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STATE OF NEW HAMPSHIRE
DEPARTMENT OF CULTURAL RESOURCES



Division of Arts, Division of Historical Resources,
Division of Libraries, Film and Television Office
Office of Curatorial Services

*American Canadian French Cultural Exchange Commission,
Administratively Attached*

Van McLeod, Commissioner

November 20, 2012

His Excellency, Governor John H. Lynch
and the Honorable Council
State House
Concord, New Hampshire 03301

100% Federal Funds

REQUESTED ACTION

The Department of Cultural Resources, Division of the Arts, requests permission to award an Arts in Healthcare Grant in the amount of \$3,375.00 to Behavioral Health and Developmental Services of Strafford County (vendor code 220544) effective upon Governor and Council approval through June 30, 2013. Federal funds are available in 01-34-341010-1255000-500575

EXPLANATION

At a recent meeting, the Arts Council Board unanimously voted to accept the Arts Division's Arts in Healthcare review panel's recommendations for the Arts in Healthcare grants based on its funding priority ranking within a competitive review. The five-member peer panel, facilitated by an Arts Councilor, considered nine criteria to arrive at a consensus ranking for each application. Each panelist is advised, both individually and collectively, of their obligation to disclose any conflict of interest and themselves from assessment if a conflict is present.

The Arts in Healthcare initiative provides grants and services to support the integration of arts programs into healthcare facilities in order to enhance the quality of life and promote an environment conducive to healing for patients, residents, and/or clients. This category is in response to the Arts Council's commitment to meeting the needs of underserved populations which can include the elderly, people with disabilities and people with health challenges.

The Behavior Health & Developmental Services of Strafford County has received \$3,015.00 during fiscal year 2013.

Respectfully submitted,

for *Kathleen Stanick*
Van McLeod
Commissioner



NEW HAMPSHIRE STATE COUNCIL ON THE ARTS GRANT AGREEMENT

This agreement between the State of New Hampshire, New Hampshire State Council on the Arts (hereinafter "Council") and Behavior Health & Dev. Svs of Stafford County (hereinafter "Grantee") is to witness receipt of funds subject to the following conditions:

1. GRANT PERIOD: FY2013

2. OBLIGATIONS OF THE GRANTEE:

- The Grantee agrees to accept \$3,375.00 and apply it to the program(s) described in the grant application and approved budget referenced above. In the performance of this grant agreement, the Grantee is in all respects an independent contractor and is neither an agent nor employee of the State.
- Funding credit including Council logo must appear in all programs, publicity, and promotional materials. The following wording and Council logo should be used:



Behavior Health & Dev. Svs of Stafford County is supported in part by a grant from the New Hampshire State Council on the Arts & the National Endowment for the Arts.

- The Grantee agrees to provide up to two (2) complimentary tickets/admissions as requested for site visits by appropriate Council staff/evaluators.
- 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

Contracting Officer for State Agency

Cassandra Mason 9/13/12
Signature Date

Name, Title: Lynn Martin Graton, Acting Director

GRANTEE SIGNATURE

Org/ Name: Behavior Health & Dev. Svs of Stafford County

Address: 113 Crosby Rd., Ste 1, Dover, NH 03820

Brian Collins
Printed Name of Authorized Official for Grantee
[Signature] 9-10-17
Authorized Official's Signature & Title Date

NOTARIZATION REQUIRED:

STATE OF NEW HAMPSHIRE, COUNTY OF Stafford

On the 10th day of Sept. 20 12 before the undersigned officer, personally appeared

Brian Collins
(Print name of person whose signature is being notarized) or satisfactorily proven to be the person whose name appears above, and acknowledged that s/he executed this document in the capacity indicated.

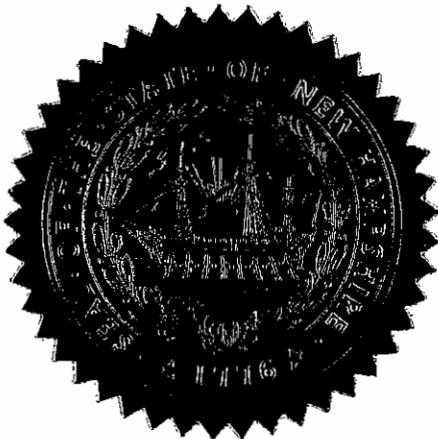
Martha J. Green
Notary Public/ Justice of the Peace
Printed Name: Martha J. Green
My Commission expires: 2/4/14

Rosemary Heath 11-9-12
Assistant Attorney General

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 COMMUNITY PARTNERS OF STRAFFORD COUNTY is a New Hampshire trade name registered on October 27, 2003 and that BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.

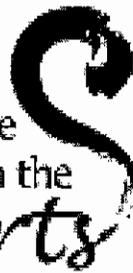


In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 26th day of April, A.D. 2012

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

William M. Gardner
Secretary of State

New Hampshire
State Council on the
Arts



CERTIFICATION OF BOARD RESOLUTION

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

Important: To expedite your payment these steps must be followed in this order:

* Resolution date must occur on or before the Grant Agreement is signed.

** Certificate on bottom of page must be signed and notarized on the same date or after the grant agreement is signed.

1. *Resolution:

THIS IT TO CERTIFY that the following is a true and correct copy of excerpts from resolutions adopted at a meeting of the Board of Directors

Community Partners on 9/9/12
(name of organization)

at which time a quorum was present and voted, and further that said resolution has not been rescinded, altered or amended and is still in full force and effect.

"Be it resolved that Brian Collins is hereby authorized
(Printed name of authorizing official)

on behalf of this Corporation to enter into contracts with the State of New Hampshire and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as (s)he may deem necessary, desirable or appropriate."

Signed: Ann Landry
(Signature of Clerk/Secretary to the board)
Printed Name Ann Landry

2. **Certificate

STATE OF NEW HAMPSHIRE
COUNTY OF Strafford

On the 25th day of Sept., 2012 before the undersigned officer, personally appeared Ann Landry, or satisfactorily proven to be the person whose name appears
(print name of person whose signature is being notarized)
above, and acknowledged s/he executed this document in the capacity indicated.

Martha J. Green
Notary Public/ Justice of the Peace
Printed Name: Martha J. Green
My Commission Expires 3/4/14

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
10/22/2012

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 PO Box 406 Portland, ME 04112	CONTACT NAME: PHONE (A/C, No, Ext): (800) 723-2877		FAX (A/C, No): (877) 775-0110
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Philadelphia Indemnity Insurance Company			18058
INSURER B : New Hampshire Employers Insurance Co			13083
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

INSURED

 Behavioral Health & Developmental Services of Stratford County, Inc.
 113 Crosby Road Suite 1
 Dover, NH 03820

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK889425	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			PHPK889425	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						RETENTION \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ECC400067012012	7/1/2012	7/1/2013	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liabili			PHPK889425	7/1/2012	7/1/2013	Per Claim 1,000,000
A				PHPK889425	7/1/2012	7/1/2013	Aggregate 3,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

NH State Council on the Arts
 19 Pillsbury St 1st Floor
 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

USI Insurance
 Services LLC