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



ILS, Small Business Administration

NOTICE OF AWARD

- XXVI	0.5. Sinai Business Administration 140 I CL OF AVARD									ND	
1	1. AUTHORIZATION (Legislation/ Regulation) Section 324 of division N of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260)			2.	2. Grant/Cooperative Agreement No.: SBAHQ21SV016674						
C10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -											
CALCAL TO THE STATE OF THE STAT				_ 4.	PROJECT	PERIOD (Mo./Day/Yr.)		y/Yr.)	-	(Mo./Day/Yr.)	
3. RECIPIENT: (Name, Organizational Unit, Address) City of Allen					From 09/01	7/2	021		Through 12/31/2021		
756004912 788275956-0000					5. BUDGET PERIOD (Mo./Day/Yr.)				(Mo /Day/Yr.)		
305 CENTURY PARKWAY					From 09/07/2021				Through 09/06/2022		
ALLEN TX 75013 United States					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				\$1,787,197.41		
10. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator)				11	11. RECOMMENDED FUTURE SUPPORT(Subject to the available funds and satisfactory progress of the project)					lo the availability of	
NAME Gillard Kim				_	BUDGET	TOTAL			BUDGET	TOTAL	
Last First Initial ADDRESS: 305 CENTURY PARKWAY				_	YEAR	\dashv	DIRECT CO		YEAR	DIRECT COST	
ALLEN TX 75013 United States					N/A		N/A		b-N/A	N/A	
12. Approved Budget (Excludes SBA Direct Assistance) SBA Funds Total project costs including all other financial participation. See attachment See att										Yes No	
SBA Funds T	articipation.	Federal		1 :	See attach						
Share Share				+	Non-Federal Non-Federal Program Inc.			14. THIS AWARD IS SUBJECT TO THE FOLLOWING			
' ·		\$1,117,256.00 \$0.00							DST PRINCIPLESAND OMB UNIFORM DININSTRATIVE REQUIREMENTS:		
c. Consultants		*****									
d. Travel		\$0.00						⊠ 2	2 CFR Chapter 1, Chapter II, Part 200, et al, uniform Administrative Requirements, Cost		
e. Equipment		\$0.00						Pi	rinciples, and Audi	t Requirements for Federal	
f, Supplies		\$0.00				ļ		A۱	wards.		
g. Contractual		\$0.00 \$669,941.00							Part 180 - OMB Guidelines to Agencies on		
h. Other									government debarment and suspension (Non Procurement)		
i. TOTAL DIRECT CO	этз	\$1,787,197.00					J				
j. Indirect cost		N/A	N/A	N/A	۸	N	10				
(Rate).				+			N/A				
		N/A	N/A	N//	I/A		N/A				
1. TOTAL APPROVED BUDGET		\$1,787,197.41									
*Must meet all match requirements subject to adjustment policy	_	•						-			
15. THIS AWARD I	S SUBJEC	T TO THE TERM	IS AND CO	NDIT	IONS ON T	ΗE	REVERSE S	SIDE			
16. CRS - EIN 756004912-DA-000051705				7. CO	COUNTY NAME				18. CONGRESS DISTRICT N		
19a. CITY CODE ALLEN b. COUNTY CODE				c. STATE CODE TX				d. PROGRAM CODE SVOG			
BUDGET CODE DOCUMENT NO.				AMT. ACTION FIN. ASST.				TYPE OF ORGANIZATION			
20a. X0700DB90050060500 b. 1				c. \$1,787,197.41				d. Majority Government Owned			
21. AGENCY OFFICIAL (Signature, Name and Title)									09/07/2021 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, 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.