                    |                              |                           | PERSONAL & ADV INJURY   | 5                 | 1,000.000                    |
| GENL AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-<br>LCC LOC   |                               |   |                    |                              |                           | GENERAL AGGREGATE   | <u>s</u>          | 2.900 900                    |
|   |                               |   |                    |                              |                           | PRODUCTS - COMPIOP AGG  | \$                | 2,000 900                    |
| A AUTOMORILE LIABILITY  | <u> </u>                      | BA-0G760518-15-SEL  |                    | 07/25/2015                   | 07/25/2018                | COMMENTED SUNGLE LIMIT  | 8                 | 1,000.000                    |
| X ANY AUTO  |                               |   |                    |                              |                           | BODILY INJURY (Per person)  | 5.                |                              |
|   |                               |   |                    |                              | · ·                       | BOD LY INJURY (Per socident)<br>PROPERTY DAMAGE                         | \$                |                              |
|   |                               |   |                    |                              | · .                       | (Per accident)  | 5                 |                              |
| B X UMBRELLA LIAB X OCCUR   | <u> </u>                      | CUP-CG602368-15-42  |                    | 07/25/2015                   | 07/25/2016                | EACH OCCURRENCE   | 5                 | 5,000.000                    |
| EXCERS LIAB CLAINS-MADE   |                               |   |                    |                              | -,,,,                     | AGGREGATE   | 5                 | 5,000 000                    |
| DED X RETENTIONS 5,000  |                               |   |                    |                              |                           |   | 5                 |                              |
| C WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY Y/N  |                               | ICUB-OG76190-6-15   |                    | 07/25/2015                   | 07/25/2016                |   | •                 | 1000,000                     |
| ANY PROPRIETORIJARTNER/EXECUTIVE  | H / A                         |   |                    |                              |                           | EL. EACH ACCIDENT   | 5                 | 1.000,000                    |
| (Mendatory is NH)<br>If yes describe under<br>DESCRIPTION OF OPERATIONS below   |                               |   |                    |                              |                           | EL. DISEASE - EA EMPLOYEE<br>EL. DISEASE - POLICY LIMIT                 |                   | 1,000,000.                   |
| D Professional Liability  |                               | 106350842   |                    | 08/06/2015                   | 08/06/2016                | \$2,000,000 Limit: \$25,000 Renie<br>\$1,000,000 limit: \$25,000 relent | fict              |                              |
|   |                               |   |                    |                              |                           | 41,000,000 HIR, 423,000 HIRES   |                   |                              |
|   |                               |   |                    |                              | L                         |   |                   |                              |
| description of operations / locations / vehic   | Les (acor                     | iD 181, Additional Remarks School                               | ule, mpy k         | e attached W mo              | us stace (s usda)         | red)  |                   |                              |
|   |                               |   |                    |                              |                           |   |                   |                              |
|   |                               |   |                    |                              |                           |   |                   |                              |
| •   |                               |   |                    |                              |                           |   |                   |                              |
|   |                               |   |                    |                              |                           | 1   |                   |                              |
| CERTIFICATE HOLDER  | ·                             | <u> </u>  | CAN                | ELLATION                     |                           |   |                   |                              |
| VEN ITIVATE AVLVER  |                               |   | , in the           |                              | · . ·                     |   |                   |                              |
| State of New Hampshire Department of F<br>and Economic Development, Division of<br>Tourism Development                              |                               |   | THE                | EXPIRATIO                    | N DATE TH                 | escribed Policies B2 (<br>EREOF, NOTICE WILL<br>CY PROVISIONS.          | ancel<br>Be di    | led Before<br>Livered in     |
| 172 Pembroke Rd Concord, NH 03302-1   | 856                           |   | AUTHO              | rized repres                 |                           | mbmh  |                   |                              |
| the second s                      |                               | <u> </u>  |                    |                              |                           |   |                   |                              |
| The ACORD nam<br>ACORD 25 (2014/01)   | e and log                     | o are registered marks of A                                     | CORD               | 01                           | 008-2014 AC               | ORD CORPORATION.  | All rig           | hts reserve                  |

The antifactor surfaces and fundation \$2000717 terms in \$22020140