ack

# APR04'22 PM 3:42 RCVD



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

.

19 Pillsbury Street CONCORD, NEW HAMPSHIRE 03301 Telephone (603) 271-2789 FAX (603) 271-3584

March 30, 2022

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

#### REQUESTED ACTION

Authorize the Department of Natural and Cultural Resources, Division of the Arts, to award Public Value Partnership grants to the Nonprofit Arts Organizations shown on the attached list in a total amount of \$41,000 to strengthen their capacity for affordable diverse arts programs to New Hampshire residents and visitors effective upon Governor and Council approval through June 30, 2022. 100% General Funds.

Funding is available in account, State Arts Development, as follows:

03-035-035-353510-41040000-073-500575 - Grants-Non-Federal

FY 2022 \$41,000

#### **EXPLANATION**

Public Value Partnerships are awarded to nonprofit arts organizations, with a minimum of 5 years of continuous arts programming and professional staffing, to strengthen their capacity for offering affordable, diverse arts program to New Hampshire's residents and visitors. Grant categories and deadlines are advertised through the divisions' website, social media and electronic newsletters.

At the time of evaluation, the NH State Art Councilors unanimously voted to accept the Arts Division's Public Value Partnership Review Panel's recommendations for the partnerships based on its funding priority ranking within a competitive review. The six-member peer panel, facilitated by an Arts Councilor, considered 17 criteria to arrive at a consensus ranking for each application. The evaluative criteria range from the administrative capacity of the organization to artistic quality, strategic planning, community impact, and accessibility. There were forty-four applications received and forty-three applications awarded.

Earlier in Fiscal Year 2022, each applicant received \$8,000 in American Rescue Plan Funds. Their cumulative totals with the grants requested here are over the \$10,000 threshold therefore require Governor and Council approval.

The Attorney General's office has approved the grant agreements as to form, substance and execution.

Respectfully submitted,

(ISM)

Sarah L. Stewart Commissioner

Public Value Partnership (PVP) Grants									
Nonprofit Arts Organizations	Town / City	Vendor Code	Grant Amount						
New London Barn Playhouse	New London	272611	\$10,000						
League of NH Craftsmen	Concord	154205	\$15,000						
Arts Alive!	Keene	268783	\$7,000						
Mountain Top Music	Conway	158194	\$9,000						
		Total Awards:	\$41,000						

# 272611 FY20220PP1 # 10465 Acct Code: 40400 - 073 3558905



#### 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 New London Barn Playhouse (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

- 1. GRANT PERIOD: FY2022
- 2. OBLIGATIONS OF THE GRANTEE:
  - The Grantee agrees to accept \$10,000.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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:



New London Barn Playhouse is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshire State Council on the Arts

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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 incligible 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.

COUNCIL APPROV	AL	GRANTEE SIGNATURE Org/ Name: New London Barn Playhouse
Contracting Officer for	State Agency	1 O AIDE A
1	3/15/22	Address: 84 MAIN STAUT / Po Box 9 03257
Signature	Date	ELLIOTI (UNNINVHAM
Name, Title: Virginia La	ipi, Director	Printed Name of Authorized Official for Grantee  MANAVIN DINICON 11/8/2
$\circ$		Authorized Official's Signature & Title Date
Sagh Sturk	3/31/22 Date	NOTARIZATION REQURIED: STATE OF NEW HAMPSHIRE, COUNTY OF MEMORAL
Name, Title: Sarah Stew	rart, Commissioner	On the
		officer, personally appeared
APPROVED BY AT	TORNEY GENERAL	(Print name of person whose signature is being noturized)
as to form, substance		or satisfactorily proven to be the person whose name appears above,
as to rolli, obstalled		and acknowledged that s/he executed this document in the capacity
MIK	4/4/2022	indicated
121/		Notary Public/ Justice of the Peace
Office of Attorney G	enefal Date	Printed Name: Bet Adele Perregaux
		My Commission expires: December 2, 2025

BETH A PERREGAUX

V Commission Expire:

# Corporate Resolution

I, JOHN FINCIL, hereby certify that I am duly elected Clerk/Secretary/Officer
I, John Finch, hereby certify that I am duly elected Clerk/Secretary/Officer of N(W long. Ban Prath I hereby certify the following is a true of a vote taken at a (Name of Corporation)
meeting of the Board of Directors/shareholders, duly called and held on MACH 6, 2027,
at which a quorum of the directors/shareholders were present and voting.
Voted: That Ellion Cunningthan' (may list more than one person) is duly
(Name and Title)
authorized to enter into contracts or agreements on behalf of New long Bru Pry 18842
with the State of New Hampshire and any of its agencies and departments and further is
authorized to execute any documents which may in his/her judgement to be desirable or
necessary to affect the purpose of this vote.
I hereby certify that said vote has not been amended of repealed and remains in full force
and effect as the date of the contract to which this certificate is attached. This authority shall
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify
that it is understood the State of New Hampshire will rely on this certificate as evidence the
person(s) listed above currently occupy the positions(s) indicated and that they have full
authority to bind the corporation. To the extent that there are limits on the authority of any listed
individual to bind the corporation in contracts with the State of New Hampshire, all such
DATED: 3-7-22 ATTEST: (Name & Title)
COUNTY OF MINIMUM (Beth Adele Pemegaux)
On the day of March, before me
the undersigned officer personally appeared <u>John Finck</u> , known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and
acknowledged that he/she executed the same for purposes therein contained. In witness whereof,
hereunto set me hand and official seal:
BETHAPERREGAUX
Justice of the Peace / Notary Public  My Commission Expires December 2, 2025
My Commission Expires: Darmbu 2, 2025

# 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 NEW LONDON BARN PLAYHOUSE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 07, 2004. 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: 476554

Certificate Number: 0005698885



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 11th day of March A.D. 2022.

William M. Gardner

Secretary of State

**NEWLOND-07** 

**HBROWN** 

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2022

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

Suite 211 New London, NH 03257    New London, NH 03257   New London Barn Playhouse, Inc. C/O Beth Perregaux PO Box 9	MBER:  DVE FOR THE POLICY PERIOD TH RESPECT TO WHICH THIS UBJECT TO ALL THE TERMS,  LIMITS  CE \$ 1,000,000 ED \$ 300,000 person) \$ 5,000 INJURY \$ 1,000,000 GATE \$ 2,000,000 P/OP AGG \$ 2,000,000
New London, NH 03257  INSURER A : ACadia Insurance Company INSURER B : Aurich-American Ins. Group (Work Comp Assigned Risk) INSURER B : Aurich-American Ins. Group (Work Comp Assigned Risk) INSURER B : Aurich-American Ins. Group (Work Comp Assigned Risk) INSURER B : INSURER B : Aurich-American Ins. Group (Work Comp Assigned Risk) INSURER B :	MBER:  DVE FOR THE POLICY PERIOD TH RESPECT TO WHICH THIS UBJECT TO ALL THE TERMS,  LIMITS  CE \$ 1,000,000  FED \$ 300,000  person) \$ 5,000  person) \$ 1,000,000  GATE \$ 2,000,000  P/OP AGG \$ 2,000,000
INSURER A : Acadia Insurance Company  New London Barn Playhouse, Inc c/o Beth Perregaux PO Box 9 New London, NH 03257    INSURER 0 :	MBER:  NVE FOR THE POLICY PERIOD TH RESPECT TO WHICH THIS UBJECT TO ALL THE TERMS,  LIMITS  CE \$ 1,000,000  FED \$ 300,000  person) \$ 5,000  INJURY \$ 1,000,000  GATE \$ 2,000,000  P/OP AGG \$ 2,000,000
New London Barn Playhouse, Inc c/o Beth Perregaux PO Box 9 New London, NH 03257    INSURER B : Zurich-American Ins. Group (Work Comp Assigned Risk)	MBER:  DVE FOR THE POLICY PERIOD TH RESPECT TO WHICH THIS UBJECT TO ALL THE TERMS,  LIMITS  CE \$ 1,000,000 ED \$ 300,000 person) \$ 5,000 INJURY \$ 1,000,000 GATE \$ 2,000,000 P/OP AGG \$ 2,000,000
COVERAGES  CERTIFICATE NUMBER:  INSURER E: INSURER F: INSURATION OF INSURER AND INSURER FAIL INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSION INSURER FAI	VE FOR THE POLICY PERIOD
INSURER D :   INSURER E :	VE FOR THE POLICY PERIOD
New London, NH 03257    INSURER E :   INSURE	VE FOR THE POLICY PERIOD
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIENDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INTER TYPE OF INSURANCE AND WAYD POLICY NUMBER POLICY FEED POL	VE FOR THE POLICY PERIOD
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSINGE TYPE OF INSURANCE ADDL BY THE POLICY FOR MINDONYYYY PAID CLAIMS.  INSINGE TYPE OF INSURANCE ADDL BY PAID CLAIMS.  A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CPA0083288-32  CPA0083288-32  10/1/2021  10/1/2022  PERSONAL & ADV INJURY S GENERAL AGGREGATE S PRODUCTS - COMPIOP AGG S EMPLOYEE BENEFI S PROPERTY DAMAGE (Fer accident) S PROPERTY DAMAGE	VE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INSING TYPE OF INSURANCE ADDITIONS OF SUCH POLICY FIRM MAYOUTH TO SUBJECT TO ALL THE EXCLUSIONS AND CLAIMS SUBJECT TO ALL THE EXCLUSIONS ADDITIONS OF SUBJECT TO ALL THE	TH RESPECT TO WHICH THIS UBJECT TO ALL THE TERMS,  LIMITS  CE \$ 1,000,000  ED \$ 300,000  urrence) \$ 5,000  person) \$ 5,000  INJURY \$ 1,000,000  GATE \$ 2,000,000  P/OP AGG \$ 2,000,000
A AUTOMOBILE LIABILITY  ANY AUTOS ONLY  X HIRES  A X UMBRELLA LIAB  X OCCUR  CDA0083297-32  CDA0083297-32  CDA0083288-32  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2022  EACH OCCURRENCE \$ DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADVINJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ EMPLOYEE BENEFI \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE PROPERTY DAMAGE PROPERTY DAMAGE \$ S AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE X DED RETENTION \$  CUA0083297-32  10/1/2021  10/1/2021  10/1/2022  EACH OCCURRENCE \$ DAMAGE TO RENTED S DAMAGE TO RENTED \$ DEACH OCCURRENCE \$ DAMAGE TO RENTED \$ DAMAGE TO RENT	CE \$ 1,000,000 ED 300,000 urrence) \$ 300,000 person) \$ 5,000 INJURY \$ 1,000,000 GATE \$ 2,000,000 P/OP AGG \$ 2,000,000
A AUTOMOBILE LIABILITY  ANY AUTOS ONLY  X DED  A X UMBRELLA LIAB  X OCCUR  CPA0083288-32  CPA0083288-32  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2022  EACH OCCURRENCE \$ DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADVINJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ EMPLOYEE BENEFI \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE PROPERTY DAMAGE \$ S PROPERTY DAMAGE \$ S AUTOS ONLY AUTOS ONLY  X DED RETENTION \$  CUA0083297-32  10/1/2021  10/1/2022  10/1/2022  EACH OCCURRENCE \$ CAHUSE STERNISES (Ea occurrence) \$ MED EXP (Any one person) \$ MED EXP (Any one person) \$ MED EXP (Any one person) \$ DEBNISE (Ea occurrence) \$ DAMAGE TO RENTED \$ DEACH OCCURRENCE \$ DAMAGE TO RENTED \$ DAMAGE TO RENTE	ED   S   300,000
CPA0083288-32  10/1/2021  DAMAGE TO RENTED PREMISES (Ea occurrence) \$  MED EXP (Any one person) \$  PERSONAL & ADV INJURY \$  GENTLA AGGREGATE LIMIT APPLIES PER:  X POLICY X PRODUCTS - COMP/OP AGG \$  EMPLOYEE BENEFI \$  ANY AUTO  OWNED AUTOS ONLY X AUTOS	ED   S   300,000
MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENTL AGGREGATE LIMIT APPLIES PER:  X POLICY X PROT X LOC OTHER:  ANY AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HRED AUTOS ONLY X NON-QWINED AUTOS ONLY X NON-QWINED AUTOS ONLY X NON-QWINED EXCESS LIAB CLAIMS-MADE X DED RETENTION\$  MED EXP (Any one person) \$ PERSONAL & ADV INJURY (\$ SCHERLA LAGGREGATE \$ PRODUCTS - COMP/OP AGG \$ EMPLOYEE BENEFI \$ CAA0083294-32  10/1/2021  10/1/2022  10/1/2022  EACH OCCURRENCE \$ AGGREGATE \$  SCHEDULED AUTOS ONLY  X NON-QWINED SPOPERTY DAMAGE PROPERTY DAMAGE PROPERTY DAMAGE SEACH OCCURRENCE \$ AGGREGATE \$  CUA0083297-32  10/1/2021  10/1/2022	person) \$ 5,000 INJURY \$ 1,000,000 GATE \$ 2,000,000 P/OP AGG \$ 2,000,000
PERSONAL & ADV INJURY  GENT AGGREGATE LIMIT APPLIES PER:  X POLICY X PROT X LOC  OTHER:  ANY AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  X HRED AUTOS ONLY  X HRED AUTOS ONLY  X DED RETENTION\$  PERSONAL & ADV INJURY  \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ EMPLOYEE BENEFI \$ COMBINED SINGLE LIMIT  (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE  (Per accident) \$  UMBRELLA LIAB  X OCCUR  EXCESS LIAB  CUA0083297-32  CUA0083297-32  10/1/2021  10/1/2021  AGGREGATE  \$  AGGREGATE  \$  AGGREGATE  \$  AGGREGATE  \$  AGGREGATE  \$	INJURY \$ 1,000,000 GATE \$ 2,000,000 P/OP AGG \$ 2,000,000
GENTL AGGREGATE LIMIT APPLIES PER:  X POLICY X PROT X LOC  OTHER:  ANY AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  X HRED AUTOS ONLY  X MON-GWINED AUTOS ONLY  X MON-	SATE \$ 2,000,000 P/OP AGG \$ 2,000,000
X POLICY X PRODUCTS - COMP/OP AGG \$  OTHER:  AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY X MIRED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED EXCESS LIAB  CUA0083297-32  CUA0083297-32  PRODUCTS - COMP/OP AGG \$  EMPLOYEE BENEFI \$  COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE \$  EACH OCCURRENCE \$  AGGREGATE \$  AGGREGATE \$	P/OP AGG \$ 2,000,000
A AUTOMOBILE LIABILITY  ANY AUTO  OWNED AUTOS ONLY  X SCHEDULED AUTOS ONLY  X HIRED AUTOS ONLY  X HOND-GWINED S HOND-G	ENIEE! 2.000.000
ANY AUTO  ANY AUTO  OWNED AUTOS ONLY  X HIRED AUTOS ONLY  X HIRED AUTOS ONLY  X HIRED AUTOS ONLY  X LOCCUR EXCESS LIAB  CLAIMS-MADE  X DED  RETENTION \$  CAA0083294-32  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2021  10/1/2022  (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (PER pers	ENEFI   \$ 2,000,000
ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED AUTOS ONLY X MON-OWNED EXCESS LIAB CLAIMS-MADE X DED RETENTION \$  CAA0083294-32  10/1/2021 10/1/2021 10/1/2022 BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  EACH OCCURRENCE \$  AGGREGATE \$	1,000,000
X HIRED AUTOS ONLY X NON-COWNED \$  A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X DED RETENTION\$  CUA0083297-32  CUA0083297-32  PROPERTY DAMAGE Per accident)  \$  LACH OCCURRENCE \$ AGGREGATE \$  AGGREGATE \$	er person) \$
X HIRED AUTOS ONLY X NON-CONNED S  A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X DED RETENTION \$  CUA0083297-32  CUA0083297-32  CUA0083297-32  CUA0083297-32  SEACH OCCURRENCE \$ AGGREGATE \$  AGGREGATE \$	er accident) \$
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X DED RETENTION\$  CUA0083297-32  CUA0083297-32  SEACH OCCURRENCE \$ AGGREGATE \$  AGGREGATE \$	SE s
EXCESS LIAB   CLAIMS-MADE   CUA0083297-32   10/1/2021   10/1/2022   AGGREGATE   \$	
EXCESS LIAB	CE \$ 2,000,000
A DED RETENTIONS	2 000 000
R WORKERS COMPENSATION	\$
AND EMPLOYERS' LIABILITY	OTH- ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N / A 6ZZUB-9F91086-9-21 8/15/2021 8/15/2022 EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$	NT \$ 500,000
(Mandatory in NH)  E.L. DISEASE - EA EMPLOYEE \$	EMPLOYEE \$ 500,000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$	LICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

ACORD





#### NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRA

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and League of NH Craftsmen Inc. (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

#### **GRANT PERIOD: FY2022**

- OBLIGATIONS OF THE GRANTEE:
  - The Grantee agrees to accept \$15,000.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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:



League of NH Craftsmen Inc. is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshire Saale Cour

Office of Attorney General

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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.
- SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State of New Hampshire.

#### **COUNCIL APPROVAL GRANTEE SIGNATURE** 49 South Mainst, Conce Contracting Officer for State Agency Name, Title: Virginia Lupi, Director Authorized Official's Signature & Title 3/31/22 NOTARIZATION REQURIED: Date STATE OF NEW HAMPSHIRE, COUNTY OF Messinack Name, Title: Sarah Stewart, Commissioner On the 3rd day of March 20 22 before officer, personally appeared APPROVED BY ATTORNEY GENERAL (Print name of person whose signature is being no or satisfactorily proven to be the person whose nGOMMISSI as to form, substance and execution:

indicated.

4/4/2022

and acknowledged that s/he executed the document SPINES partial lightered.

Notary Public/ Justice of the Peace

Printed Name: Carolia My Commission expires: January

## **Corporate Resolution**

authorized to enter into contracts or agreements on behalf of Leaf & 7. Iff Cooperation with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.  The certify that said vote has not been amended of repealed and remains in full force exect as the date of the contract to which this certificate is attached. This authority shall valid for thirty (30) days from the date of this Corporate Resolution. I further certify a understood the State of New Hampshire will rely on this certificate as evidence the solited above currently occupy the positions(s) indicated and that they have full by to bind the corporation. To the extent that there are limits on the authority of any listed and to bind the corporation in contracts with the State of New Hampshire, all such ones are expressly stated herein.  DESTINATION OF MEAN HAMPSHIRE TRIPLY O	
of League of Name of Corporation). I hereby certify the following is a true of a vote taken at a	
meeting of the Board of Directors/shareholders, duly called and held on work 1, 20 22,	
at which a quorum of the directors/shareholders were present and voting.	
Voted: That Wiriam Corfer (may list more than one person) is duly	
authorized to enter into contracts or agreements on behalf of League 7 14 Cvaltsmen	
with the State of New Hampshire and any of its agencies and departments and further is	
authorized to execute any documents which may in his/her judgement to be desirable or	
necessary to affect the purpose of this vote.	
I hereby certify that said vote has not been amended of repealed and remains in full force	
and effect as the date of the contract to which this certificate is attached. This authority shall	
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify	
that it is understood the State of New Hampshire will rely on this certificate as evidence the	
person(s) listed above currently occupy the positions(s) indicated and that they have full	
authority to bind the corporation. To the extent that there are limits on the authority of any listed	
individual to bind the corporation in contracts with the State of New Hampshire, all such	
DATED: 3/3/2022 ATTEST: Treqsvrer	
COUNTY OF Merimack	
On the 3 day of, before me, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for purposes therein contained. In witness whereof, I hereunto set me hand and official seal:    Commission Expires:   Commission Expi	
William I was a second of the	

# 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 LEAGUE OF NEW IIAMPSHIRE CRAFTSMEN, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 27, 1932. 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: 64181

Certificate Number: 0005269407



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 25th day of February A.D. 2021.

William M. Gardner

Secretary of State



# **Business Information**

#### **Business Details**

Business Name: THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC.

Business ID: 64181

**Business Type: Domestic Nonprofit Corporation** 

**Business Status: Good Standing** 

Business Creation Date: 05/27/1932

Name in State of Not Available Incorporation:

Date of Formation in 05/27/1932

Jurisdiction:

Principal Office Address: 49 South Main St Ste 100,

Concord, NH, 03301, USA

Mailing Address: NONE

Citizenship / State of Incorporation: Domestic/New Hampshire

Last Nonprofit Report Year: 2020

Next Report Year: 2025

**Duration: Perpetual** 

Business Email: nhleague@nhcrafts.org

Phone #: NONE

Fiscal Year End Date: NONE

Notification Email: mcarter@nhcrafts.org

#### **Principal Purpose**

**NAICS** Code S.No

**NAICS Subcode** 

OTHER / PROMOTE ARTS IN N.H. BY FOSTERING CREATION OF HANDCRAFTED ITEMS; ETC.

Page 1 of 1, records 1 to 1 of 1

#### **Principals Information**

Name/Title

**Business Address** 

Miriam Carter / Director

49 South Main Street, Suite #100, Concord, NH, 03301, USA

Page 1 of 1, records 1 to 1 of 1

### **Registered Agent Information**

Name: Not Available

Registered Office Not Available

Address:

Registered Mailing

Not Available

Address:

#### **Trade Name Information**

**Business Name** 

**Business ID** 

**Business Status** 

LEAGUE OF NEW HAMPSHIRE CRAFTSMEN

(/online/BusinessInquire/TradeNameInformation? 173493

businessID=42972)

Active

#### **Trade Name Owned By**

Name

**Title** 

Address

#### Trademark Information

Trademark Number Trademark Name

**Business Address** 

**Mailing Address** 

No records to view.

Filing History

Address History

View All Other Addresses

Name History

**Shares** 

Businesses Linked to Registered Agent

Return to Search

Back

NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- Contact Us

(/online/Home/ContactUS)

Version 2.1 © 2014 PCC Technology Group, LLC, All Rights Reserved.

**DBEAUDOIN** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2022

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.

li t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain lorsement(s)	policies may	require an endorsemer	nt. As	tatement on
Dav	DDUCER vis & Towle Morrill & Everett, Inc. i Airport Road				CONTAC NAME: PHONE (A/C, No	o, Ext): (603)	225-6611	FAX (A/C, No):	(603)	225-7935
	ncord, NH 03301				E-MAIL ADDRE	SS:				
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INSURE	RA: The Ha	nover Insur	rance Companies		22292
INS	URED				INSURE	RB:				
	League of NH Craftsmen, Inc	<b>:</b> .			INSURE	RC:				
	49 South Main St, Suite 100				INSURE	RD:				
	Concord, NH 03301				INSURE	RE:				
					INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPI SED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSF	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			ZHV5115722 26		4/1/2022	4/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- OTHER:						-	PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ANY AUTO			ZHV5115722 26		4/1/2022	4/1/2023	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	X HIRED ONLY X NON-OWNED							PROPERTY DAMAGE (Per accident)	s	
	AUTOS ONLY AUTOS ONLY							(i oi deoideily	s	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			UHV2904408 26		4/1/2022	4/1/2023	AGGREGATE	\$	2,000,000
	DED X RETENTION\$ 0								\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
				WKV2812155		4/1/2022	4/1/2023	E.L. EACH ACCIDENT	\$	500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
	DECOMM THOM OF CITED THOM DECOM									
				5						
***V	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI Vorkers Compensation Information*** State: NH	ES (/	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mo	re space is requir	red)	7	
CE	RTIFICATE HOLDER				CANC	ELLATION				
	NH Department of Cultural R 172 Pembroke Road Concord, NH 03301	esou	urces		THE	<b>EXPIRATIO</b>	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
	33,133,111,000				AUTHORIZED REPRESENTATIVE					

#### Vendor Cade: ZG8 783 FY20220PP1 # 10497

Acct Code: 101000 -073 355890

My Commission Expires August 8, 2023



# 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 Arts Alive Inc. (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

#### GRANT PERIOD: FY2022

### 2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$7,000.00 and apply it to the program(s) described in the grant application and
  approved budget for To support cultural organizations in NH. 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:



Arts Alive Inc. is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshire

CA Program Coordinator may schedule a site visit

The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit
to the organization and may request a site visit from the NHSCA.

- 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.
- 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 and of the grant period. Failure to submit the final report will render the Grantee ineligible for Council funding for two years.
- SOVEREIGN IMMUNITY: No provision of this contract is to be deemed a waiver of sovereign immunity by the State
  of New Hampshire.

of New Hampshire.	
COUNCIL APPROVAL	GRANTEE SIGNATURE Org/ Name: Arts Alive Inc.
Contracting Officer for State Agency  3/15/22  Signature  Date	Address:  Jessica Gelter  Printed Name of Authorized Official for Grantee  Executive Diector 3/11/22
Name, Tide: Virginia Lupi, Director	Authorized Official's Signature & Title Date
Sarah Stevent 3/31/22 Signature Date	NOTARIZATION REQURIED: STATE OF NEW HAMPSHIRE, COUNTY OF
Name, Title: Sarah Stewart, Commissioner	On the 11th day of March 2022 before the undersigned
as to form, substance and execution:  4/4/2022  Office of Attorney General Date	On the day of well above before the undersigned officer, personally appeared fresh makes signature is being notarized; or satisfactorily proven to be the person whose siame appears above; and acknowledged that s/he executed this document in the capacity indicated and acknowledged that s/he executed this document in the capacity indicated and acknowledged that s/he executed this document in the capacity indicated and acknowledged that s/he executed this document in the capacity.  Notary Public/ Justice of the Peace Printed Name: Carole L Whipple  My Commission expires:  AROLE L. WHIPPIE NOTARY PUBLIC

## Corporate Resolution

1, PELAGIA VIN CONThereby certify that I am duly elected Clerk/Secretary/Officer
of ARTS ALUE. I hereby certify the following is a true of a vote taken at a (Name of Organization)
meeting of the Board of Directors/shareholders, duly called and held on 121, 20 22
at which a quorum of the directors/shareholders were present and voting.
Voted: That Jossica Government (may list more than one person) is duly
authorized to enter into contracts or agreements on behalf of ARICALIUTS  (Name of Organization)
with the State of New Hampshire and any of its agencies and departments and further is
authorized to execute any documents which may in his/her judgement to be desirable or
necessary to affect the purpose of this vote.
I hereby certify that said vote has not been amended of repealed and remains in full force
and effect as the date of the contract to which this certificate is attached. This authority shall
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify
that it is understood the State of New Hampshire will rely on this certificate as evidence the
person(s) listed above currently occupy the positions(s) indicated and that they have full
authority to bind the corporation. To the extent that there are 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: 2/15/22 ATTEST: (Signature of Person A)
STATE OF ~ \(\psi\)
COUNTY OF HUSENBOUGH
On the 15th day of FEBRUARY 2022, before me Tommy wight,
the undersigned officer personally appeared PELAGUA VNCGOT, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and
acknowledged that he/she executed the same for purposes therein contained. In witness whereof,
I hereunto set me hand and official seal:
Justice of the Peace Notary Bublic

My Commission Expires:

TAMMY L. WRIGHT
Justice of the Peace - New Hampshire
My Commission Expires November 22, 2022

# 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 ARTS ALIVE is a New Hampshire Trade Name registered to transact business in New Hampshire on March 31, 2011. 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: 647006

Certificate Number: 0005367612



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 14th day of May A.D. 2021.

William M. Gardner Secretary of State



# **Business Information**

#### **Business Details**

Business Name: ARTS ALIVE, INC.

**Business Type: Domestic Nonprofit Corporation** 

Business Creation Date: 02/17/2009

Date of Formation in Jurisdiction: 02/17/2009

Principal Office Address: 15 Eagle Ct., Keene, NH, 03431,

Citizenship / State of Domestic/New Hampshire

Business ID: 608788

**Business Status: Good Standing** 

Name in State of Incorporation: Not Available

Mailing Address: NONE

Last Nonprofit Report Year: 2020

Next Report Year: 2025

**Duration: Perpetual** 

**Business Email: NONE** 

Notification Email: NONE

Phone #: NONE

Fiscal Year End Date: NONE

#### **Principal Purpose**

S.No **NAICS Code**  **NAICS Subcode** 

OTHER / advancement of arts/culture in the Monadnock Region

Page 1 of 1, records 1 to 1 of 1

# **Principals Information** Name/Title **Business Address** Kathy Hodgkins / Treasurer 15 Eagle Ct, Keene, NH, 03431, USA Andy Oram / Chairman of the Board of Directors 15 Eagle Ct, Keene, NH, 03431, USA Eric Russell / Director 15 Eagle Cy, Keene, NH, 03431, USA Palagia Vincent / Secretary 15 Eagle Ct, Keene, NH, 03431, USA Brian Wallace / Director 15 Eagle Ct, Keene, NH, 03431, USA < Previous ... 1 2 ... Page 1 of 2, records 1 to 5 of 8 Next > Go to Page **Registered Agent Information** Name: Not Available Registered Office Not Available Address: Registered Mailing Not Available Address: Trade Name Information **Business Name Business ID Business Status** Arts Alive Active (/online/BusinessInquire/TradeNameInformation? 647006 businessID=469208) Trade Name Owned By **Title** Name Address Trademark Information

Filing History Address History View All Other Addresses Name History Shares

Businesses Linked to Registered Agent Return to Search Back

No records to view.

**Business Address** 

**Mailing Address** 

Trademark Number Trademark Name

#### ARTSALI-01

SBENNETT

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

10/28/2021

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

ti	his certificate does not confer rights to	to the	cert	ificate holder in lieu of su	CONTAC NAME:	orsement(s)								
	biloff Insurance Agency, Inc.	*				NAMÉ: PHONE (A/C, No, Ext): (603) 352-2224  FAX (A/C, No): (603) 357-1217								
417	Winchester St	y,					(A/C, No, Ext): (603) 352-2224 (A/C, No): (603) 357-1217 E-MAIL ADDRESS: documents@kapiloff.com							
ree	ne, NH 03431				ADDRES					1				
								RDING COVERAGE		NAIC#				
		-			1			Company of Ameri	ca	31534				
INSU	JRED						er American			36064				
	Arts Alive 15 Eagle Ct Suite 3				INSURE	70000				-				
	Keene, NH 03431				INSURE				-					
	Acceptation of the second seco				INSURE					-				
	VERAGES CER	TIFL	CATI	E NUMBER:	INSURE	RF:		REVISION NUMBER:						
T IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O REQU PER	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRA	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR R DOCUMENT WITH RES ED HEREIN IS SUBJECT	PECT TO	WHICH THIS				
NSR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		MITS					
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	. COLOT HOMBER		(MM/DD/YYYY)	(MM/DD/TTYY)	EACH OCCURRENCE	s	2,000,000				
	CLAIMS-MADE X OCCUR	x		OBVD640495		7/15/2021	7/15/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	s					
		^						MED EXP (Any one person)	\$	10,000				
								PERSONAL & ADV INJURY	s	2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE	s	4,000,000				
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGO	3 \$	4,000,000				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$					
	ANY AUTO OWNED SCHEDULED					11		BODILY INJURY (Per person)	S					
	AUTOS ONLY AUTOS							BODILY INJURY (Per accider	11) \$					
	AUTOS ONLY NON-SWNED							PROPERTY DAMAGE (Per accident)	\$					
		-	_						\$					
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$					
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$					
D	DED RETENTION \$	-	-					▼ PER OTH-	\$					
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N			WZVD640496		7/15/2021	7/15/2022	X PER STATUTE OTH-	+	100,000				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		VVZVD040430		771372021	1713/2022	E.L. EACH ACCIDENT	\$	100,000				
	If yes, describe under							E.L. DISEASE - EA EMPLOY		500,000				
-	DÉSCRIPTION OF OPERATIONS below	-	-					E.L. DISEASE - POLICY LIMI	5	300,000				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requir	red)						
CEI	RTIFICATE HOLDER				CANC	ELLATION								
	Department of Natural and C 172 Pembroke Rd Concord, NH 03301	Cultu	ral R	esources	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE IEREOF, NOTICE WILL Y PROVISIONS.	CANCEL BE D	LED BEFORE ELIVERED IN				
	Concord, NR 05301					RIZED REPRESE								

Acct Code: 41040000-073 3558905



# 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 Mountain Top Music Center (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

#### 1. GRANT PERIOD: FY2022

#### 2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$9,000.00 and apply it to the program(s) described in the grant application and approved budget for To support cultural organizations in NH. 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:



Mountain Top Music Center is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

New Hampshir State Council on the Arts

- The Grantee acknowledges that the NHSCA Program Coordinator may schedule a site visit to the organization and may request a site visit from the NHSCA.
- 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.

COUNCIL APPROVAL **GRANTEE SIGNATURE** Org/ Name: Mountain Top Music Center Contracting Officer for State Agency Address: BOX 1228, CONWAY NH 03818 GEORGE WILLSE Signature Name of Authorized Official for Granece Name, Title: Virginia Lupi, Director tent trec. 19 May Kuthenzed Official's Signature & Title 3/31/22 NOTARIZATION REQURIED: Date STATE OF NEW HAMPSHIRE, COUNTY OF & Name, Title: Sarah Stewart, Commissioner On the 22 not day of March 20 Defore the undersigned officer personally appeared, George Wiese APPROVED BY ATTORNEY GENERAL (Print name of person whose signature is being notarized) as to form, substance and execution: or satisfactorily proven to be the person whose name appears above, Diddle filled 4/4/2022 nda DVernies Marary Public/ Justice of the Peace Office of Attorney General Date ANTHURAN TO A COMMISSION ane: Linda U Vienneau EXPERSONMISSION expires:

## Corporate Resolution

I, David Mane of Person 1, hereby certify that I am duly elected Clerk/Secretary/Officer	
of MOUNTAIN TOP MUSIC CENTER. I hereby certify the following is a true record of a vote taken	
at a meeting of the Board of Directors/shareholders, duly called and held on MARCH 17, 2022, at	
which a quorum of the directors/shareholders were present and voting.	
Voted: That GERGE WIESE is duly	
authorized to enter into contracts or agreements on behalf of MOUNTAIN TOP MUSIC CENTER	
with the State of New Hampshire and any of its agencies and departments and further is	
authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect 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 the date of the contract to which this certificate is attached. This authority shall	
remain valid for thirty (30) days from the date of this Corporate Resolution. I further certify	
that it is understood the State of New Hampshire will rely on this certificate as evidence the	
person(s) listed above currently occupy the positions(s) indicated and that they have full	
individual to bind the corporation in contracts with the State of New Hampshire, all such	
limitations are expressly stated herein.	
DATED: 3/32/22 ATTEST: December of Pers on A)	
COUNTY OF CARROLL	
COUNTAIN TOP MUSIC CENTER. I hereby certify the following is a true record of a vote taken meeting of the Board of Directors/shareholders, duly called and held on MARCH 17, 2022, at the a quorum of the directors/shareholders were present and voting.  Voted: That Surger is duly is duly authorized to enter into contracts or agreements on behalf of MOUNTAIN TOP MUSIC CENTER with the State of New Hampshire and any of its agencies and departments and further is authorized to execute any documents which may in his/her judgement to be desirable or necessary to affect the purpose of this vote.  Hereby certify that said vote has not been amended or repealed and remains in full force affect as the date of the contract to which this certificate is attached. This authority shall in valid for thirty (30) days from the date of this Corporate Resolution. I further certify the sunderstood the State of New Hampshire will rely on this certificate as evidence the n(s) listed above currently occupy the positions(s) indicated and that they have full rity to bind the corporation. To the extent that there are limits on the authority of any listed dual to bind the corporation in contracts with the State of New Hampshire, all such tions are expressly stated herein.  ED: 3/32/32  ATTEST:  ATTEST	
My Commission Expires 3/21/23  My Public  My	

# State of New Hampshire Department of State

#### CERTIFICATE

1, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MOUNTAIN TOP MUSIC CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 23, 1996. 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: 241983

Certificate Number: 0005705974



IN TESTIMONY WHEREOF,

l hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 15th day of March A.D. 2022.

William M. Gardner Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/2022

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 t this certificate does not confer rights to	o the	term certif	s and conditions of the n	olicy, co h endo	ertain policie rsement(s).	s may requir	e an endorsement	t. A staten	nent	on
1	ODUCER				NAME		Clement, CIC				
	nalmers Insurance Group - North Conway				PHON	10001	356-6926		FAX (A/C, No):	603) 3	356-6934
1	D Box 2480				iAiC, No, Extj. (603) 356-6926 [AiC, No); (603) 356 E-MAIL ADDRESS: HClement@chalmersInsuranceGroup.com						
32	77 White Mountain Highway							RDING COVERAGE			1110 #
-	orth Conway			NH 03860	INSUR	ERA: Hanove	r Insurance Gr	oup			NAIC #
INS	URED				INSUR	ERB: Hanove	American				36064
	Mountain Top Music Center				INSUR	ERC:					
	PO Box 1228				INSURI	ERD:			-		
					INSURI						
	Conway			NH 03818-1228	INSURI			70,4			
_				NUMBER: Master 21-22				REVISION NUMB	ER:		
E	HIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTI XCLUSIONS AND CONDITIONS OF SUCH PO	AIN. TI	HE INS	ERMIOR CONDITION OF ANY SURANCE AFFORDED BY TH	CONTR	ACT OR OTHER	R DOCUMENT	MATIL DECOREOTES		5	
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POUCYEFF	POLICY EXP	I	Linuxo		
	COMMERCIAL GENERAL LIABILITY	1,100	1110	, DUIST HOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	F161 605 1111	LIMITS	1,000	0000
	CLAIMS-MADE OCCUR							DAMAGE TO HENTED PREMISES (Ea occurre		100,0	
Α				70) (1) (10)				MED EXP (Any one per	rson) \$	10,00	00
^				ZBVH86184400		12/14/2021	12/14/2022	PERSONAL & ADV INJ	Litti W	1,000	
	GENLAGGREGATE LIMIT APPLIES PER:	1 1						GENERAL AGGREGAT		2,000	
	POLICY JECT LOC							PRODUCTS - COMP/O	PAGG \$	2,000	,000
	OTHER:		_						S		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI Ea accident)	MIT s	1,000	,000
^	OWNED SCHEDULED							BODILY INJURY (Per p.	arson) \$		
Α	AUTOS ONLY AUTOS		- 1	AWWH812082-00		12/14/2021	12/14/2022	BODILY INJURY (Per a	ccident) \$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	8		
								The desired to	\$	educini, or	
	UMBRELLA LIAB OCCUR		1					EACH OCCURRENCE	s		
Α	EXCESS LIAB CLAIMS-MADE			UHVH863643-01		12/14/2021	12/14/2022	AGGREGATE	\$		
	DED RETENTION \$				- 1	i			s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH- ER		+
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	- 1	WZVH861074-00	1	10/14/0004		E.L. EACH ACCIDENT		500,0	00
	(Mandatory in NH)	"""	- 1	VVZ V1100 1074-00		12/14/2021	12/14/2022	E.L. DISEASE - EA EMP		500,0	- A
	If yes, describe under DESCRIPTION OF OPERATIONS below					- 1		E.L. DISEASE - POLICY	LOTEL 3	500,00	
	,							E.E. DISCASE - POLICY	CIMIT) 5		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACO	RD 10	1, Additional Remarks Schedule, n	nay be att	tached if more spi	ace is required)	- Jahr			
	rations: Not-For-Profit Music Organization			,			-42,00)				
CER	TIFICATE HOLDER				CANCE	LLATION					
	NH Department of Cultural Resou	ırces			THE	ILD ANY OF THE EXPIRATION DA PRDANCE WITH	TE THEREOF,	CRIBED POLICIES E NOTICE WILL BE DI PROVISIONS.	BE CANCEL ELIVERED I	LED E	BEFORE
	20 Park Street	, oca				- 1					
	Concord			NH 03301	AUTHORI	ZED REPRESENT	ATIVE	-t-dD			
				111 03301			744	0000 000000			