

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

19 Pillsbury Street, Concord, New Hampshire 03301

November 19, 2018

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

REQUESTED ACTION

The Department of Natural and Cultural Resources, State Council on the Arts respectfully requests permission to award a Conservation License Plate (Moose Plate) Grant to the Rochester Opera House (VC #154980), Rochester, NH in the amount of \$20,000 for the restoration of 300 seats at the Rochester Opera House effective upon Governor and Executive Council approval through June 30, 2019. 100% Agency Income

Funding is available as follows:

03-35-35-350010-34000000 Office of the Commissioner 054-500527 Trust Fund Expenditures <u>FY 2019</u>

\$20,000

EXPLANATION

Pursuant to RSA 261:97-c, Moose Plate Funds are used to promote the use and conservation of cultural resources in New Hampshire and to preserve the cultural heritage that belongs to all New Hampshire citizens by providing for the preservation of publicly-owned historic properties.

The Rochester Opera House (Opera House), located in the Rochester City Hall Building, was built in 1908 and offers live performances and educational arts experiences at an affordable rate to the community while preserving the theater's artistic and historic integrity. The Opera House is a theater with stunning architectural details, including a horseshoe balcony, grand proscenium, intricate stenciling and a unique mechanism that raises the auditorium floor to an incline for amphitheater seating and levels the floor for dancing and cabaret seating. It is the only theater in the country that has this type of moveable floor and its importance to NH heritage in invaluable. The Opera House contains all original seating. These beautifully constructed seats boast wrought iron legs, wood rope detailing, umbrella hooks and a place to store your hat under each seat. While extremely well-built, the 110-year-old wooden seats need rehabilitation work if they are to be kept in use. The Opera House is committed to maintaining the artistic and historic integrity of the original structure and has begun a seat rehabilitation project for all 750 seats in the historic theater. To date, 400 of the 750 seats have been rehabilitated in a partnership with the City of Rochester.

Respectfully submitted,

Sarah L. Stewart Commissioner

NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT



This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Rochester Opera House (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- 1. GRANT PERIOD: FY2019
- 2. OBLIGATIONS OF THE GRANTEE:
 - The Grantee agrees to accept \$20,000.00 and apply it to the program(s) described in the grant application and approved budget referenced above. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
 - Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



Rochester Opera House is supported in part by a grant from the Mooseplate program and New Hampshire State Council on the Arts.

- The Grantee agrees to abide by the limitations, conditions and procedure outlined herein and in the attached appendices. If appropriated funds for this grants program are reduced or terminated, all payments under this grant may cease. That determination rests within the sole discretion of the Council.
- 3. PAYMENT will be made following the receipt and execution of all required documents and approval of the Governor and Executive Council
- 4. FINAL REPORT: The Grantee agrees to submit a final financial and narrative report on a form provided by the Council no more than 30 days after the end of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
- 5. SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

GRANTEE SIGNATURE
Org/ Name: Rochester Opera House
Address: 31 Wakefield St Rochester NH U386
1 Pothony Eigrave
Printed Name of Authorized Official for Grantee
Authorized Official's Signature & Title Date
NOTARIZATION REQURIED: STATE OF NEW HAMPSHIRE, COUNTY OF Stafferd
On the 15th day of 2018 before the undersigned officer, personally appeared
Print name of person whose signature is being notarized)
pr satisfactorily proven to be the person whose name appears above,
and acknowledged that s/he executed this document in the capacity ndicated.
(mae(a) M (trushm)
Notary Public Justice of the Peace Printed Name:
Ay Commission against
ANGELA M HARDIN Notary Public - New Hampshire My Commission Expires Jun 20, 2023

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 ROCHESTER OPERA HOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 20, 2003. 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: 431131

Certificate Number: 0004163945



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of August A.D. 2018.

William M. Gardner Secretary of State

CERTIFICATION OF BOARD RESOLUTION

Authorization to Enter into Contracts with New Hampshire State Council on the Arts

Important: To expedite your payment these steps must be followed in this order: * Resolution date must occur on or before the Grant Agreement is signed. ** Certificate on bottom of page must be signed and notarized on the same date or after the grant agreement is signed. 1. *Resolution: THIS IT TO CERTIFY that the following is a true and correct copy of excerpts from resolutions adopted at a meeting of the Board of Directors KochesterOperattruseInc. on October 15, 2018 (name of organization) at which time a quorum was present and voted, and further that said resolution has not been rescinded, altered or amended and is still in full force and effect. "Be it resolved that Hothony Eigraue, is hereby authorized (Printed name of authorizing official) on behalf of this Corporation to enter into contracts with the State of New Hampshire and to: execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as (s)he may deem necessary, desirable or appropriate." Signed: (Signature of Clerk Secretary to the board) Printed Name 2. **Certificate STATE OF NEW HAM COUNTY OF day of October, 20/8 before the undersigned officer, personally appeared or satisfactorily proven to be the person whose name appears (print name of person whose alguature is being notarized) above, and acknowledged s/he executed this document in the capacity indicated. Notary Públic/ Justice of the Peace Printed Name:

My Commission Expires

ANGELA M HARDIN
Notary Public - New Hampshire
My Commission Expires Jun 20, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCES Pat Mack E & S Insurance Services LLC (603)293-2791 FAX (A/C, No): (603)293-7188 (A/C, No. Ext): E-MAIL ADDRESS: 21 Meadowbrook Lane pat@esinsurance.net P O Box 7425 INSURER(8) AFFORDING COVERAGE NAIC & Gilford NH 03247-7425 Great American Ins Group INSURER A: INSURFO INSURER B Rochester Opera House INSURER C: 31 Wakefield St INSURER D INSURER E Rochester NH 03867 INSURER F : COVERAGES 2018 Cert **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP INSA LTR AUDIESURA TYPE OF INSURANCE INSD WYD POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (En occurrence) CLAIMS-MADE X OCCUR 5.000 MED EXP (Any one person) MAC 379353313 05/13/2018 05/13/2019 1.000.000 PERSONAL & ADV INJURY s 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 POLICY . PRODUCTS - COMPIOP AGG **\$** 500,000 Fire Damage Loc 1 OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ 1,000,000 (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED MAC 379353313 05/13/2018 05/13/2019 BOOKY INJURY (Per accident) HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) AUTOS ONL' s UMBRELLA LIAB EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? EACH ACCIDENT (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Liquor Liability MAC 379353313 05/13/2018 05/13/2019 Each Common Cause 500,000 500,000 Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be ettached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. NH Dept of Natural & Cultural Resources 20 Park Street AUTHORIZED REPRESENTATIVE Concord NH 03301 Pat M Mack



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

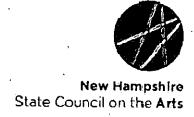
10/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in Ileu of such endorsement(s). CONTACT NAME: Personal Lines PHONE (A/C. No. Ext): 603-766-1990 E-MAIL ADDRESS: info@voyager-in FAX (AC, No): 603-590-7822 Voyager Insurance Services 371 Sagamore Road info@voyager-ins.com INSURER(8) AFFORDING COVERAGE NAIC # NH 03870 MSURER A: Utica National Insurance Group Rve INSURED INSURER B : Rochester Opera House INSURER C 31 Wakefield Street INSURER D INSURER E Rochester NH 03867 INSURER F : COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ANATISTIES POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER 1 IMITE INSD WYD COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR \$ MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY _ PROT PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO **BODILY INJURY (Per person)** OWNED AUTOS ONLY HIRED SCHEDULED **BODILY INJURY (Per accident)** AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) AUTOS ONLY AUTOS ONL' s UMBRELLA LIAB OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE 4653848 08/05/2018 06/05/2019 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. EACH ACCIDENT OFFICERUMEMBEREACEUDED/ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - EA EMPLOYEE 1.000.000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Statutory State(s): NH **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. NH Department of Natural & Cultural Resources AUTHORIZED REPRESENTATIVE 20 Park St.

Concord, NH 03301

Lisa W Davis



GRANTEE INFORMATION FORM for ORGANIZATIONS

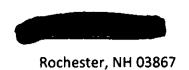
Please complete the following for fulfillment of grant requirements by the State of New Hampshire's Department of Administrative Services.

Name of Organization Kochester Opera House

1. Statement of Purpose:

(Give) With Oper 211 a	your organization's mission statement or list your organization's objectives in the space below) on "Ats for All" philosophy, The Mission of the Roche a House is to educate engage & inspire a community ges by presenting extraordinary, affordable, Cultise theatre, performance art, music, dance and
	ary of Administrator:
(List ar	nual salary of administrator, not artist's fees, who will be involved in this grant.)
Attach	the Following:
3.	DUNS Number (If not provided on application).
4.	Resume of Administrator
5.	Financial Statement:
	A one-page financial statement of your organization's most recently completed fiscallyear.
6.	Board of Directors:
	A list of the current directors and officers of your organization.
	Please do not include any personal information such as home addresses, phone numbers or emails.
7.	List Geographic Areas Served by Organization
8.	Certificate of Liability and Workers Comp Insurance with the Department of Natural &
	Cultural Resources as the certificate holder
9.	Please include a copy of a current year Certificate of Good Standing. (if not provided with the application)
-	If you do not have a Certificate of Good Standing with the state of NH please call Secretary of
	State Corporate Division at 271-3244 and request an application.
1	





As-

Producer/Director/Actor/Restaunteer

Executive Producer—Rochester Opera House, Rochester NH 2008-present

Duties include: Scheduling entire season, budgeting, coordinating technical and admin staff, coordinating fundraising and sponsorship drives, overseeing facility, marketing and sales. Produced over 500 concerts, including: Leanne Rimes, Blues Traveler, Clint Black, Capital Steps, Little River Band to name a few. Event's include: Barak Obama, Mitt Romney, Hillary Clinton, Bill Clinton and John McCain. Theatrical shows include: Chicago, Wizard of Oz, Shrek, Christmas Carol, Cabaret, Oliver, Annie to name a few.

Co-owner/operator—The Governor's Inn, Rochester NH 1993-present

Duties include: overall stewardship of a 20 room Inn and two onsite restaurants. Oversee operating budget of approx. 2 million annually.

Owner—Fat Tony's Italian Grill, Rochester NH 2006-2014

Owned and operated family style Italian restaurant in downtown Rochester NH Annual sales approx. 1 million

Owner—Slim's Tex Mex Cantina, Rochester NH 2003-2010

Owned and operated family style Mexican restaurant in downtown Rochester NH. Annual sales approx. 1 million

Executive Producer- Rochester Opera House, Rochester NH 2001-2004 (see above)

Independent Director and Actor - 1986—present

Trained classical actor with Off-Broadway, regional, television, National tours and film credits. AEA and SAG member.

Associate Producer—Ensemble Studio Theater - NYC 1998-1999

Duties included: Producing "Marathon" play series and Mainstage series. Reporting to Exec. Producer and Artistic Director

Assistant to Walter Bobbie- NYC 1999

sisted Mr. Bobbie on Broadway productions of "Chicago" and "Footloose".

Assistant Manager—Morgan's Hotel Group, (Ian Schrager Company) NYC 1996-2002 Assisted Steve Rubell and Ian Schrager (Studio 54) open and manage boutique hotels and restaurants including: The Morgan, The Royalton and The Paramount

Awards, commendations and Civic memberships

Irene Ryan Acting Scholarship 1984, Stevens Scholarship Award recipitent 1986, Business Leader of the Year—City of Rochester NH 2006, Outstanding Young Business leader—Jaycees 2004, Member: Rochester NH Rotary Club, Rochester Chamber of Commerce

Education:

University of NH (Durham and Keene) BA 1986. University of Salamanca (Spain) 1985. National Shakespeare Conservatory, NY 1987. Columbia University—Graduate work

Rochester Opera House Profit & Loss

July 2017 through June 2018

	Jul 17 - Jun 18
Ordinary Income/Expense	
Income	
Donations	6,582.63
Film Sales	1,496.00
Fundraisers	122,685.44
Income General	28,291.27
Liquor Sales	78,340.17
Other Income	31,211.74
Rental Of ROH	32,768.20
RPAC Income	100,645.09
Scholarship	1,575.00
Sponsors	41,425.00
Theatre Camp	27,519.06
Ticket Sales	505,569.65
Total Income	978,109.25
Gross Profit	978,109.25
Expense	
Advertising & Promotions	26,603.98
Bank Fees	16,974.17
Depreciation Expense	17,603.00
Employee Relations	38.22
Facilities and Equipment	76,777.29
Film Expense	326.00
Fundraising Expenses	14,769.50
Insurance	22,809.52
Interest Expense	8,925.99
Liquor	14,695.55
Operations	3,924.96
Other Expenses (Fees, Misc)	2,095.99
Payroll Expenses	211,172.25
Professional Services	3,495.00
RPAC Expense	69,353.14
Show Expenses	449,831.97
Tickets	16,854.41
Travel and Meetings	89.79
Utilities	27,982.74
Total Expense	984,323.47
Net Ordinary Income	-6,214.22
Net income	-6,214.22



Rochester Opera House Board of Directors

John McKenna	President & Arts Advocate
Dr. Nicholas Kanelos, Jr.	Vice President
Robert Perry	Secretary
Evan Stowell, CPA	Treasurer
Donna Bogan	Director
Matthew Towne	Director
Karyn Forbes	Director
Jeffrey Brown	Director
Angela Hardin	Director
Lisa Roberto	Director
Eric DeLorey	Director
Scott Johnson	Director
Chris Patrowicz	Director



DUNS Number: 96-782-9529

Geographic Areas:

Patrons come from throughout New Hampshire, especially residents of Rochester, Dover, Somersworth, and the rural areas and small towns of Strafford, Rockingham, Belknap and Carroll Counties, as well as neighboring York County in Maine.