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 20416All 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

STATE OF THE STATE	O.O. SITUIT BUSINESS ACITIMINOUS STATE   10   10 L OI ATT ITE										
	1. AUTHORIZATION (Legislation/ Regulation)			2.	2. Grant/Cooperative Agreement No.:  SBAHQ21SV011358.2						
the Cons		on 324 of division N of onsolidated Appropriations 2021 (Pub. L. 116-260)									
				4.	4. PROJECT PERIOD (Mo./Day/Yr.) (Mo./Day/Yr.)						
3. RECIPIENT: (Name, Organizational Unit, Address)				_	-			Through 06/30/2022			
La Crosse Center				_	5. BUDGET PERIOD (Mo./Day/Yr.)					(Mo./Day/Yr.)	
396005490		78673670-0000									
300 Harborview Plaza					From 07/16/2021			Through 01/16/2023			
La Crosse WI 54601 United States				6. 	6. FEDERAL CATALOG NO.			7. ADMINISTRATIVE CODES			
8. TITLE OF PRO	JECT/PRO	GRAM (limit to 53 s	spaces)	59	.075			54			
Shuttered Venue Operators Grant					AWARD AMOUNT     Amount of SBA Financial     Assistance			\$2,879,443.41			
10. DIRECTOR O Coordinator or F			er Director,	11.	RECOMM funds and s project)	ENDED FUTU atisfactory prog	JRE S ress of	UPPOR	<b>T</b> (Subject to	o the availability of	
NAME Fahey					BUDGET	TOTAL			OGET	TOTAL	
Last ADDRESS: 30	Fir OO Harborvie		nitial	-	YEAR	DIRECT C	OST	YE	EAR	DIRECT COST	
La Crosse WI 546				a. <sub>N</sub>		N/A		b. N/A		N/A	
12. Approved Budget (Excludes SBA Direct Assistance)			13.		(Other Terms	& Con	ditions Att	ached)	Yes No		
SBA Funds Only	Total project comparticipation.	sts including all other fli	nancial		See attachn						
		Federal Share	Non-Federa Share	1	lon-Federal In-Kind	Non-Federal Program Inc.				SJECT TO THE FOLLOWII	NG
a. Personal Service.		\$830,000.00					1			OMB UNIFORM JIREMENTS:	
b. Fringe Benefits		\$334,000.00					ADIV	IINISTRA	IIVE KEQU	JIKEWEN13.	
c. Consultants		\$0.00						CER Ch	anter 1 Ch	apter II, Part 200, et al,	
d. Travel		\$0.00					ا تا	uniform Ad	dministrativ	e Requirements, Cost	
e. Equipment		\$5,000.00						Principles, Awards.	, and Audit	Requirements for Federal	
f. Supplies		\$0.00					'	Awarus.			
g. Contractual		\$200,000.00								elines to Agencies on	
h. Other		\$1,510,443.41						governme Procureme		nt and suspension (Non	
i. TOTAL DIRECT C	OSTS	\$2,879,443.41					'	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
j. Indirect cost				N//		NI/A	1				
(Rate).		N/A	N/A	N/A		N/A					
k. OTHER APPL. C	OSTS	N/A	N/A	N/A	١	N/A					
I. TOTAL APPROVI	ED BUDGET	\$2,879,443.41			u .						
*Must meet all mat requirements subject to adjustm policy							<u>-</u>				
15. THIS AWARD	IS SUBJE	CT TO THE TERI	MS AND CO	NDIT	IONS ON TH	IE REVERSE	SIDE				
16. CRS - EIN 396005490-DA-000030960			17. CO	7. COUNTY NAME			18. CONGRESSIONAL DISTRICT NO.				
19a. CITY CODE La Crosse b. COUNTY CODE			c. STATE CODE WI			d. PROGRAM CODE SVOG					
BUDGET CODE		DOCUM	DOCUMENT NO.		AMT. ACTION FIN. ASST.			TYPE OF ORGANIZATION			
20a. X0700DB90050060500 b. 2			c. \$2,879,443.41				d. Majority Government Owned				
21. AGENCY OFFICIAL (Signature, Name and Title)								09/22/2021 22. DATE ISSUED (Mo./Day/Yr.)			
			le)					24. DA	ATE	(Mo./Day/Yr.)	
23. RECIPIENT OFFICIAL (Signature, Name and Title)							(7)				

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., Washigton, 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.

EXPLANATION OF BLOCKS ON THE NOTICE OF AWARD				
Box 1 – Authorization	Statutory Authority: The public law or statute number authorizing the grant.			
Box 2 – Grant/Cooperative Agreement No.	A unique, identifying number assigned by the Small Business Administration (SBA) to each application. On funded applications, this is commonly known as the "grant number" or "document number." This number will be appended by a ".1", ".2", etc. to denote that it is a superseding award document.			
Box 3 – Recipient	Name: The legal name of the entity to which the funds are awarded.			
	Address: The recipient's complete address.			
Box 4 – Project Period	<b>Project period:</b> The complete length of time for which funds are available for award making.			
	From: Date Initial Phase SVOG Award was issued by SBA.			
	Through: End date for incurring eligible and allowable costs.  Grantee may incur costs from March 1, 2020, to the date in this box.			
	Helpful information: Transactions relating to payroll are considered to be eligible cost incurrences if work was performed between March 1, 2020, and the "Through" date in this box.			
1001 	Transactions relating to the procurement of goods or services are considered to be eligible cost incurrences if the date of the binding written commitment falls between March 1, 2020, and the "Through" date in this box.			
Box 5 — Budget Period	<b>Budget period:</b> The complete length of time grantees have to spend award funds on eligible and allowable costs. Grantees can spend award funds to cover eligible and allowable costs incurred from March 1, 2020, to the "Through" date in Box 4 in your most recently issued notice of award.			
	From: First date to spend award funds.			
	Through: Final date to spend award funds.			

Box 6 – Federal Catalog No.	The program number from the Catalog of Federal Domestic Assistance (CFDA).
Box 7 – Administrative Codes	This information is provided to assist the recipient in completing the approved activities and managing the project in accordance with SBA procedures and regulations.
Box 8 – Title of Project/Program	Identifies the project/program title for this Notice of Award.
Box 9 – Award Amount	The amount of the original award/SBA financial assistance. This is the total funding available before any amendment or adjustment is made.
Box 10 – Director of Project	Name: The recipient staff person responsible for administering the project. This person represents the recipient of the award from the SBA.
	Address: The recipient's complete address.
Box 11 – Recommended Future Support	N/A
Box 12 – Approved Budget	The recipient's official budget as outlined in the approved application. If changes are needed, then the grantee will be provided the opportunity to make updates in the notice of award issuance action item's response.
Box 13 – Remarks	Other terms and conditions: Requirements of the award that are binding on the recipient, including but not limited to, FORM-1222 ADDENDUM.
Box 14 – Cost Principles and OMB Uniform	Additional requirements of the award that are binding on the recipient.
Administrative Requirements	2 CFR 200 – Administrative requirements, cost principles, and audit requirements for Federal Awards.
	Part 180 – OMB guidelines to agencies on government debarment and suspension
Box 15 – Terms and Conditions	This award is subject to the terms and conditions as presented on any additional forms, including but not limited to, FORM-1222 ADDENDUM.

Box 16 – CRS - EIN	Entity Identification Number (CRS-EIN) – A three-part coding scheme used in the Payment Management System. The first nine characters are the federal Taxpayer Identification Number (Employer Identification Number or Social Security Number) assigned by the Internal Revenue Service. The DA and numbers following indicate the draft application number.
Box 17 – County Name	Name of the county where the recipient is located.
Box 18 – Congressional District No.	Name of the congressional district where the recipient is located.
Box 19 – Location Data	<ul> <li>a. City Code – City where the recipient is located.</li> <li>b. County Code – County where the recipient is located.</li> <li>c. State Code – State where the recipient is located.</li> <li>d. Program Code - The name of the grant program.</li> </ul>
Box 20 – Budgetary Data	<ul> <li>a. Budget Code - The fiscal information recorded by the SBA's Grant Administration and Payment System to track obligations by award.</li> <li>b. Document No A numeral that represents the cumulative number of steps taken by the SBA to date to establish or modify the award through fiscal or administrative means.</li> <li>c. Amt. Action Fin. Asst The amount of funds obligated (added) or de-obligated (subtracted) by this notification.</li> <li>d. Type of Organization - Recipient organization type.</li> </ul>
Box 21 – Agency Official	Agency official: The SBA official authorized to award funds to the recipient, establish or change the terms and conditions of the award, and authorize modifications to the award.
Box 22 – Date Issued	Date of issuance of the notice of award.
Box 23 – Recipient Official	The official responsible for the programmatic, administrative, and business management concerns of the Grantee.
Box 24 – Signature Date	Date the notice of award is signed. Same date as the "From" date in Box 4.

#### **FORM-1222 ADDENDUM**

## **Explanation**

- This Supplemental Phase SVOG Notice of Award supersedes any previous Notices of Award you received under the Shuttered Venue Operators grant. The following Terms & Conditions and Additional Program Assurances apply to all SVOG Award funds received under this program.
- The Grant Number (Box 2) is different from the Initial Phase SVOG Notice of Award confirming it is a new, superseding Notice of Award.
- Under the Initial Phase SVOG Award, you had one year from the date of award to spend your grant funds and you could only use those funds to pay allowable items of cost incurred between March 1, 2020, and December 31, 2021. Once you execute the Supplemental Phase SVOG Notice of Award and return it with your initialed and signed Terms & Conditions and Additional Program Assurances, you will have 18 months from the date of your Initial Phase SVOG Award (Box 5 Budget From date) to spend your grant funds. You can use those funds to pay allowable costs incurred between March 1, 2020, and June 30, 2022.
- The supplemental award amount was calculated based on the initial grant amount before subtracting PPP. Any PPP funds received after December 27, 2020, not previously deducted, were then subtracted from the supplemental award amount, which final total award amount (initial grant amount plus the supplemental award amount) is at Box 9 (Award Amount).
- Please reference the current SVOG list of Frequently Asked Questions and the Office of Management and Budget's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (commonly called "Uniform Guidance") for guidance regarding allowable items of cost and use of your grant funds and repayment of any unused funds at the end of your Budget Period.

### Field 13. Other Terms & Conditions Attached

- This Supplemental Phase SVOG Notice of Award supersedes any previous Notices of Award you received under the Shuttered Venue Operators grant.
- Prior approval is not required for the in-scope transfer or reallocation of funds among direct cost categories
  in the approved total budget. However, SBA will not permit any budget transfers or reallocations that
  represent a change in the scope of an SVOG Award or which would cause SVOG award funds to be used for
  purposes other than those consistent with the program legislation and appropriation.
- You must submit Form-425 with supporting documents when all award funds have been spent.
- You may spend your SVOG funds on costs incurred from March 1, 2020 to December 31, 2021 (or June 30, 2022 if you have received a Supplemental Award). Once you have spent all of your SVOG funds, it is recommended that you submit your expense report within 60 days. However, by law (per §200.344), you must complete this and the subsequent "Complete SVOG Closeout Process" to close out your grant within 120 days of the end of your Budget Period, whether or not all SVOG funds have been spent. You must submit your expense report through the portal or as otherwise directed by the program.
- You are required to submit a Single Audit or financial audit at the end of your fiscal year if you have spent \$750,000 or more in Federal Funding.
- You are not eligible for a Restaurant Revitalization Fund grant.

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# 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.
- 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 spend 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.
- 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. If it has 500 or more employees, will not abrogate existing collective bargaining agreements for the term of the grant and 2 years after spending grant funds; and will remain neutral in any union organizing effort for the term of the grant.
- 11. Will complete a finalized budget as required prior to closeout.

Signature:			
- 1			
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Date:	9		