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JOHN J. BARTHELMES COMMISSIONER OF SAFETY

State of New Hampzhire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG. 33 HAZEN DR.
CONCORD, N.H. 03305
603/271-2791

KEVIN P. O'BRIEN
ASSISTANT COMMISSIONER

RICHARD C. BAILEY, JR. ASSISTANT COMMISSIONER

May 16, 2016

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

Requested Action

Pursuant to RSA 21-P:43, the Department of Safety, Division of Homeland Security and Emergency Management, requests authorization to enter into a grant agreement with the Central NH Regional Planning Commission (VC#154613-B001) for a total amount of \$27,000.00 to provide technical assistance to the communities of Concord, Dunbarton, and Pittsfield for updating their respective local hazard mitigation plans. Effective upon Governor and Council approval through October 31, 2018. Funding source: 100% Federal Funds.

Funding is available in the SFY 2016 operating budget as follows:

02-23-23-236010-43930000

Dept. of Safety

HSEM

Pre-Disaster Mitigation

\$27,000.00

072-500574 Grants to Local Gov't. - Federal

Activity Code: 23PDM15 4393

Explanation

The grant listed above is funded from the FFY 2015 Pre-Disaster Mitigation Competitive (PDMC) Grant Program, which was awarded to the Department of Safety, Division of Homeland Security and Emergency Management (HSEM) from the Federal Emergency Management Agency (FEMA). The PDMC Grant Program provides funding to sub-grantees for cost-effective hazard mitigation activities that complement a comprehensive mitigation program. FEMA provides PDMC funds to states that, in turn, provide sub-grants or contracts for a variety of mitigation activities, such as planning and the implementation of projects identified through the evaluation of natural hazards. Notification of this program is made to every community by email and by letter sent to the chief elected official of each community.

The PDMC Grant Program is 75% federally funded by the Federal Emergency Management Agency with a 25% match requirement supplied by the sub-grantee. The sub-grantee acknowledges its match obligation as part of Exhibits A and B to the grant agreement.

In the event that Federal Funds are no longer available, General Funds and/or Highway Funds will not be requested to support this program.

Respectfully submitted,

John J. Barthelmes Commissioner of Safety

Commissioner of Safet

The State of New Hampshire and the Subrecipient hereby Mutually agree as follows: GENERAL PROVISIONS

1. Identification and Definitions.

1. Identification and Dem	iitiolis.			
1.1. State Agency Name NH Department of Safety, Homeland Security and Emergency Management		1.2. State Agency Address 33 Hazen Drive Concord, NH 03305		
1.3. Subrecipient Name Central NH Regional Planning Commission (VC# 154613-B001)		1.4. Subrecipient Tel. #/Address 603-226-6020 28 Commercial Street, Suite #3 Concord, NH 03301		
1.5 Effective Date G&C Approval	1.6. Account Number AU #43930000	1.7. Completion Date October 31, 2018	1.8. Grant Limitation \$27,000.00	
1.9. Grant Officer for S Elizabeth R. Peck, State H		1.10. State Agency Telephone Number (603) 223-3627		
"By signing this form we cer grant, including if applicable		th any public meeting requiren	nent for acceptance of this	
1.11. Subrecipient Sign	ature 1	1.12. Name & Title of Subrecipient Signor 1 Michael Tard. F. Ex. Director		
Subrecipient Signature	2	Name & Title of Subrecipient Signor 2		
Subrecipient Signature	3	Name & Title of Subrecipient Signor 3		
1.13. Acknowledgment: State of New Hampshire, County of Merimacia, on o7/02 /16, before the undersigned officer, personally appeared the person identified in block 1.12., known to me (or satisfactorily proven) to be the person whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.				
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)				
1.13.2. Name & Title of Notary Public or Justice of the Peace Matthew J. Manahan, Notary Public / 3 April, 2018				
1.14. State Agency Signature(s) 1.15. Name & Title of State Agency Signature(s)			tate Agency Signor(s)	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required)				
By: Assistant Attorney General, On: 5 H 2016				
1.17. Approval by Governor and Council (if applicable)				
By:			/ / / / / / / / / / / / / / / / / / /	
2 SCOPE OF WORK:	In exchange for grant f	funds provided by the Sta	te of New Hampshire.	

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:36, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

Subrecipient Initials	INT		
Page 1 of 6		Date	5/2/16

- AREA COVERED. Except as otherwise specifically provided for herein, the Subrecipient shall perform the Project in, and with respect to, the State of New Hampshire.
- 4. EFFECTIVE DATE: COMPLETION OF PROJECT.
- 4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.17), or upon signature by the 9.3. State Agency as shown in block 1.14 ("the effective date").
- 4.2. Except as otherwise specifically provided herein, the Project, including all reports 9.4. required by this Agreement, shall be completed in its entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").
- 5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.
- The Grant Amount is identified and more particularly described in EXHIBIT B, attached hereto.
- 5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT B.
- 5.3. In accordance with the provisions set forth in EXHIBIT B, and in consideration of 10. the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Subrecipient the Grant Amount. The State shall withhold from the amount otherwise payable to the Subrecipient under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.
- 5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Subrecipient for all expenses, of whatever nature, incurred by the Subrecipient in the performance hereof, and shall be the only, and the complete, compensation to the Subrecipient for the Project. The State shall have no liabilities to the Subrecipient other than the Grant Amount.
 11.
- 5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, 11.1.1 or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of 11.1.2 these general provisions. 11.1.3
- COMPLIANCE BY SUBRECIPIENT WITH LAWS AND REGULATIONS. In 11.1.4 connection with the performance of the Project, the Subrecipient shall comply 11.2. with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the 11.2.1 Subrecipient, including the acquisition of any and all necessary permits.
- RECORDS and ACCOUNTS.
- 7.1. Between the Effective Date and the date three (3) years after the Completion Date the Subrecipient shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, 11.2.2 transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
- 7.2. Between the Effective Date and the date three (3) years after the Completion Date, at any time during the Subrecipient's normal business hours, and as often as the State shall demand, the Subrecipient shall make available to the State all records pertaining to matters covered by this Agreement. The Subrecipient shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Subrecipient" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Subrecipient in block 1.3 of these provisions
- PERSONNEL
- 8.1. The Subrecipient shall, at its own expense, provide all personnel necessary to perform the Project. The Subrecipient warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed 12.2. and authorized to perform such Project under all applicable laws.
- 8.2. The Subrecipient shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual 12.3. relationship with the State, or who is a State officer or employee, elected or
 8.3 appointed
 - The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.
- 9. DATA: RETENTION OF DATA: ACCESS.
- 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, 13. formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations,

- computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.
- Detween the Effective Date and the Completion Date the Subrecipient shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
- No data shall be subject to copyright in the United States or any other country by anyone other than the State.
- .4. On and after the Effective Date 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, whichever shall first occur.
- 9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.
 - CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those 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 Subrecipient notice of such termination.
 - EVENT OF DEFAULT: REMEDIES.
- 11.1. Any one or more of the following acts or omissions of the Subrecipient shall constitute an event of default hereunder (hereinafter referred to as "Events of 11.1.1 Default"):
- 11.1.2 Failure to perform the Project satisfactorily or on schedule; or
- 11.1.3 Failure to submit any report required hereunder; or
- 1.1.4 Failure to maintain, or permit access to, the records required hereunder; or
- 11.2. Failure to perform any of the other covenants and conditions of this Agreement. Upon the occurrence of any Event of Default, the State may take any one, or
 - 2.1 more, or all, of the following actions:

 Give the Subrecipient 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)
- 11.2.2 days after giving the Subrecipient notice of termination; and Give the Subrecipient 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 Grant Amount which would otherwise accrue to the Subrecipient during the period from the date of such notice until such time as the State
- determines that the Subrecipient has cured the Event of Default shall never be paid to the Subrecipient; and
- 1.2.4 Set off against any other obligation the State may owe to the Subrecipient any damages the State suffers by reason of any Event of Default; and Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.
- 12. <u>TERMINATION</u>
- 12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Subrecipient shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.
- 2.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Subrecipient to receive that portion of the Grant amount earned to and including the date of termination.
- 2.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Subrecipient from any and all liability for damages sustained or incurred by the State as a result of the Subrecipient's breach of its obligations hereunder.
- 12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Subrecipient hereunder, the Subrecipient, may terminate this Agreement without cause upon thirty (30) days written notice.
- CONFLICT OF INTEREST. No officer, member of employee of the Subrecipient, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

- any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
- 14. SUBRECIPIENT'S RELATION TO THE STATE. In the performance of this Agreement the Subrecipient, its employees, and any subcontractor or subgrantee 18. of the Subrecipient are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Subrecipient nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
- 15. ASSIGNMENT AND SUBCONTRACTS. The Subrecipient shall not assign, 19. or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Subrecipient other than as set forth in Exhibit A without the prior written consent of the State.
- 16. INDEMNIFICATION. The Subrecipient 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 21. on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Subrecipient or subcontractor, or subgrantee or other agent of the Subrecipient. 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 shall survive the termination of this 22. agreement.
- 17. INSURANCE AND BOND.
- 17.1 The Subrecipient shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following
- Statutory workmen's compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 Comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and

- approval of the undertaking or carrying out of such Project, shall participate in 17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than ten (10) days after written notice thereof has been received by the State.
 - 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, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver 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 default on the part of the Subrecipient. 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
 - first above given. 20. 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 Council of the State of New Hampshire, if required, or by the signing State Agency.
 - CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.
 - 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.
 - 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.
 - 24. SPECIAL PROVISIONS. The additional provisions set forth in Exhibit C hereto are incorporated as part of this agreement.

EXHIBIT A

Scope of Work and Project Review and Conditions

1. SCOPE OF WORK

The Department of Safety, Division of Homeland Security and Emergency Management (hereinafter referred to as "the State") is awarding the Central New Hampshire Regional Planning Commission (CNHRPC) (hereinafter referred to as "the Subrecipient") \$27,000.00 within the Federal Fiscal Year 2015 Pre-Disaster Mitigation Grant Program (PDM).

"The Subrecipient" shall utilize the above referenced funding to update the hazard mitigation plans for the City of Concord and the Towns of Dunbarton and Pittsfield.

"The Subrecipient" agrees that the period of performance ends on October 31, 2018 and by that date the aforementioned hazard mitigation plans must be completed and have received formal approval by the Federal Emergency Management Agency (FEMA). All completed invoices must be sent to "the State" by November 30, 2018, 30 days after the period of performance ends.

2. **PROJECT REVIEW AND CONDITIONS**

"The Subrecipient" shall submit quarterly progress reports, drafts, and final updated local hazard mitigation plans for the three communities. Quarterly reporting shall begin in the quarter in which this grant agreement is approved, shall be submitted within 15 days after the end of a quarter, and shall continue until the project is completed.

"The Subrecipient" agrees to submit draft plans to HSEM, electronically, for review and comment. HSEM will then submit the plans to FEMA Region I for review and approval once the plans are satisfactory to the state.

"The Subrecipient" further agrees to promptly address all required revisions arising from HSEM and FEMA reviews, and resubmit the revised draft plan(s) to HSEM.

"The Subrecipient" agrees to provide copies of the formally approved plans to HSEM in electronic format, via compact disk (CD), upon receipt of the FEMA formal approval letter.

"The Subrecipient" agrees to comply with all applicable federal and state laws, rules, regulations, and requirements.

"The Subrecipient" shall maintain financial records, supporting documents, and all other pertinent records for a period of three (3) years from the grant period end date. In these records, "the Subrecipient" shall maintain documentation of the 25% cost share required by this grant.

a Add			111
Subrecipient Initials: 1.)	2.)	3.)	Date: 5 2/16
			Page 4 of 6

EXHIBIT B

Grant Amount and Payment Schedule

1. GRANT AMOUNT

	Applicant Share	Grant (Federal Funds)	Cost Totals
Project Cost	\$9,000.00	\$27,000.00	\$36,000.00
Project (Cost is 75% Feder	al Funds, 25% Applica	int Share
Awarding Agency: F	ederal Emergency	Management Agency (F	EMA)
Award Title & #: Pre	e-Disaster Mitigatio	n Grant EMB-2016-PC-	-0003, PDMC-PL-01-
NH-2015-01			,
Catalog of Federal D	omestic Assistance	e (CFDA) Number: 97.	.047 (PDM)
Sub-Recipient's Data	a Universal Numbe	ering System (DUNS):	111067745

2. PAYMENT SCHEDULE

- a. "The Subrecipient" agrees the total payment by "the State" under this grant agreement shall be up to \$27,000.00.
- b. "The State" shall reimburse up to \$27,000.00 to "The Subrecipient" upon "The State" receiving a reimbursement request with match documentation and appropriate backup documentation, i.e., copies of invoices, copies of canceled checks, and/or copies of accounting statements.
- c. "The Subrecipient, based upon expenditures, will need to request necessary funds for reimbursement.

Subrecipient Initials: 1.)	M	2.)	3.)	Date: 5 2 16
Subrecipient Initials: 1.)	HOT	2.)	3.)	Date: 5 2 1 Page 5 of 6

EXHIBIT C

Special Provisions

- 1. This grant agreement may be terminated upon thirty (30) days written notice by either party.
- 2. The "Subrecipient" agrees to have an audit conducted in compliance with OMB Circular 2 CFR 200, if applicable. If a compliance audit is not required, at the end of each audit period "the Subrecipient" will certify in writing that they have not expended the amount of federal funds that would require a compliance audit (\$750,000). If required, they will forward for review and clearance a copy of the completed audit(s) to "the State".

Additionally, "the Subrecipient" has or will notify their auditor of the above requirements prior to performance of the audit. "The Subrecipient" will also ensure that, if required, the entire grant period will be covered by a compliance audit, which in some cases will mean more than one audit must be submitted. "The Subrecipient" will advise the auditor to cite specifically that the audit was done in accordance with OMB Circular 2 CFR 200. "The Subrecipient" will also ensure that all records concerning this grant will be kept on file for a minimum of three (3) years from the end of this audit period.

Subrecipient Initials: 1.)	MT	2.)	3.)	Date:_	5/2	16
	•			Page	6 of 6	6

U.S. Department of Homeland Security FEMA Region I 99 High Street Boston, MA 02110



MAR 23 2016

Mr. Perry E. Plummer Director New Hampshire Department of Safety Homeland Security and Emergency Management 33 Hazen Drive, Concord, NH 03305

Subject:

FY 2015 Pre-Disaster Mitigation – Competitive Grant Award

Agreement #EMB-2016-PC-0003

Sub-Award: PDMC-PL-01-NH-2015-001 - Local Hazard Mitigation Plan Updates

Sub-Award: PDMC-MC-01-NH-2015-002 - Management Costs

Dear Director Plummer:

We are pleased to inform you that your Application for Federal Assistance under the Pre-Disaster Mitigation Competitive Grant Program for fiscal year 2015 has been reviewed and approved. This award is for a total of \$350,526.00 (\$262,894.50 Federal Share, \$87,631.50 Grantee Share) for the subject grant.

The funds awarded by the enclosed FEMA Form 76-10A are available for obligation by the recipient only during the period from May 29, 2015 through October 31, 2018, unless a new expiration date is established by FEMA in a letter signed by the Regional Administrator or through issuance of a new FEMA Form 76-10A.

Please note that by accepting this award you assume certain administrative and financial responsibilities including the timely submission of financial and programmatic reports, resolution of all interim audit findings, and the maintenance of a minimum level of cash on hand. All quarterly programmatic reports are to be submitted through the eGrants system and quarterly financial reports are to be submitted through the Payment and Reporting System (PARS).

Perry E. Plummer, Director Page 2

If you have questions pertaining to this award, please contact Kerri-Ann Tirrell, Grants Management Specialist, at 617-956-7542.

Sincerely,

Paul F. Ford

Regional Administrator

PFF/kat

cc: Elizabeth Peck, New Hampshire Homeland Security and Emergency Management

Donna Nelson, Hazard Mitigation Specialist, FEMA

CERTIFICATE

I, Keith Johnson, Secretary of the Central New Hampshire Regional Planning Commission (CNHRPC), do hereby certify that: (1) I am the duly elected and acting Secretary of the Commission, a regional planning agency established pursuant to the laws of the State of New Hampshire (RSA 36:45-53); (2) I review and maintain or cause to be maintained and am familiar with the minutes of the meetings of the Commission and its Executive Committee; (3) I am duly authorized to issue certificates with respect to the contents of such minutes; (4) at the regular meeting held on April 14, 2016 the Executive Committee of the Commission voted to enter into a contract with the New Hampshire Department of Safety, Homeland Security and Emergency Management to update three local hazard mitigation plans. The Commission further authorized the Executive Director to execute any documents which may be necessary to effectuate this contract; (5) this authorization has not been revoked, annulled or amended in any manner whatsoever, and remains in full force and effect as of the date hereof; and (6) the following person has been appointed to and now occupies the office indicated under item (4) above:

<u>Michael Tardiff, Executive Director</u> (Printed name of officer authorized to sign)

IN WITNESS WHEREOF, I have nereunto se	et my nand as the Secretary of the Commission,	this
	m_2	
	Keith Johnson, Secretary	

STATE OF NEW HAMPSHIRE County of Merrimack

On this the day of May, 2016, before me, Matthew Manaham, [Notary Public Justice of the Peace], the undersigned officer, personally appeared Keith Johnson who aeknowledged himself to be the Secretary of the Commission, being authorized so to do, executed the foregoing instrument for the purpose therein contained.

In witness whereof, I have set my hand and official seal.

Notary Public/Justice of the Peace

COMMISSION EXPIRATION DATE: 3 April 2018

SEAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/2/2016

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(ies) must 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: PHONE (A/C, No, Ext): (603) 225-6611 E-MAIL ADDRESS: Davis & Towle Morrill & Everett, Inc. FAX (A/C, No): (603) 225-7935 115 Airport Road Concord, NH 03301 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: The Hanover Insurance Company 22292 INSURED INSURER B **Central NH Regional Planning** INSURER C Commission INSURER D 28 Commercial Street, Suite INSURER E : Concord, NH 03301 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. ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR ZHV496655520 10/02/2015 10/02/2016 100,000 \$ 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE S 2,000,000 PRO-JECT PRODUCTS - COMP/OP AGG s POLICY LOC OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 AHV603045117 10/07/2015 10/07/2016 BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS PROPERTY DAMAGE S HIRED AUTOS \$ 2,000,000 X UMBRELLA LIAB **EACH OCCURRENCE** \$ OCCUR 10/02/2015 10/02/2016 AGGREGATE **EXCESS LIAB** UHVA05071701 Α CLAIMS-MADE S 2.000,000 0 DED X RETENTIONS WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

State of NH NHDOS Homeland Security & Emergency Management 33 Hazen Drive Concord, NH 03305 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donne P. Beaudis

CERTIFICATE OF COVERAGE

This certificate evidences the limits of liability in effect at the inception of the Coverage Agreement(s) (also known as the Member Agreement(s)) described below. This certificate is issued as a matter of information only and confers no rights on the certificate holder and does not amend, extend, or alter the coverage afforded by the Member Agreement(s) except to the extent provided in the Additional Covered Party box or Loss Payee box below, if checked.

THIS IS TO CERTIFY THAT THE ENTITY NAMED BELOW HAS BEEN ISSUED THE MEMBER AGREEMENT(S) FOR THE AGREEMENT TERM(S) INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM, OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE MEMBER AGREEMENT(S) IS SUBJECT TO ALL THE EXCLUSIONS, EXTENSIONS, TERMS, AND CONDITIONS OF SUCH MEMBER AGREEMENT(S). AGGREGATE LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Member: Central NH Regional Planning Comp		Company Affor	mpany Affording Coverage (the "Company"):			
Member Number: 439-120101 - 16			3 ,	. ,		
100 120 10		Property-Liability	V Trust, Inc.			
			oncord, NH 03302-2008			
Coverage (Occurrence basis only):	Effective Date	Expiration Date	Limi	its		
<i>"</i>	(mm/dd/yy)	(mm/dd/yy)	(subject to applicable			
General Liability	<u> </u>		Each Occurrence	\$ 5,000,000		
(Member Agreement Section III.A)			General Aggregate	\$		
(Member 19 coment deciden mixty			Personal & Adv Injury	\$		
			Med Exp (any one person)	\$		
	}		Products –Comp/Op Agg	\$		
□A			Fire Damage (each fire)	\$		
Automobile Liability			Each Occurrence	\$ 5,000,000		
(Member Agreement Section III.A)		-	Bodily Injury	\$		
All Owned Autos			1	*		
Scheduled Autos	j		(per person)			
Hired Autos			Bodily Injury	\$		
Non-Owned Autos	İ		(per accident)			
Other			Property Damage	\$		
			(per accident)			
Excess Liability			Each Occurrence	\$ N/A		
			Aggregate	\$ N/A		
Property (All Risk including Theft)				\$Per scheduled limits		
(Member Agreement Section I) Deductible: \$1,000				and Member Agreement		
✓Workers' Compensation (Coverage A)	7440045	0/00/00/40	Coverage A:	Statutory		
Employers' Liability (Coverage B)	7/1/2015	6/30/2016	Cov. B: Each Accident	\$ 2,000,000		
=····proyoro =razimty (outrolage =/			Disease – Each Employee	\$ 2,000,000		
			Disease – Policy Limit	\$ 2,000,000		
	<u> </u>	<u> </u>	Discase Tolley Ellitti	Φ =,000,000		
Description: Proof of Coverage						
CANCELLATION: If any of the above coverages unde	r the Member Agree	ment are cancelled	I before the expiration date	e, the Company		
will endeavor to mail 30 days written notice to the Cer	tificate Holder name	ed below, but failur	e to mail such notice shall	impose no		
obligation or liability of any kind upon the Company.						
LAddi	tional Covered Pa	arty Loss	Payee, as his, her or its ir	terests appear		
Coverage for the Additional Covered Party is limited to	o "bodily injury" or	"property damage	" caused by and only to th	e extent of the sole		
negligence of the Member, and no protection is availa						
directors, officers, employees, or agents. Available lin						
	•			•		
*Terms in quotes are defined in the Member Agreeme	nt.	<u>, </u>	·			
Certificate Holder:		Compan	у			
				Please direct		
State of New Hampshire		By: $\underline{\omega}_{\nu}$	ray le rarker	inquiries to:		
Department of Safety		Autho	orized Representative			
Homeland Security & Emergency Mo	ımt					
, , ,	grit.	Date leen	ed: 5/2/2016	Kim Brewster		
33 Hazen Drive		3410 1334		603.230.3359		
Concord NH 03305						