



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.: SBAHQ21SV010691	
3. RECIPIENT: (Name, Organizational Unit, Address) Lexington Fayette Urban County Government 610858140 020428777-0000 200 East Main Street Lexington KY 40507 United States		4. PROJECT PERIOD (Mo./Day/Yr.) <i>From</i> 07/16/2021 <i>Through</i> 12/31/2021	
8. TITLE OF PROJECT/PROGRAM (limit to 53 spaces) Shuttered Venue Operators Grant		5. BUDGET PERIOD (Mo./Day/Yr.) <i>From</i> 07/16/2021 <i>Through</i> 07/15/2022	
		6. FEDERAL CATALOG NO. 59.075	
		7. ADMINISTRATIVE CODES	
		9. AWARD AMOUNT Amount of SBA Financial Assistance \$94,818.62	

10. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator) NAME Luallen Amber Last First Initial ADDRESS: 200 East Main Street Lexington KY 40507 United States		11. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project) <table border="1"> <tr> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> </tr> <tr> <td>a. N/A</td> <td>N/A</td> <td>b. N/A</td> <td>N/A</td> </tr> </table>		BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST	a. N/A	N/A	b. N/A	N/A
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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

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.....	\$40,000.00			
b. Fringe Benefits.....	\$0.00			
c. Consultants.....	N/A			
d. Travel.....	\$0.00			
e. Equipment.....	\$10,000.00			
f. Supplies.....	\$0.00			
g. Contractual.....	\$8,818.00			
h. Other.....	\$36,000.00			
i. TOTAL DIRECT COSTS.....	\$94,818.00			
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	\$94,818.62			

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 610858140-DA-000031066		17. COUNTY NAME		18. CONGRESSIONAL DISTRICT NO.	
19a. CITY CODE Lexington		b. COUNTY CODE		c. STATE CODE KY	
d. PROGRAM CODE SVOG		BUDGET CODE		TYPE OF ORGANIZATION	
20a. X0700DB90050060500		DOCUMENT NO. b. 1		AMT. ACTION FIN. ASST. c. \$94,818.62	
21. AGENCY OFFICIAL (Signature, Name and Title) <i>Linda Gorton</i> , Linda Gorton, Mayor		22. DATE ISSUED (Mo./Day/Yr.) 07/16/2021		23. RECIPIENT OFFICIAL (Signature, Name and Title)	
		24. DATE (Mo./Day/Yr.) 07/19/2021			

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.