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

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U.S. Small Business Administration

NOTICE OF AWARD

| SALLY AND L | SIST STITLE STATE AND | | | | | | | | | ער | |
|--|--|---------------------------|----------------------|-----------------|---|----------------------------|---|---|--------------------------------|--|--|
| 1 | 1. AUTHORIZATION (Legislation/ Regulation) | | | 2. | 2. Grant/Cooperative Agreement No.: | | | | | | |
| | Section 324 of division N of the Consolidated Appropriations | | | | SBAHQ21SV011731 | | | | | | |
| Alternative Co. | Act, 2021 (Pub. L. 116-260) | | | 4. | PROJECT | /Day/Yr.) | (Mo./Day/Yr.) | | | | |
| 3. RECIPIENT: (Name, Organizational Unit, Address) | | | | | From | | | Through | | | |
| Lexington-Fayette Urban County Government | | | | _ | 5. BUDGET PERIOD (Mo./Day/Yr.) | | | | (Mo./Day/Yr.) | | |
| 610858140 020428777-0000 | | | | | 3. BODGET PERIOD (MOJDay/11.) | | | | (wo.zbay/11.) | | |
| 200 East Main Street | | | | | From | | | | Through | | |
| Lexington KY 40507 United States | | | | 6. | 6. FEDERAL CATALOG NO. | | | | 7. ADMINISTRATIVE CODES | | |
| 8. TITLE OF PROJECT/PROGRAM (limit to 53 spaces) | | | | | 59.075 | | | | | | |
| Shuttered Venue Operators Grant | | | | 9. | 9. AWARD AMOUNT Amount of SBA Financial Assistance | | | | \$327,411.13 | | |
| 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 Luallen Amber | | | | | BUDGET TOTAL | | AL | BUDGET TOTAL | | TOTAL | |
| Last First Initial ADDRESS: 200 East Main Street | | | Initial | _ | YEAR | DIRECT | | 1 | AR | DIRECT COST | |
| Lexington KY 40507 United States | | | | a. _[| N/A | N/A b. N/A | | | N/A | | |
| 12. Approved Budget (Excludes SBA Direct Assistance) | | | | | REMARKS | Other Term | s & Con | ditions Atta | ached) | Yes No | |
| SBA Funds To | otal project cos articipation. | ts including all other fi | | _ | | | | | | | |
| | | Federal Share | Non-Federal Share | ' | Non-Federal In-Kind | Non-Federal Program Inc | | | | SJECT TO THE FOLLOWING | |
| a. Personal Service | | | | | CO | | COST PRINCIPLESAND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS: | | | | |
| 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75. 10.75 | | \$0.00 N/A | | | | | 701 | MOTRA | IVE REQU | JIKEMEN 15: | |
| c. Consultantsd. Travel | | \$0.00 | | | | | | 2 CFR Chapter 1, Chapter II, Part 200, et al, | | | |
| e. Equipment | | \$0.00 | | | | | 1 | uniform Ad | ministrative | e Requirements, Cost Requirements for Federal | |
| f. Supplies | ************ | \$120,000.00 | | | | | | Awards. | and Addit | Requirements for Federal | |
| g. Contractual | SACO DISPLAY CONTRACTOR OF THE SACO | \$0.00 | | | | | | 0o+ 100 (| MB Cuid | No. 4. A | |
| h. Other | | \$62,411.00 | | 7 | | | | overnmen | t debarme | elines to Agencies on nt and suspension (Non | |
| i. TOTAL DIRECT CO | 22.00000000000000000000000000000000000 | \$327,411.00 | | | | | F | rocureme | nt) | | |
| j. Indirect cost | | | | | | | 1 | | | | |
| (Rate). | | N/A | N/A | N/A | 4 | N/A | | | | | |
| k. OTHER APPL. COSTS N/A | | | N/A | N/A | 4 | N/A | | | | | |
| I. TOTAL APPROVED | BUDGET | \$327,411.13 | | | | | | | | | |
| *Must meet all matching or cost participation requirements subject to adjustment in accordance with SBA policy | | | | | | | | | | | |
| 15. THIS AWARD IS | SUBJEC | T TO THE TERM | MS AND CO | NDIT | IONS ON TH | E REVERS | E SIDE | | | | |
| 16. CRS - EIN 6108 | 858140-DA-000033836 | | | 7. CO | COUNTY NAME | | | | 18. CONGRESSIONAL DISTRICT NO. | | |
| 19a. CITY CODE Lex | kington | b. COUNTY CODE | | | c. STATE CODE KY | | | | d. PROGRAM CODE SVOG | | |
| BUDGET CODE | | DOCUMENT NO. | | | AMT. ACTION FIN. ASST. | | | TYPE OF ORGANIZATION | | | |
| 20a. X0700DB90050060500 b. 1 | | | | c. \$327,411.13 | | | | d. Majority Government Owned | | | |
| 21. AGENCY OFFICIAL (Signature, Name and Title) Linds Lorton, Mayor | | | | | | | | 22. DAT | E ISSUED | 07/27/2021 (Mo./Day/Yr.) | |
| 23. RECIPIENT OFFICIAL (Signature, Name and Title) | | | | | | | | 24. DAT | E | (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, AlB, 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.