SUNAPEE BOARD OF SELECTMEN
MEETING AGENDA
6:30PM Town Office Meeting Room
Monday, April 20, 2020

1. REVIEW OF ITEMS FOR SIGNATURE:
CZC's:

2. PUBLIC COMMENTS:

3. SELECTMEN ACTION
•$1,000 Food Pantry Grant-Harkins Family Charitable Fund
•Disposition of Firearms
•Use of Facilities-05/30 3:00PM Beland/McCarthy Wedding, Gazebo
•Conservation Commission Reappointment-Clifford Field
•Capital Improvement Committee Candidate-Michael Sisemore
•Health Insurance Premium Comparison

4. CHAIRMAN'S REPORT
Items requested by Selectman Augustine
•Status update on number of COVID-19 cases in Sunapee
•Status update on whether any individuals in local custody (e.g., County jail) have been released due to COVID-19 situation and whether there are any changes in arrest guidelines in local towns due to COVID-19 situation
•Status update on town operations & employee morale
•Share what BOS members are hearing from residents about how they are faring given current health & economic situation
•Review resources & programs available to residents facing difficulties given current health & economic situation
•Discuss what proactive communication, if any, to provide to taxpayers who anticipate having difficulty paying their upcoming property tax bill in full
•Discuss whether to ask the Town Manager to prepare a budget impact summary for review at an upcoming meeting (e.g., Town operating budget line items likely to be under-spent due to changes in Town buildings open hours & operating model due to COVID-19 situation)

5. TOWN MANAGER REPORTS
•Update Governor's Order #25
•Continued Items
Contract with Appleseed Cruises LLC
Scott Brown, Request to Waive Late Tax Bill Interest

6. UPCOMING MEETINGS:
4/28-5:30PM-Water & Sewer Commission, Town Meeting Room

NEW HAMPSHIRE
CHARITABLE FOUNDATION

UP TO THE PROMISE

March 30, 2020

Ms. Laura Trow
Welfare Administrator
Town of Sunapee, NH
23 Edgemont Road
Sunapee, NH 03782

Grant ID#: 126727

Dear Ms. Trow:

I am pleased to inform you of a $1,000.00 grant from the Harkins Family Charitable Fund, an advised fund within the New Hampshire Charitable Foundation. The grant has been made at the recommendation of Jack R. Harkins. Correspondence of appreciation can be sent directly to the donor at 92 Garnet Street PO Box 708, Sunapee, NH 03782. The grant has been awarded for the Food Pantry.

A Terms of Award information sheet which explains the terms and conditions of the grant accompanies this letter. Please review this document carefully. Deposit of the grant check signifies your acceptance and intent to comply with the terms of the award; it also serves as our receipt for this payment.

We encourage you to publicize your work and if you do so, please check that you make reference to the support provided by the Harkins Family Charitable Fund of the New Hampshire Charitable Foundation. We also encourage you to share your story with us so we can help publicize your good work. Information about the Foundation's publicity guidelines, including logos may be found on our website at www.nhcf.org/publicity.

Our best wishes for the success of your programs.

Sincerely,

Amy Langille

Amy Langille
Donor Services Manager

If you have any questions, please contact donorservices@nhcf.org or call (603) 225-6641 and select the *donor services* option from our phone directory.

PLEASE NOTE: By accepting this gift, the grant recipient acknowledges that the entire value of this contribution is for charitable purposes and no goods, services or benefits were provided to any individuals affiliated with said donor advised fund.

NEW HAMPSHIRE
CHARITABLE FOUNDATION

LAKES MANCHESTER MONADNOCK NASHUA NORTH COUNTRY PISCATAQUA UPPER VALLEY

TERMS OF AWARD

Grant awards are made only for the purpose(s) specified in the enclosed award letter. Deposit of the grant award check signifies your intent to comply with the terms and conditions of the award as outlined below, and serves as our receipt for the enclosed grant award payment.

1. **Expenditure of Grant Funds -** The grant award is made only for the purpose(s) specified in the award letter, and subject to any conditions included therein.

Grants may be used to support attempts to influence legislation of any governmental body when both specifically allowed in the Resolution, and under certain circumstances. These circumstances include either (i) the grant recipient has made the election to lobby referred to in Section 501(h) of the Internal Revenue Code and a copy of Form 5168 is forwarded to the Foundation or (ii) no substantial part of the activities of the grant recipient is carrying on propaganda or otherwise attempting to influence legislation.

In any case, no part of any grant may be used for a political campaign. Grants may, however, be used to make available the result of nonpartisan analysis, study and research.

2. **Return of Grant Funds to New Hampshire Charitable Foundation and its Regions**

   (a) Grants will be returned if the Foundation determines that the grant recipient has not performed in accordance with the **Terms of Award**, or met the conditions described in the award letter.

   (b) Unexpended grant balances should be returned to the Foundation if the grant recipient loses its exemption from federal income taxation as provided for under Section 501(c)(3) of the Internal Revenue Code.

Anti-Discrimination in Grantmaking Policy - The NH Charitable Foundation does not knowingly fund organizations or projects that illegally discriminate with regard to employees, volunteers, or clients served based on age, sex, religion/creed, race, national or ethnic origin, sexual orientation, gender identity or expression, physical or mental ability, marital status, military or veterans status, pregnancy or genetic information.

New Hampshire Charitable Foundation

Check Date: 4/2/2020
Check Number: 245480

To: Town of Sunapee, NH
23 Edgemont Road
Sunapee, NH 03782

Invoice Number	Date	Description	Amount	Discount	Net Amount
GE-DA020-126727-1	3/31/2020	Harkins Family Charitable Fund grant for the Food	$1,000.00	$0.00	$1,000.00
		Totals:	**$1,000.00**	**$0.00**	**$1,000.00**

New Hampshire Charitable Foundation

Check Date: 4/2/2020
Check Number: 245480

To: Town of Sunapee, NH
23 Edgemont Road
Sunapee, NH 03782

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		Totals:	**$1,000.00**	**$0.00**	**$1,000.00**

Sunapee Police Department

P.O. Box 91
Sunapee, New Hampshire 03782
Telephone 603-763-5555
Fax 603-763-4771

David P. Cahill
Chief of Police

Donna Nashawaty
Town Manager, Town of Sunapee
23 Edgemont Road
Sunapee, NH 03782

April 9, 2020

RE: DISPOSITION OF FIREARMS

Donna, I am writing to inform you and the Board of selectmen that as the result of STATE V. MARK WEBB the court has once again turn over ownership of the firearms to the Town of Sunapee. Mark Webb is a convicted felon and could NOT legally own firearms and in November of 2019 the Sunapee Police arrested and charged WEBB with possession of firearms.

On March 4, 2020 the Sullivan County Superior court accepted a plea agreement with WEBB and his attorney whereby they agreed to turn over ownership of the weapons to the Town of Sunapee.

Mega Arm AR10
FN 9MM Pistol
Sig Sauer 226

I am asking by way of this letter to be able to trade these guns to firearms dealer in trade for ammunition/equipment. The firearms are not suitable for use with the Sunapee Police firearms program.

Respectfully,

David P. Cahill
Chief of Police

Count 2: State v. Mark Webb
RSA 159:3, I (a) Convicted Felon-Firearm
Class B Felony Offense
(information only)

THE STATE OF NEW HAMPSHIRE

SULLIVAN, SS

NO. 2019 CR 243
CID 1686514 C

At the Sullivan County Superior Court held at Newport, within and for the County of Sullivan, ON THE 20th DAY OF NOVEMBER, IN THE YEAR 2019,

20-NOV '19 AM11:35

The Grand Jurors for the State of New Hampshire, Upon Their Oath, Present That:

MARK WEBB
DOB: 02/28/1965

Of or formerly of 7 Pine Ridge Road, Sunapee, New Hampshire 03782 did on or about November 3, 2019, at or near 7 Pine Ridge Road in Sunapee, in the County of SULLIVAN, did:

1. Knowingly;
2. Own or have in his possession or under his control a firearm, to wit: a Mega rifle in 7.62 caliber;
3. Having been convicted of a felony against the person or property of another, to wit: having been convicted of the felony offense of Willful Concealment-Theft Value $1000+ in Sullivan County Superior Court on or about November 7, 2018

Contrary to the form of the Statute, in such case made and provided, and against the peace and dignity of the State.

Foreperson

County ~~Deputy/Assistant~~ County Attorney
This is a true bill.

INFORMATION ONLY:
(Not a part of the Indictment)

Penalty: 3 and ½-7 years NHSP
$4,000.00 fine

Gender – male
Height – 600
Weight –220
Race – white
Hair -brown
Eyes –Brown

Plea of Guilty
Entered March 4, 2020

Honorable Brian T. Tucker

Filed
File Date: 3/3/2020 11:05 PM
Sullivan Superior Court
E-Filed Document

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name: Sullivan Superior Court

Case Name: State v. Mark Webb

Case Number: 220-2019-CR-243 Charge ID Number: 1686514C
(if known)

HOUSE OF CORRECTIONS SENTENCE

Plea/Verdict: Guilty	Clerk: Swegart
Crime: Felon in Possession-Firearm	Date of Crime: 11/03/2019
Monitor: LeSage	Judge: Tucker

A finding of GUILTY/TRUE is entered.

CONVICTION

This conviction is for a Felony

☐ A. The defendant has been convicted of Domestic Violence contrary to RSA 631:2-b or of an offense recorded as Domestic Violence. See attached Domestic Violence Sentencing Addendum.

☐ B. The defendant has been convicted of a misdemeanor, other than RSA 631:2-b or an offense recorded as Domestic Violence, which includes as an element of the offense, the use or attempted use of physical force or threatened use of a deadly weapon, and the defendant's relationship to the victim is:

_____

OR The defendant is cohabiting or cohabited with victim as a _____

OR A person similarly situated to _____

CONFINEMENT

☑ A. The defendant is sentenced to the House of Corrections for a period of 12 months.

Pretrial confinement credit is 3 days.

☑ B. This sentence is to be served as follows:

☑ Stand committed ☒ Commencing 03/04/2020

☐ Consecutive weekends from _____ PM Friday to _____ PM Sunday beginning _____

☐ _____ of the sentence is suspended during good behavior and compliance with all terms and conditions of this order. Any suspended sentence may be imposed after hearing at the request of the State. The suspended sentence begins today and ends _____ years from ☐ today **or** ☐ release on charge ID number _____.

☐ _____ of the sentence is deferred for a period of _____.
The Court retains jurisdiction up to and after the deferred period to impose or terminate the sentence or to suspend or further defer the sentence for an additional period of _____.
Thirty (30) days prior to the expiration of the deferred period, the defendant may petition the Court to show cause why the deferred commitment should not be imposed. Failure to petition within the prescribed time will result in the immediate issuance of a warrant for the defendant's arrest.

☐ Other: _____

☑ C. The sentence is ☐ consecutive to case number and charge ID _____

☑ concurrent with case number and charge ID 220-2019-CR-243 1686513C

☑ D. The court recommends to the county correctional authority:

☐ Work release consistent with administrative regulations.

☐ Drug and alcohol treatment and counseling.

☐ Sexual offender program.

☑ no outside programming

Case Name: State v. Mark Webb
Case Number: 220-2019-CR-243
HOUSE OF CORRECTIONS SENTENCE

If required by statute or Department of Corrections policies and procedures, the defendant shall provide a sample for DNA analysis.

PROBATION

☐ A. The defendant is placed on probation for a period of _____ year(s), upon the usual terms of probation and any special terms of probation determined by the probation/parole officer.
Effective: ☐ Forthwith ☐ Upon release from _____
The defendant is ordered to report immediately to the nearest Probation/Parole Field Office.

☐ B. Subject to the provisions of RSA 504-A:4, III, the probation/parole officer is granted the authority to impose a jail sentence of 1 to 7 days in response to a violation of a condition of probation, not to exceed a total of 30 days during the probationary period.

Violation of probation or any of the terms of this sentence may result in revocation of probation and imposition of any sentence within the legal limits for the underlying offense.

FINANCIAL OBLIGATIONS

☐ A. **Fines and Fees:**
Fine of $ _____, plus a statutory penalty assessment of $ 0.00 _____ to be paid:
☐ Today
☐ By _____
☐ Through the Department of Corrections as directed by the Probation/Parole Officer. A 10 % service charge is assessed by DOC for the collection of fines and fees, other than supervision fees.
☐ $ _____ of the fine and $ _____ of the penalty assessment is suspended for _____ year(s).

A $25.00 fee is assessed in each case file when a fine is paid on a date later than sentencing.

☐ B. **Restitution:**
The defendant shall pay restitution of $ _____ to _____
☐ Restitution shall be paid through the Department of Corrections as directed by the Probation/Parole Officer. A 17% administrative fee is assessed for the collection of restitution.
☐ At the request of the defendant or the Department of Corrections, a hearing may be scheduled on the amount or method of payment of restitution.
☐ Restitution is not ordered because: _____

OTHER CONDITIONS

☑ A. The defendant is to participate meaningfully and complete any counseling, treatment and educational programs as directed by the correctional authority or Probation/Parole Officer.

☐ B. The defendant's _____ in New Hampshire is revoked for a period of _____ effective _____

☐ C. Under the direction of the Probation/Parole Officer, the defendant shall tour the _____

☐ D. The defendant shall perform _____ hours of community service and provide proof to _____ within ____ _____ of today's date.

☐ E. The defendant is ordered to have no contact with _____ either directly or indirectly, including but not limited to contact in-person, by mail, phone, e-mail, text message, social networking sites and/or third parties.

~~☑ F. Law enforcement agencies may ☑ destroy the evidence ☐ return evidence to its rightful owner.~~

☑ G. The defendant is ordered to be of good behavior and comply with all the terms of this sentence.

☑ H. Other:

Per RSA 159:3 weapons seized, including those listed in the indictment, and any ammunition shall be forfeited to the State for use of the State. (see Attachment)

March 4, 2020 Clerk's Notice of Decision
Date Document Sent to Parties Presiding Justice
on 03/04/2020

Honorable Brian T. Tucker

Check # 138
$50.00

APPLICATION FOR USE OF TOWN OF SUNAPEE FACILITIES

Area (Circle One): BenMere/Bandstand – Coffin Park - Dewey Beach - Georges Mills Harbor – Safety Services Building - Sunapee Harbor - Tilton Park
Gazebo

Name of Organization: Jeremy Beland + Michelle McCarthy

This Organization is: Non-Profit – Political –Private (N/A for profit companies)

Name of Duly Authorized:

Mailing Address: 4 Wentworth Circle
Windham NH 03087

Daytime Phone: 978-729-4877 Evening Phone: 603-362-2025

I/We hereby apply for permission to use the above circled Town facility on:

Event Date: Saturday May 30th 2020 Time: From: 3:00pm To: 5:00pm

Please describe the complete details of the event:(If advertising please include ad or flyer)
*include a list of outside vendors that will be part of your event.

Small wedding ceremony at the Gazebo with our J.P., children and about 15 family members. We will be going directly to a dinner cruise after.

I/We acknowledge understanding the following restrictions:

(1) If this event will likely bring more than 50 people or 20 cars to the area, the applicant must first submit this application to the Chief of Police. The Chief of Police may require the applicant to hire police officer(s) for crowd or traffic control.

(2) I/We agree to abide by the Town of Sunapee's Recreation Area Ordinance, which controls conduct and uses of this area.

(3) The applicant shall indemnify and hold the Town of Sunapee, its employees, agents, and representatives harmless from any and all suits, actions, claims, in equity or at law, for damages asserted by any attendees at such function, or other third parties, resulting from the use of the premises, or from

the food and beverages served at the above-described function. In addition, in the event that the town is required to respond to any claims of any nature arising in connection with the function or the applicant's use of the premises, the applicant agrees to pay to the Town all costs, fees, charges and attorney's fees which may be incurred by the Town concerning such claims.

I/We plan on 18 # of people and 4 # of vehicles attending our event.
9 adults, 9 children

Signature of Responsible Individual Michelle McCarney Date 3/30/2020

Approved by Chief of Police 4-7-20 Date

8 # of Officer(s) will be assigned to event at applicant's expense.

Approved by Recreation Director (if applicable) Date

Approved by Fire Chief (if applicable) 4-7-20 Date

Approved by Highway Director (if applicable) Date

Signature of Approving/Denying Authority (Chairman of the Board of Selectmen) Date

Insurance: At least ten (10) days prior to such scheduled function, the applicant shall furnish to the Office of the Sunapee Board of Selectmen written confirmation that the applicant has secured adequate liability insurance covering the event in an amount not less than $300,000.

***Suggested $50 contribution for non-residents**

NO ALCOHOL ALLOWED ON TOWN PROPERTIES WITHOUT A ALCOHOLIC CONSUMPTION ON TOWN PROPERTY PERMIT

TOWN OF SUNAPEE
Volunteer Interest Form
For Town Committees, Boards, and Commission

Name: FIELD (Last), CLIFFORD (First) Date: 4-16-20

Sunapee Registered Voter: (✓) Yes ( ) No

Mailing Address:
4 DEPOT RD
SUNAPEE, NH

Street Address (if different):

Lived in Sunapee Since: 1980 ~~Home~~ CELL Phone: 603 381 7082 Work Phone NA

E-mail: CLIFFIELD@GMAIL.COM Fax:

1. Please indicated the Board/Commission/Committee you would like to serve on in order of preference. (1-First Choice, 2-Second choice, etc.)

_____Abbott Library Trustee	_____Advisory Budget Committee
_____Capital Improvement Committee	✓ Conservation Commission
_____Crowther Chapel Committee	_____Fireward
_____Planning Board Alternate	_____ Recreation Committee
_____Thrift Shop	_____Upper Valley Lake Sunapee Regional
_____Zoning Board Alternate	

2. For consideration:

a. Occupation: SELF EMPLOYED CONTRACTOR b. Employer:

c. Length of current employment: 24 YEARS d. Education:

e. Relevant Experience: HAVE SERVED ON COMMISSION FOR 1 1/2 YEARS

f. Do you feel there may be any *conflict of interest* with your personal beliefs, occupation, or employer if appointed to serve on any of the above boards, commissions, or committees? ___Yes ✓ No

g. Volunteer Time Available _____ hours per week (daytime) _____hours per week (evenings)

_____ hours per week (weekends) ✓ VARIES

h. Did you previously serve on any Municipal or School District Board/Committee/Commission? ✓ Yes ___No

i. If yes, please indicate Town/Position: PLANNING BOARD / ALTERNATE

Revised 11262018

j. Are you willing to serve as an Alternate? ___Yes ✓No

k. Are you willing to serve on a Sub-Committee? ✓Yes ___No

3. Why do you want to serve on this board/committee? I AM AN AVID OUTDOORSMAN. I AM ALL IN FAVOR OF CONSERVING LAND PROPERLY. FOR ALL TO USE

4. What attributes and/or qualifications can you bring to the Board/Committee/Commission?

5. Your reasons for wanting this/these appointments /appointments are:

6. Additional Comments:

(Signature) 4-16-20 (Date)

Please send completed application form and resume, if available, to the Town Manager's Office, 23Edgemont Road, Sunapee, NH 03782 (telephone 603-763-2212, fax 603-763-4925)

"considered **public information** and may be distributed or copied"

Sunapee Conservation Commission meeting minutes November 6, 2019
Present: Van Webb, Tim Fleury, Mark Reynolds, Cliff Field, Lela Emery
Tim Fleury made the motion to accept the meeting minutes of September 25, 2019 for our October meeting. Seconded by Cliff Field. All in favor 5. Opposed 0.
Mail:
Barbara Chase, 235 Lake Ave, Sunapee – missing fee
DES Approval Bonnie Edmond Henderson, Mustard Seed Lane, Sunapee 126/26
DES Approval B & J Wise, 22 Burkehaven Lane, Sunapee 140/23
Wetlands Permit by App Expedited Lance & Michelle Boucher, Coventry Dr, Sunapee 209/14 Culvert signed by V. Webb on behalf of the SCC 10/8/19.
Missing Information notice – Lance & Michelle Boucher, Coventry Dr, Sunapee 209/14
Wetlands Permit by Notification, Andrew Bowditch, 78 Burkehaven Lane, Sunapee, 140/21 Dock structure repair, maintenance in kind, rebuild dock and 5 cribs 15X32 Van Webb Signed on behalf of the SCC 8/3/19 Paul Manson.
Standard Wet Land Permit App, Phil Harrell, 101 Lake Ave, Sunapee 128/65, remove and dispose of marine railway system out of NH DES wetland
DES Approval LSPA, 63 Main ST, Sunapee 133/25
Letter of Compliance acknowledged for letter of deficiency Bruce McCarthy, 314 Lake Ave Sunapee 136/118
More info submitted from Wetland Permit App request for more info Dustin Aldrich, 106 Marys Rd, Sunapee 113/007
Wetlands Permit App Expedited Thomas & Faith Reney, 279 Youngs Hill Rd, Sunapee, 226/25 Construct culvert crossing for single residential house driveway Signed on behalf of the SCC by Van Webb.
Wetlands Permit App Peter Diamond, 32 Birch Point Lane, Sunapee 135/3 reconstruct stone retaining wall Signed on behalf of the SCC by Van Webb 10/28/19
Wetlands permit App Scott Blewitt, TOS, 18 Cooper St, Georges Mills, 106/19 remove debris from beach and replenish beach sand.
Trail Maps for Kiosks
Wendall Marsh – upgrade trail, this parcel needs sight visit, All SCC members like the footpath they flagged. Claytons Map needs the trail to be identified. Cliff has Laura's email with MLT. Cliff and Mark are planning a site visit on Sunday 11/10/19 and will email GPX to Laura. Also Junction numbers were discussed.
Ledge Pond Map – The map is too plain, generic, add color, references Tucker Hill, needs to pop maybe more cultural features – neighborhood interest. The trail is not identified in the buffer zone on the map? Is it because it is outside the buffer and is on private property?
Dewey Woods Map – Ok, better with some color
School Plans @ the Town forum – concerns that the topic of using the Dewey woods parcel abutting Mt Royal for a Soft Ball Field. The parcel is not just town property it is subject to covenants, no cutting trees. The parcel is monitored by the Society for Protection of New Hampshire Forests there is a process and procedure before it could be considered.
Budget Hearing – Van Webb will attend the budget meeting 11/7/19 2:30-3Pm on behalf of the SCC. SCC will requests the $55,000 Town Warrant Article and a budget of $3,775 for 2020.
Tim Fleury made the motion to pay Cora Collins Kangas $1,400 from the previously voted on SCC $31,000 committed to the project expenses of the Blackington/Kangas Project for her reimbursement of the legal work associated with the Blackington/Kangas Project. Lela Emery Seconded the Motion. All in Favor 5. Opposed 0.

Tim Fleury made the motion to appoint Cliff Field to a 3 year term of the Sunapee Conservation Commission. Motion seconded by Mark Reynolds. All in Favor 4. Opposed 0.

Van Webb left the meeting – meeting resumed with Tim Fleury, Vice Chair taking over the meeting and led discussions regarding the Nutting Property Project. SCC members reviewed a parcel map submitted by Clayton Platt on the field work indicating the two parcels to be subdivided out. The two parcels need to be appraised for the value of the easement. The project will need final subdivision approval.
Cliff Field made the motion to support the parcel subdividing subject to the appraisal for the conservation easement and pending final subdivision approval. Mark Reynolds Seconded the motion. All in favor 5.

RECEIVED
APR 09 2020
TOWN OF SUNAPEE

TOWN OF SUNAPEE
Volunteer Interest Form
For Town Committees, Boards, and Commission

Name: Sisemore (Last) Michael (First) "SY" Date: 4/8/2020

Sunapee Registered Voter: ( ) Yes ( ) No

Mailing Address:
52 Old George Mills Rd
Sunapee, 03782

Street Address (if different):

Lived in Sunapee Since: 2006 Home Phone: 603-727-8846 Work Phone

E-mail: AT99SY@Yahoo.Com Fax:

1. Please indicated the Board/Commission/Committee you would like to serve on in order of preference. (1-First Choice, 2-Second choice, etc.)

___Abbott Library Trustee	___Advisory Budget Committee
1 Capital Improvement Committee	___Conservation Commission
___Crowther Chapel Committee	___Fireward
___Planning Board Alternate	___Recreation Committee
___Thrift Shop	___Upper Valley Lake Sunapee Regional
___Zoning Board Alternate	

2. For consideration:
   a. Occupation: High School Educator b. Employer: SAU 88
   c. Length of current employment: 12 Yrs. d. Education: Doctorate of Ed.
   e. Relevant Experience: 4 yrs Military Special Ops. 18 years Comm. Building & More
   f. Do you feel there may be any *conflict of interest* with your personal beliefs, occupation, or employer if appointed to serve on any of the above boards, commissions, or committees? ___Yes X No
   g. Volunteer Time Available ___ hours per week (daytime) ___hours per week (evenings)
   ___ hours per week (weekends) VARIES, will be there when needed
   h. Did you previously serve on any Municipal or School District Board/Committee/Commission? ___Yes X No
   i. If yes, please indicate Town/Position: / /

Revised 11262018

j. Are you willing to serve as an Alternate? X Yes ___No

k. Are you willing to serve on a Sub-Committee? X Yes ___No

3. Why do you want to serve on this board/committee? I want to provide a different perspective, Fiscal Responsibility, a broad range of ideas & practical solutions to issues that affect the community

4. What attributes and/or qualifications can you bring to the Board/Committee/Commission? Ability to see the issues in their entirety, ability to engage with a diverse group of stakeholders, a persuasive philosophy to get things done

5. Your reasons for wanting this/these appointments /appointments are:

To help provide practical and responsible leadership & ideas to improve our community to benefit as many as possible.

6. Additional Comments:

(Signature)

4/8/2020
(Date)

Please send completed application form and resume, if available, to the Town Manager's Office, 23Edgemont Road, Sunapee, NH 03782 (telephone 603-763-2212, fax 603-763-4925)

"considered **public information** and may be distributed or copied"

Michael J. Sisemore

Professional Educator

(603) 727-8846

mjs6@plymouth.edu

52 Old Georges Mills Rd. Sunapee, NH 03782

EDUCATION

Ed.D Plymouth State University
Education Leadership and Curriculum
Anticipated Graduation May 2020

MA - Master of Arts Teaching (MAT)
UVEI
Lebanon, NH 03766
Graduation, 2013

BS - Business Management
Granite State College
Graduation, 2005

CERTIFICATIONS

Licensed K-12 Social Studies State of New Hampshire

EXPERIENCE

Lebanon High School, Grafton County, NH
Social Studies Educator | 2009 - Present
84 Hanover Street, Lebanon, NH 03766 603-448-1634
Subjects taught- World Studies, Economics, Government, Genocides and Human Behaviors, Sociology,Yearbook Adviser 2010-2018, Student Events Council 2012-2016, Leader of Curriculum Development within the SS dept.and Student Diversity Advocate.
Principal- Ian Smith,

Kearsarge Art & Theater Company (KAT)
Asst. Technical director | 2010-2012
P.O. box 704, New London, NH 03257
Subjects taught- Technical Theater, StageCraft and design, carpentry.
Grades 2-12 Summer Programs 2010-2012
Director- Dr. Trish Lindberg, Professor of Education and M. Ed Integrated Arts Coordinator at Plymouth State University,

Granite Hill School, Sullivan County, NH
Social Studies Educator | 2008 - 209
P.O. Box 25, Newport, NH 03733, 603-863-0697
Subjects taught- Economics, Civics, American History, World History.
Principal- Danielle Parento

UVEI, Upper Valley Educators Institute, Lebanon, NH
Mentor
194 Dartmouth College HWY, Lebanon, NH 03766
Teacher Internship and Certification Program Mentor 2017

Michael J. Sisemore

Professional Educator

SKILLS

Curriculum Development
Technology Integration
Interdisciplinary Coordination and Cross-Curricular Learning
Diversity in the Classroom
Public Speaking
Presentation
Remote Learning and Instruction
Student Empowerment
Writing Instruction
Research and Analysis
Data Analysis
Collaboration
Outcome based design goals

Academic Concentrations

Doctoral Dissertation Defense- A High School Internship Program As An Informed Decision-Making Influence: A Quantitative Case Study. Successful Defense March, 27, 2020 Plymouth State University

Pilot Study Research- Developing the Potential Power of High School Internships: A Pilot Study.

Presenter- Showcase of Excellence at Plymouth State University. Delivered the results of the Pilot Study: Developing the Potential Power of High School Internships:

Public Speaking- Developed and implemented the first course at Lebanon High School. This course has produced exceptional results from many students. Each year for the past five years students taking this course have competed in Rotary International and American Legion Speaking contests. At least one student each year has made it to the Regional Finals of the Rotary Speaking contest.

Remote Learning Advocate- Was a leader and early innovator of remote learning at this current teaching position. Has created and adapted all courses taught to use the Google Classroom and Zoom meeting functions as a means to deliver content and curriculum regardless of the environment or subject.

Dartmouth College-Tucker Foundation-Language in Motion Program- Coordinated presentations with Dartmouth College student presenters. LIM Ambassador and co-presenter to Middlebury College and High School administrators to further their movement to initiate and integrate the LIM program in their schools.

High School Internship- Researching internship programs for high school students as a means of transforming the learning environment of secondary education.

Curriculum Design and Implementation- Directly involved with continuous learning and pedagogical innovation including Common Core Development and Application, Competency Based instruction and Assessment, Course alignment, Curriculum development, and Common Assessment strategies within the Social Studies department as well as cross curricular cooperative assessments.

Facing History and Ourselves-Holocaust and Human Behavior Instructors Seminar 32 Hour Course completed

Michael J. Sisemore
Professional Educator

Pre-Education Background
Prior to becoming a professional educator, I spent nearly 20 years in the skilled building trades. Prior to that I was a member of the United States Army 3/75th Rangers. I have an extensive background in outdoor activities.

Responsibilities and Skills- Building Trades

- Construction Management and Trades Coordination.
- Project Management
- Resource allocation
- Assistant Job Superintendent
- Tradesperson and Management Liaison
- Technical building systems
- Reading and interpreting blueprints.
- Job site safety
- OSHA compliance
- Human Resource Management
- Materials Management
- Budgetary Accountability
- Consult with Engineers,, Architects, Customers, Contractors, Union Representatives, Suppliers, and Labor
- Schedule, coordinate, and manage the daily construction activities for commercial, residential and remodeling projects
- Inspect project site daily

Responsibilities and Skills-Armed Forces

- Direct Action Operations
- Reconnaissance and intelligence gathering
- Navigation in all environments and terrain
- Extreme precision projectile management
- Special Operation Missions in a variety of environments. All unpleasant
- Maintenance and operation of classified and technical equipment.
- Application of classified intelligence
- Ability to function in a variety of terrain
- Follow and direct orders
- Perform airborne and air assault operation in all terrain and all environments
- Carry out impled, and specified duties without direction
- Ability to perform any position in the platoon, and or take command at a moments notice

Non-Professional Skills and Activities

- Long-Distance Hiking and Backpacking
- Appalachian Trail thru-hike 1999
- Solo Ascent of Cerro Aconcagua in Argentina 2004
- Ascent Completion of New Hampshire 48 4,000' Summits.
- Mentor and hiking guide to my daughter.
- Completed a full length book manuscript- *In the Real World I hike*
- Interviewer and collector of stories.
- SnowBoard Instructor

ABSOS20/401KDED								
2020 Rates @52 Weeks	ABSOS20/40	% Change	Town	Employee 10%	Yearly Rate	Town Annual	Employee Annual	Weekly
Single	$770.22	7.40%	$693.20	$77.02	$9,242.64	$8,318.38	$924.26	$17.77
2 Person	$1,540.44	7.40%	$1,386.40	$154.04	$18,485.28	$16,636.75	$1,848.53	$35.55
Family	$2,079.60	7.40%	$1,871.64	$207.96	$24,955.20	$22,459.68	$2,495.52	$47.99
2020 Dental Rates-FINAL								
Single	$43.88	3.90%	$ 38.40	$5.49	$526.56	$460.74	$65.82	$1.27
2 Person	$84.95	3.90%	$ 74.33	$10.62	$1,019.40	$891.98	$127.43	$2.45
Family	$154.57	3.90%	$ 135.25	$19.32	$1,854.84	$1,622.99	$231.86	$4.46
Insurance Declined								
							Annual	Weekly
Single							$2,079.59	$39.99
2 Person							$4,159.19	$79.98
Family							$5,614.92	$107.98
AB20	AB20							
Single	$955.52		$693.20	$262.32	$11,466.24	$8,318.38	$3,147.86	$60.54
2 Person	$1,911.04		$1,386.40	$524.64	$22,932.48	$16,636.75	$6,295.73	$121.07
Family	$2,579.90		$1,871.64	$708.26	$30,958.80	$22,459.68	$8,499.12	$163.44

HealthTrust

January Small Group Preferred Plans
Medical and Prescription Plan Options
Monthly Rates for 1/1/2020 - 12/31/2020

Member Groups may choose ONE medical plan per colored section with a maximum of three medical options per employee group. One prescription plan may be chosen per medical plan.

Medical Plan Type	BlueChoice POS	Access Blue New England HMO	Access Blue New England HMO with Deductible				
Plan Name	**BC2T20**	**AB20**	**AB15IPDED**	**AB15/40IPDED**	**ABSOS20/40 1KDED**	**ABSOS25/50 3KDED**	**ABSOS30/60 5KDED**
Visit Copay	$20	$20	$15	$15	$20	$25	$30
Specialty Visit Copay	$20	$20	$15	$40	$40	$50	$60
Walk-In Center Copay	$20	$20	$15	$15	$20	$25	$30
Urgent Care Copay	$50	$50	$50	$125	$50	$75	$100
ER Copay	$100	$100	$100	$250	$100	$150	$250
Standard Deductible (per person/per family)	$250 / $500 (self referred only)	$0	$500 / $1,500	$1,000 / $3,000	$1,000 / $3,000	$3,000 / $9,000	$5,000 / $12,000
Chiropractic Visits/Copay	35 / $0	12 / $20	12 / $15	12 / $15	Unlimited / $20	Unlimited / $25	Unlimited / $30
Therapy Visits (PT/OT/ST)/Copay	Unlimited / $0	60 / $20	60 / $15	60 / $15	60 / $20	60 / $25	60 / $30
Acupuncture Visits/Copay	N/A	N/A	N/A	12 / $15	12 / $20	12 / $25	12 / $30
Durable Medical Equipment	$100 deductible, then you pay 20%	You pay 20%	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay $0	You pay $0	Standard Deductible	Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $125 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $125 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible
Maximum Out-of-Pocket (medical and RX expenses combined)	$3,000 / $6,000	$3,000 / $6,000	$3,000 / $6,000	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$7,150 / $14,300

Prescription Option 1	**RX10/20/45**	**RX10/20/45**	**RX10/20/45**	**RX10/20/45**	**RX10/20/45**	**RX10/20/45**	**RX10/20/45**
single	$1,058.40	$987.69	$970.66	$850.02	$796.13	$578.14	$533.43
2-person	$2,116.80	$1,975.38	$1,941.33	$1,700.04	$1,592.25	$1,156.27	$1,066.86
family	$2,857.69	$2,666.76	$2,620.79	$2,295.06	$2,149.54	$1,560.97	$1,440.26

OR

Prescription Option 2	**R10/25/40 M10/40/70**	**R10/25/40 M10/40/70**	**R10/25/40 M10/40/70**	**R10/25/40 M10/40/70**	**R10/25/40 M10/40/70**	**R10/25/40 M10/40/70**	**R10/25/40 M10/40/70**
single	$1,023.93	$955.52	$939.01	$822.34	$770.22	$559.34	$516.09
2-person	$2,047.87	$1,911.04	$1,878.03	$1,644.69	$1,540.44	$1,118.67	$1,032.18
family	$2,764.62	$2,579.90	$2,535.34	$2,220.33	$2,079.60	$1,510.20	$1,393.45

RX = Copays for both retail and mail order R= Copays for retail (up to 34 day supply) M = Copays for Maintenance Choice (up to 90 day supply)

Medicare Supplemental Plans (MC3)	
MC3 with RX Coverage	**RX10/20/45**
single	$661.28
MC3 with RX Coverage	**R10/25/40 M10/40/70**
single	$639.76
MCNRX (No RX Coverage)	**N/A**
single	$264.47

DISCLAIMER: Monthly rates are based on a minimum of 75% participation of all eligible employees who do not otherwise have group medical coverage. Active employees and retirees must be offered the same prescription drug coverage. HealthTrust reserves the right to change these rates if there is a +/- 10% in enrollment. All deductibles and benefit limits shown are per plan year (January 1 through December 31). These charts are intended for summary purposes only. Details of coverage are set forth in separate documents, which govern these plans.

Site of Service (SOS), Lumenos and ABHD Plans: The employer may fund up to 50% of the deductible. Employer may fund more than 50% for the Lumenos and ABHD plans if utilizing an HSA.

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Medical Plan Type	High Deductible Health Plan (HSA Qualified)	
Plan Name	**LUMENOS2500**	**Access Blue New England ABHD/SK/20COIN**
Standard Deductible	$2,500 / $5,000+	$5,000 / $10,000
Standard Coinsurance	0% (In-Network), 30% (Out-of-Network)	20%
Coinsurance Maximum	N/A (In-Network); $2,500 / $5,000 (Out-of-Network)+	$1,550 per Member, per year; $3,100 per family, per year
Chiropractic Visits	Unlimited	Unlimited
Therapy Visits (PT/OT/ST)	60 visits	60 visits
Acupuncture Visits	12 visits	12 visits
Durable Medical Equipment	Standard Deductible and/or Coinsurance	Standard Deductible and Coinsurance
Prescription Drugs	Standard Deductible and/or Coinsurance	Standard Deductible and Coinsurance
Maximum Out-of-Pocket (medical and RX expenses combined)	$2,500 / $5,000 (In-Network), $5,000 / $10,000 (Out-of-Network)+	$6,550 / $13,100
single	$805.00	$556.31
2-person	$1,610.01	$1,112.61
family	$2,173.51	$1,502.03

+ For LUMENOS2500, if you are enrolled at the 2-person or family level, eligible expenses incurred by you or any of your enrolled family members count toward satisfying the entire 2-person/family deductible and/or coinsurance.

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Site of Service (SOS), Lumenos and ABHD Plans: The employer may fund up to 50% of the deductible. Employer may fund more than 50% for the Lumenos and ABHD plans if utilizing an HSA.