



U.S. Small Business Administration

# NOTICE OF AWARD

**1. AUTHORIZATION**

(Legislation/  
Regulation)

**2. Grant/Cooperative Agreement No.:**

**3. RECIPIENT:** (Name, Organizational Unit, Address)

**4. PROJECT PERIOD** (Mo./Day/Yr.)

(Mo./Day/Yr.)

From

Through

**5. BUDGET PERIOD** (Mo./Day/Yr.)

(Mo./Day/Yr.)

From

Through

**6. FEDERAL CATALOG NO.**

**7. ADMINISTRATIVE CODES**

**8. TITLE OF PROJECT/PROGRAM** (limit to 53 spaces)

**9. AWARD AMOUNT**

Amount of SBA Financial  
Assistance

**10. DIRECTOR OF PROJECT** (Program or Center Director,  
Coordinator or Principal Investigator)

**11. RECOMMENDED FUTURE SUPPORT** (Subject to the availability of  
funds and satisfactory progress of the  
project)

**NAME**

Last

First

Initial

**ADDRESS:**

**BUDGET  
YEAR**

**TOTAL  
DIRECT COST**

**BUDGET  
YEAR**

**TOTAL  
DIRECT COST**

a.

b.

**12. Approved Budget** (Excludes SBA Direct Assistance)

**13. REMARKS** (Other Terms & Conditions Attached) ☐ Yes ☐ No

☐ SBA Funds  
Only

☐ Total project costs including all other financial  
participation.

	Federal Share	Non-Federal Share	Non-Federal In-Kind	Non-Federal Program Inc.
a. Personal Service.....				
b. Fringe Benefits.....				
c. Consultants.....				
d. Travel .....				
e. Equipment .....				
f. Supplies .....				
g. Contractual.....				
h. Other .....				
i. TOTAL DIRECT COSTS.....				
j. Indirect cost.....				
(Rate).				
k. OTHER APPL. COSTS .....				
l. TOTAL APPROVED BUDGET				

**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		17. COUNTY NAME		18. CONGRESSIONAL DISTRICT NO.
19a. CITY CODE	b. COUNTY CODE	c. STATE CODE		d. PROGRAM CODE
<b>BUDGET CODE</b>	<b>DOCUMENT NO.</b>	<b>AMT. ACTION FIN. ASST.</b>	<b>TYPE OF ORGANIZATION</b>	
20a.	b.	c.	d.	
21. AGENCY OFFICIAL (Signature, Name and Title)				22. DATE ISSUED (Mo./Day/Yr.)
23. RECIPIENT OFFICIAL (Signature, Name and Title)				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

### 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.

**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 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.
- \_\_\_ 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. 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: \_\_\_\_\_

Date: \_\_\_\_\_