

PURPOSE: This form is used to notify grant recipients of award reporting and record keeping requirements. Grantees are required to review and sign the form and return to SBA at the address: SBDC- SBA/OSBDC, 409 Third Street, SW 6th Floor, Washington, DC 20416 All other SBA/OGM, 409 Third Street, 5th Floor, Washington, DC 20416

OMB Approval No.: 3245-0140
Expiration Date 5/31/2015



U.S. Small Business Administration NOTICE OF AWARD

| | | | |
|---|--|--|--|
| 1. AUTHORIZATION (Legislation/Regulation) Section 324 of division N of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260) | | 2. Grant/Cooperative Agreement No.: SBAHQ21SV011358 | |
| 3. RECIPIENT: (Name, Organizational Unit, Address) La Crosse Center 396005490 078673670-0000 300 Harborview Plaza La Crosse WI 54601 United States | | 4. PROJECT PERIOD (Mo./Day/Yr.) From 07/16/2021 Through 12/31/2021 | |
| 8. TITLE OF PROJECT/PROGRAM (limit to 53 spaces) Shuttered Venue Operators Grant | | 5. BUDGET PERIOD (Mo./Day/Yr.) From 07/16/2021 Through 07/15/2022 | |
| 11. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project) | | 6. FEDERAL CATALOG NO. 59.075 | |
| 12. Approved Budget (Excludes SBA Direct Assistance) | | 7. ADMINISTRATIVE CODES | |
| <input checked="" type="checkbox"/> SBA Funds Only <input type="checkbox"/> Total project costs including all other financial participation. | | 9. AWARD AMOUNT Amount of SBA Financial Assistance \$1,919,628.82 | |

| 10. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator) NAME Fahey Art Last First Initial ADDRESS: 300 Harborview Plaza La Crosse WI 54601 United States | | 11. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project) | | | | | | | | | |
|---|-------------------|---|-------------------|-------------|-------------------|-------------|-------------------|--------|-----|--------|-----|
| | | <table border="1"> <thead> <tr> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> </tr> </thead> <tbody> <tr> <td>a. N/A</td> <td>N/A</td> <td>b. N/A</td> <td>N/A</td> </tr> </tbody> </table> | | BUDGET YEAR | TOTAL DIRECT COST | BUDGET YEAR | TOTAL DIRECT COST | a. N/A | N/A | b. N/A | N/A |
| BUDGET YEAR | TOTAL DIRECT COST | BUDGET YEAR | TOTAL DIRECT COST | | | | | | | | |
| a. N/A | N/A | b. N/A | N/A | | | | | | | | |

12. Approved Budget (Excludes SBA Direct Assistance) **13. REMARKS** (Other Terms & Conditions Attached) Yes No

| | Federal Share | Non-Federal Share | Non-Federal In-Kind | Non-Federal Program Inc. |
|---|-----------------------|-------------------|---------------------|--------------------------|
| a. Personal Service..... | \$830,000.00 | | | |
| b. Fringe Benefits..... | \$334,000.00 | | | |
| c. Consultants..... | N/A | | | |
| d. Travel..... | \$0.00 | | | |
| e. Equipment..... | \$5,000.00 | | | |
| f. Supplies..... | \$0.00 | | | |
| g. Contractual..... | \$200,000.00 | | | |
| h. Other..... | \$550,629.00 | | | |
| i. TOTAL DIRECT COSTS..... | \$1,919,629.00 | | | |
| j. Indirect cost..... (Rate). | N/A | N/A | N/A | N/A |
| k. OTHER APPL. COSTS..... | N/A | N/A | N/A | N/A |
| l. TOTAL APPROVED BUDGET | \$1,919,628.82 | | | |

14. THIS AWARD IS SUBJECT TO THE FOLLOWING COST PRINCIPLES AND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS:

2 CFR Chapter 1, Chapter II, Part 200, et al, uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Part 180 - OMB Guidelines to Agencies on government debarment and suspension (Non Procurement)

*Must meet all matching or cost participation requirements subject to adjustment in accordance with SBA policy

15. THIS AWARD IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE

| | | | | | |
|--|--|-----------------|--|--------------------------------|--|
| 16. CRS - EIN 396005490-DA-000030960 | | 17. COUNTY NAME | | 18. CONGRESSIONAL DISTRICT NO. | |
| 19a. CITY CODE La Crosse | | b. COUNTY CODE | | c. STATE CODE WI | |
| 19a. BUDGET CODE | | b. DOCUMENT NO. | | d. PROGRAM CODE SVOG | |
| 20a. X0700DB90050060500 | | b. 1 | | c. \$1,919,628.82 | |
| 21. AGENCY OFFICIAL (Signature, Name and Title) | | | | d. Majority Government Owned | |
| 23. RECIPIENT OFFICIAL (Signature, Name and Title) | | | | 07/16/2021 | |
| | | | | 22. DATE ISSUED (Mo./Day/Yr.) | |
| | | | | 24. DATE (Mo./Day/Yr.) | |

Note: The estimated burden completing this form is 80 hours per response. You will not be required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409, 3rd St., S.W., Washington, D.C. 20416 and Desk Office for Small Business Administration, Office of Management and Budget, New Executive Office Building, room 10202 Washington, D.C. 20503. OMB Approval (3245-0140).
PLEASE DO NOT SEND FORMS TO OMB.

FORM-1222 ADDENDUM

Field 13. Other Terms & Conditions Attached

You are required to initial and sign Program Assurances prior to your initial disbursement.

You are required to view the Post-Award Information Session prior to your initial disbursement.

You must submit Form SF-425 with supporting documents prior to each additional disbursement.

You are required to file a final report within 15 days of expending all grant funds.

You are required to submit a Single Audit or financial audit at the end of your fiscal year.

You are not eligible for a Restaurant Revitalization Fund grant.

You are to provide a government issued ID for Official executing the SF1222 and addendum: when uploading:- adjust the budget t

Additional Program Assurances - Please initial each item below and sign at the bottom.

As the applicant or duly authorized agent of the applicant, I certify that the organization:

- 1. Is fully operational or intends to resume operations.
- 2. Fully meets the eligibility criteria of the grant program.
- 3. Does not present live performances of a prurient sexual nature or derive revenue from sales of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.
- 4. Accurately listed the number of employees, including full-time or part-time status.
- 5. Will not use funds for real estate purchases; to prepay mortgage loans; to pay interest or principal on loans received after February 29, 2020; to invest or re-lend funds; to contribute to or expend funds to or on behalf of any political party, party committee, or candidate for elected office; to purchase alcohol or pay for loans for alcohol; or to purchase or pay loans for items of prurient sexual nature.
- 6. Will provide a complete Final Report, including programmatic questions, by the date specified in the Grant Award Notice.
- 7. Will retain records regarding employment for a period of 4 years following the receipt of the grant and other records for a period of 3 years following receipt of the grant.
- 8. Will cooperate with audit activities conducted by SBA, SBA Office of Inspector General, and the Government Accountability Office.
- 9. Will repay any funds found to be misspent pursuant to the allowable uses of program funds.
- 10. Will not abrogate existing collective bargaining agreements for the term of the grant and 2 years after expending grant funds; and will remain neutral in any union organizing effort for the term of the grant.

Signature: _____

Date: _____