

BR
54

September 3, 2019

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 to modify a **SOLE SOURCE** Memorandum of Understanding (MOU) with the Community College System of New Hampshire (CCSNH) (VC #216952), 26 College Drive, Concord, NH to change the MOU end date from September 30, 2019 to December 31, 2019, and increase the total award by \$257,000 from an original amount of \$3,680,000.00 to \$3,937,000.00. The extended contract period allows for the continuation of WorkReady activities through the remainder of the program year. **100% Other Funds – Job Training Program.** The initial MOU was approved by Governor and Council on April 8, 2015 (Item #47) and later modified on February 6, 2019 (Item #32) and June 19, 2019 (Item #173).

Funds to support this request are anticipated to be available in the following account in FY2020 upon the availability and continued appropriation of funds in the future operating budget:

FY 2020

03-35-35-350510-54200000-102-500731 Contract for Program Services \$257,000.00

EXPLANATION

Through this modification process, the MOU between CCSNH and BEA allows for the continuation of current work readiness services through December 31, 2019. The NHWorkReady program shall be available ongoing and statewide through the end of the current program year.

All parties to this agreement shall work together to facilitate the transition of Job Training funded programs in the event that Job Training funds are transferred to another state entity. Every effort shall be made to minimize the disruption of services to individuals participating in the NHWorkReady program.

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

Respectfully submitted,

Wildolfo (Will) Arvelo,
Director of Economic Development

Concurred,

Taylor Caswell,
Commissioner

**AMENDMENT OF AN MOU WITH RESPECT TO
THE DELIVERY OF WORKREADY SERVICES FUNDED BY THE JOB TRAINING GRANT**

The Department of Business and Economic Affairs and the Community College System of New Hampshire (CCSNH), hereby mutually agree to amend their MOU (#1057731) for the delivery of work readiness services. The Governor and Executive Council originally approved the MOU on April 8, 2015 (Item #47), with a completion date of June 30, 2019. Subsequently it was modified effective February 6, 2019 (Item#32) to increase funding to a new total of \$3,680,000.00 with a completion date of June 30, 2019 and again on June 19, 2019 (Item # 173) with a completion date of September 30, 2019. 100% Other Funds – Job Training Program.

This modification to the MOU accomplishes the following:

1. Changes the current MOU end date from September 30, 2019 to December 31, 2019.
2. Increases the contract amount by \$257,000 for a new total MOU amount of \$3,937,000.00
3. All other terms and conditions of this contract shall remain the same in full force and effect as originally set forth; and
4. This amendment is subject to approval by the NH Attorney General and the Governor and Executive Council.

Community College System of New Hampshire



Ross Gittell
Chancellor CCSNH

9/3/19
Date

Business and Economic Affairs



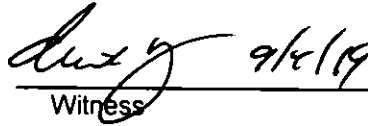
Taylor Caswell
Commissioner BEA

9/3/19
Date



Witness

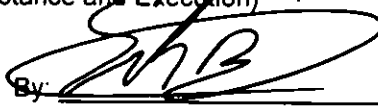
9/3/19



Witness

Approved by the Attorney General (Form, Substance and Execution)

Date: 9/5/2019



Approved by the Governor and Council

Date: _____

Item # _____



JOR
173

May 20, 2019

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

G&C Approved 6/19/2019

REQUESTED ACTION

Authorize Business and Economic Affairs, Office of Workforce Opportunity to modify a **SOLE SOURCE** Memorandum of Understanding (MOU) with the Community College System of New Hampshire (CCSNH) (VC #216952), 28 College Drive, Concord, NH to extend the original MOU end date from June 30, 2019 to September 30, 2019. The extended contract period allows for the continuation of WorkReady activities through the summer months supported with remaining MOU funds. No additional funds are being requested. **100% Other Funds - Transfer from Other Agency.**

EXPLANATION

The MOU between CCSNH and BEA for the provision of work readiness services statewide will expire on June 30, 2019. It is uncertain at this time, which state entity will administer the Job Training Fund (JTF) after July 1, 2019, and/or to what extent the JTF will continue to fund work readiness activities at the CCSNH.

This three-month extension of services, supported by funds previously appropriated for this purpose and remaining in the MOU after June 30, 2019, provides for the continuation of services with minimal disruption, and allows CCSNH time to transition participants and program services in accordance with future directives.

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

Respectfully submitted,

Widolfo (Will) Arvelo,
Director of Economic Development

Concurred,

Taylor Caswell,
Commissioner


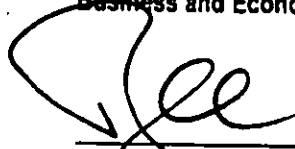
(HER)


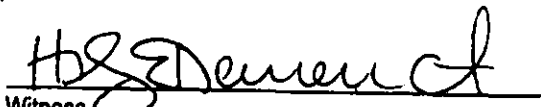
**AMENDMENT OF AN MOU WITH RESPECT TO
THE DELIVERY OF WORKREADY SERVICES FUNDED BY THE JOB TRAINING GRANT**

Business and Economic Affairs, Office of Workforce Opportunity and the Community College System of New Hampshire (CCSNH), hereby mutually agree to amend their MOU (#1057731) for the delivery of work readiness services. Originally, approved by the Governor and Executive Council on April 8, 2015 (Item #47) with a completion date of June 30, 2019 and subsequently modified effective February 6, 2019 (Item #32) to increase funding to a new total of \$3,680,000.00 with a completion date of June 30, 2019. 100% Other Funds - Job Training Program.

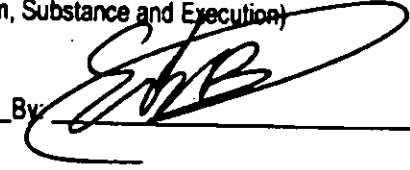
This modification to the MOU accomplishes the following:

1. Changes the original MOU end date from June 30, 2019 to September 30, 2019.
2. Allows the CCSNH to invoice for services between June 30, 2019 and September 30, 2019 using funds remaining in the current MOU after June 30, 2019, not to exceed the original annual approved amount of \$980,000.00
3. All other terms and conditions of this contract shall remain the same in full force and effect as originally set forth; and
4. This amendment is subject to approval by the Commissioner of the Department of Business and Economic Affairs, the NH Attorney General and the Governor and Executive Council.

Community College System of New Hampshire	Business and Economic Affairs
	
Ross Gittell	Taylor Caswell,
Chancellor CCSNH	Commissioner BEA
Date: 5/23/19	Date: 5/30/19

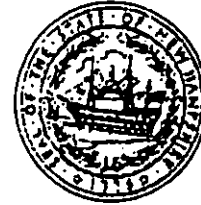
	
Witness	Witness
commission expires 8/8/2023	

Approved by the Attorney General (Form, Substance and Execution)

Date: 6/3/2019 By: 

Approved by the Governor and Council

Date: _____ Item # _____



January 15, 2019

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

Authorize Business and Economic Affairs, Office of Workforce Opportunity to modify a Sole Source Memorandum of Understanding (MOU) with the Community College System of New Hampshire (CCSNH) (VC #216952), 28 College Drive, Concord, NH for the provision of work ready services, which was approved by the Governor and Executive Council on April 8, 2015 (Item #47), with a completion date of June 30, 2019. This amendment increases the contract amount by \$80,000 from an original amount of \$3,600,000.00 to a new total contract award of \$3,680,000.00 for the purpose of supporting the development of activities specific to Licensed Practice Nursing (LPN) workforce development. 100% Other Funds – Job Training Program.

Funding is available in account titled, Job Training Program as follows

	<u>FY 2019</u>
03-22-22-220510-14540000	
Office of Workforce Opportunity	\$80,000.00
102-500731 Contracts for Program Services	

EXPLANATION

This amendment, to an existing MOU, which is effective between July 1, 2015 through June 30, 2019, adds \$80,000.00 in Job Training Funds to support the development of Licensed Practical Nurse (LPN) training to support employment opportunities within the Health Care Sector. The Community College System of New Hampshire is the lead entity for reinstating an LPN program in response to industry needs.

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

Respectfully submitted,

Wildolfo (Will) Arvelo,
Director of Economic Development

Concurred,

Taylor Caswell,
Commissioner
(HEW)

**AMENDMENT OF AN MOU WITH RESPECT TO
THE DELIVERY OF WORKREADY SERVICES FUNDED BY THE JOB TRAINING GRANT**

Business and Economic Affairs, Office of Workforce Opportunity and the Community College System of New Hampshire (CCSNH), hereby mutually agree to amend their MOU (1057181) for the delivery of work readiness services, approved by the Governor and Executive Council on April 8, 2015 (Item #32) with a completion date of June 30, 2019. 100% Other Funds - Job Training Program.

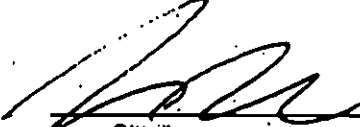
This amendment of the existing agreement is for the sole purpose of increasing the MOU award from \$3,600,000 to \$3,680,000 to allow for the provision of activities in the development of a Licensed Practical Nursing (LPN) program to support workforce development efforts in the medical sector. The State's Sector Partners, CCSNH management and leaders in the medical industry, working together identified an unmet need for a training program to prepare workers for LPN occupations to fill new job opportunities. Specifically, funds shall be used to support a program director position and associated costs through June 30, 2019.

This modification of contract accomplishes the following:

1. Increases the original grant award by \$80,000.00 for a total grant amount of \$3,680,000.00.
2. All other terms and conditions of this contract shall remain the same in full force and effect as originally set forth; and
3. This amendment is subject to approval by the Commissioner of the Department of Business and Economic Affairs, the NH Attorney General and the Governor and Executive Council.

Community College System of New Hampshire


Business and Economic Affairs



Ross Gittell
Chancellor CCSNH

Date

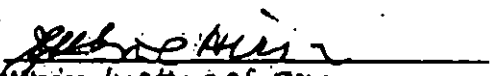
1/9/19



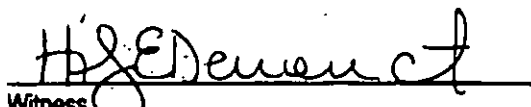
Taylor Caswell,
Commissioner BEA

Date

1/14/19



Witness JUSTICE OF PEACE
my commission expires 2/25/2020



Witness

Approved by the Attorney General (Form, Substance and Execution)

Date: 1/19/2019

By: 

Approved by the Governor and Council

Date: 2/6/2019

Item # 32

Corporate Resolution

I, Jeanne Herrick, hereby certify that I am duly appointed Legal Counsel of
(Name) *(Officer Title)*

Community College System of NH. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation or LLC)

a meeting of the Board of Directors/shareholders, duly called and held on December 12, 2011
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Ross Gittel, Chancellor (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Community College System of New Hampshire with the State of New Hampshire and any of
(Name of Corporation or LLC)

its agencies or departments and further is authorized to execute any documents which
may in his/her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full
force and effect as of the date of the contract to which this certificate is attached. I further
certify that it is understood that the State of New Hampshire will rely on this certificate as
evidence that the person(s) listed above currently occupy the position(s) indicated and that
they have full authority to bind the corporation. To the extent that there are any limits on the
authority of any listed individual to bind the corporation in contracts with the State of New
Hampshire, all such limitations are expressly stated herein.

DATED: 9 Jan. 2019

ATTEST: Jeanne P. Herrick
(Name and Title)
Jeanne P. Herrick
Legal Counsel

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 THE COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE a New Hampshire State Chartered (Legislative) formed to transact business in New Hampshire on July 17, 2007. I further certify that it has paid the fees required by law and has not dissolved.

Business ID: 591327

Certificate Number: 0004371620



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of January A.D. 2019.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/07/2019

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 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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: PHONE (AC, No, Ext): 855 874-0123 FAX (AC, No):	
	E-MAIL ADDRESS:	
INSURED Community College System of NH 26 College Drive Concord, NH 03301-7407	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Citizens Insurance Co. of America	31534
	INSURER B: Hannover Insurance Company	22292
	INSURER C: NH Employers Insurance Company	13083
	INSURER D: Lloyd's of London	85202
	INSURER E: Massachusetts Bay Insurance Co.	22306
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.

OPER LTR	TYPE OF INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	X X	ZBV918860108	07/01/2018	07/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP AGG \$3,000,000
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		ADV918859707	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: <input checked="" type="checkbox"/> RETENTION \$0		UHV918860408	07/01/2018	07/01/2019	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	ECC60040002872018A 3A States: NH	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
D	Student Professionals		MEO145780118	07/01/2018	07/01/2019	\$1,000,000 Ea. Claim \$3,000,000 Aggregate \$2,500,000 Ded: Each Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured Status by Contract, Agreement or Permit per Form 421-2015(12/14)
 Supplemental Names
 Great Bay Community College
 Lakes Region Community College
 Manchester Community College
 (See Attached Descriptions)

CERTIFICATE HOLDER Department of Business and Economic Affairs/ Office of Workforce 1 Eagle Square Concord, NH 03301	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. AUTHORIZED REPRESENTATIVE 
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~~London~~

**MODIFICATION OF NH JOB TRAINING FUND
AGREEMENT 2018-0028**

The Department of Business and Economic Affairs, Office of Workforce Opportunity and The Keeney Manufacturing Company, Inc. (Contract #1059245) 75 Plumb Pak Drive, Winchester NH 03470 (VC #219633) hereby mutually agree to amend the NH Job Training Fund Agreement, which was originally approved on November 1, 2017 with a completion date of January 31, 2019. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

1. This contract amendment is for the sole purpose to extend the original contract end date by six months, from January 31, 2019 to July 31, 2019, to allow for the completion of planned training. Payments under this agreement shall not exceed the \$24,000.00 as approved in the original contract agreement.
2. All other terms and conditions of this agreement shall remain the same in full force and effect as originally set forth; and
3. This amendment was recommended by the Office of Workforce Opportunity.

H. E. Desautels
Witness

[Signature]
Taylor Caswell, Commissioner

01/14/19
Date

[Signature]
Witness

[Signature]
Joseph "Jody" Pierce, Treasurer/GFO
1/11/19
Date

notary: Mary Ellen Storzowski
Commission Expires - 02-28-21

IN WITNESS WHEREOF, the parties hereto have set their hands as of the day and year above written.

Approved as to form, substance and execution:

[Signature]
St. Asst. Attorney General

1/16/2019
Date



STATE OF NEW HAMPSHIRE
 DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT
 OFFICE OF THE COMMISSIONER

172 Pembroke Road P.O. Box 1856 Concord, New Hampshire 03302-1856

G+C # 47
 4/8/15

February 23, 2015

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

REQUESTED ACTION

Authorize the Department of Resource and Economic Development, Office of Workforce Opportunity to enter into a Sole Source Memorandum of Understanding (MOU) with the Community College System of New Hampshire (CCSNH) (VC #216952), 26 College Drive, Concord, NH in an amount not to exceed \$3,600,000 for the implementation and delivery of a Job Readiness Certificate program for unemployed NH citizens; upon Governor and Council approval, effective July 1, 2015 through June 30, 2019. The initial MOU was approved by Governor and Council on May 25, 2011 (Item #42), which was modified effective April 3, 2013 (Item#52) to extend the MOU date through June 30, 2013. The current MOU, which expires on June 30, 2015, was approved on June 6, 2013 (Item #122). **100% Other Funds – Job Training Program.**

Funding is available in account titled, Job Training Program, as follows and pending State budget approval for fiscal years 2016-2019.

	<u>FY16</u>	<u>FY17</u>	<u>FY18</u>	<u>FY19</u>
03-35-35-350510-54200000-102-500731 Contract for Program Services	\$900,000	\$900,000	\$900,000	\$900,000

EXPLANATION

This is a Sole Source MOU between two state entities for the purpose of delivering a Job Readiness Certificate program to address the under-preparedness of unemployed individuals and others who are seeking to enter the NH labor market. This is a continuation of the program developed by CCSNH in consultation with state partners to address work readiness issues. Consistent with the mission of CCSNH to better prepare citizens for work, CCSNH is best suited to develop and deliver a program designed to address basic work related deficiencies. The project piloted at four Community Colleges: White Mountain Community College (Berlin); Great Bay Community College (Portsmouth); Manchester Community College; and River Valley Community College (Claremont) has a proven record of successfully delivering services that improve basic skills in math, reading, communication and workplace behaviors. The Community Colleges working collaboratively with local NH Works American Job Centers provides these services to workers seeking employment services.

The project originally developed in response to New Hampshire business owners concerned that entry-level workers and other new hires often do not possess the basic skills needed to perform successfully in the workplace, provides assessment, instruction and credentialing in key areas identified by employers as essential to workplace success. The training program is available at no cost to unemployed job seekers, offering skills training and two nationally recognized work-readiness credentials (the National Career Readiness Certificate from ACT and the WorkReadyNH Certificate from the Community College. Moving forward the goal is to be able to offer WorkReadyNH at the seven community colleges.

The Attorney General's Office has reviewed and approved this MOU as to form, substance and execution.

Respectfully submitted,

Jeffrey J. Rose
 Commissioner

3. Assist CCSNH in the ongoing development and evaluation of the WorkReadyNH program.
4. Provide a contract (MOU) manager through the Office of Workforce Opportunity.

Both Parties Jointly Agree to:

1. Collaborate and update the Inter-Agency Director Group (IDG) that will provide input and advice as the program evolves, and act as advocates for the program both state-wide and locally.
2. Work as a partner with the Governor's Office in the development, dissemination, publicizing, and evaluation of the program.
3. Modify program deliverable to adapt to new or changing demands and/or target populations as needed and/or necessary.

Section III: Pricing / Payments

CCSNH agrees to provide DRED with the services indicated in Section II of this MOU within the limitations of this MOU as shown below.

Services to be provided are based on estimated costs (see budget in Section IV) associated with the services specified in this MOU and consistent with the line budget negotiated by both parties annually to reflect and align with actual costs associated with providing the services outlined in Section II - Scope of Functions and Accountabilities. The conditions and responsibilities outlined in this MOU are further subject to the availability of resources. Any party may, after thirty (30) days written notification, suspend this MOU if funds become unavailable to carry out this MOU, if the DRED is no longer willing to carry out the MOU, or if CCSNH is no longer willing or able to provide services for the program outlined herein. Upon termination, all allowable expenses incurred and paid by CCSNH prior to the termination date will be reimbursed.

Total MOU not to exceed: \$ 3,600,000

- FY 2016 expenses not to exceed: \$ 900,000**
- FY 2017 expenses not to exceed: \$ 900,000**
- FY 2018 expenses not to exceed: \$ 900,000**
- FY2019 expenses not to exceed: \$ 900,000**

For services performed between July 1, 2015 and June 30, 2019, CCSNH shall be paid on a cost reimbursement basis based on monthly invoices of actual cost, not to exceed Nine Hundred Thousand Dollars (\$900,000) for each program year covered under this MOU.

15. The invalidity or unenforceability, in whole or in part, of any provision, term or condition hereof shall not affect the validity or enforceability of the remainder of such provision, term or condition or of any other provision, term or condition.
16. This MOU shall be construed in accordance with the laws of the State of New Hampshire and is binding upon and inures to the benefits of the parties and their respective successors and assigns.
17. Captions of the sections of this MOU are for reference purposes only and do not constitute terms or conditions hereof. The parties acknowledge that they have thoroughly reviewed this MOU and bargained over its terms. Accordingly, neither party shall be considered responsible for the preparation of this MOU, which shall be deemed to have been prepared jointly by both parties. The provisions of the MOU allocate the risks between the parties. The terms and conditions included herein reflect this allocation of risk and each provision herein is part of the bargained for consideration of this MOU.
18. The General Provisions of this MOU as written constitute the entire MOU between DRED and CCSNH, and supersedes all prior MOUs and understandings

Corporate Resolution

I, Marie Mills, hereby certify that I am the duly elected Clerk/Secretary
(Name)

Of the Community College System of NH. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)
a meeting of the Board of Directors/shareholders; duly called and held on December 12, 2011 at which a
quorum of the Directors/Shareholders were present and voting.

VOTED: That Dr. Ross Gittel, Chancellor is duly authorized to enter into contracts or agreements
on behalf of the Community College System of NH with the State of New Hampshire and any of
its agencies or departments and further is authorized to execute any documents which may in his/her
judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect
as of the date of the contract to which this certificate is attached. I further certify that it is understood that
the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently
occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that
there are any limits on the authority of any listed individual to bind the corporation in contracts with the State
of New Hampshire, all such limitations are expressly stated herein.

DATED: 2/24/15 ATTEST: Marie Anne Mills
(Name & Title) Assistant to Chancellor
Board Liaison
State of New Hampshire
County of Merrimack

Subscribed and sworn to (or affirmed) before me this 24 day of February 2015 by

Marie Anne Mills
Name of Clerk/Secretary

Beverly Adams
Notary Public or Justice of the Peace

(Seal) My commission expires BEVERLY ADAMS, Notary Public
My Commission Expires September 18, 2018

State of New Hampshire

Office of Secretary of State

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE was established, and made a body corporate and politic under the laws of 2011, Chapter 35.



In Testimony Whereof, I hereto set my hand at Concord, this 2nd day of September, 2014

A handwritten signature in black ink, appearing to read "W. M. Gardner", written over a horizontal line.

William M. Gardner
Secretary of State

Client#: 632687

COMMUCOL2

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (mm/dd/yyyy)
9/02/2014

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).


PRODUCER USI Insurance Services LLC 5 Bedford Farms Drive, Ste 200 Bedford, NH 03110 603 625-1100		CONTACT NAME: NAME: [] TEL No. Ext: 603 625-1100 [] FAX No: [] E-MAIL: []	
INSURED Community College System of NH 26 College Drive Concord, NH 03301-7407		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hanover Insurance Company	NAIC # 22292
		INSURER B: NH Employers Insurance Company	13083
		INSURER C: []	
		INSURER D: []	
		INSURER E: []	
		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.

LINE	TYPE OF INSURANCE	ADD/DELETION	POLICY NUMBER	POLICY EFF. DATE (mm/dd/yyyy)	POLICY EXP. DATE (mm/dd/yyyy)	UNITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER-ACC <input type="checkbox"/> LOC		ZBV918860104	07/01/2014	07/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ABV918859703	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIME <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIME <input type="checkbox"/> CLAIMS-MADE DED: <input checked="" type="checkbox"/> RETENTION \$0		UHV918860404	07/01/2014	07/01/2015	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYEE OR PARTNER ENGAGING OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ECC60040002872014A	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> THE STATE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$500,000 EL DISEASE - EA EMPLOYEE \$500,000 EL DISEASE - POLICY LIMIT \$500,000
A	Leased/Rented Equipment		ZBV918860104	07/01/2014	07/01/2015	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Supplemental Names This certificate is issued for insured operations usual to a college.
 Great Bay Community College
 Lakes Region Community College
 Manchester Community College
 Nashua Community College
 (See Attached Descriptions)

CERTIFICATE HOLDER DRED 172 Pembroke Road Concord, NH 03301	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. AUTHORIZED REPRESENTATIVE 
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State of New Hampshire

Office of Secretary of State

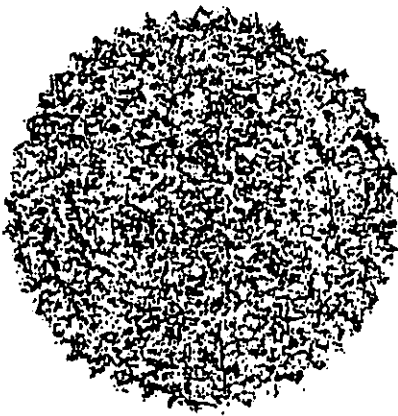
I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE was established, and made a body corporate and politic under the laws of 2011, Chapter 35.



In Testimony Whereof, I hereto set my
hand at Concord, this 2nd day of
September, 2014

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State



UNIVERSITY OF TORONTO
LIBRARY



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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 THE COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE a New Hampshire State Chartered (Legislative) formed to transact business in New Hampshire on July 17, 2007. I further certify that it has paid the fees required by law and has not dissolved.

Business ID: 591327

Certificate Number: 0004371620



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of January A.D. 2019.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/07/2019

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 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED Community College System of NH 26 College Drive Concord, NH 03301-7407	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Citizens Insurance Co. of America		31534
	INSURER B : Hanover Insurance Company		22292
	INSURER C : NH Employers Insurance Company		13083
	INSURER D : Lloyd's of London		85202
	INSURER E : Massachusetts Bay Insurance Co.		22306
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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL RISKS	COVERAGE	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X	ZBV918860108	07/01/2018	07/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP AGG \$3,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		ADV918859707	07/01/2018	07/01/2018	COMBINED SINGLE LIMIT (Per occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0	<input checked="" type="checkbox"/> X <input type="checkbox"/> CLAIMS-MADE	UHV918860408	07/01/2018	07/01/2018	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	ECC60040002872018A 3A States: NH	07/01/2018	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
D	Student Professional		MEO145780118	07/01/2018	07/01/2018	\$1,000,000 Ea. Claim \$3,000,000 Aggregate \$2,500 Ded Each Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured Status by Contract, Agreement or Permit per Form 421-2915(12/14)

Supplemental Names

Great Bay Community College
 Lakes Region Community College
 Manchester Community College
 (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Department of Business and Economic Affairs/ Office of Workforce
 1 Eagle Square
 Concord, NH 03301

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

See above

DESCRIPTIONS (Continued from Page 1)

Nashua Community College
NHTI-Concord Community College
River Valley Community College
White Mountain Community College
Community Colleges of New Hampshire Foundation

Leased/Rented Equipment: Hanover Ins., Co; Policy#: ZBV918860108; 7-1-18 to 7-1-19; Limit: \$25,000