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



all Business Administration

NOTICE OF AWADD

	U.S. Small Business Administration INOTICE OF AVVARD												
1	. AUTHOR	2.	2. Grant/Cooperative Agreement No.: SBAHQ21SV005000										
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Regulation) Section 324 of division N of the Consolidated Appropriations												
/ A / 4 / 5 mm A /	Act, 2021 (Pub. L. 116-260)			4.	PROJECT	F PERIOD (Mo./Day/Yr.)			(Mo./Day/Yr.)				
3. RECIPIENT: (Name, Organizational Unit, Address)					From 07/14/2021 Through 12/31/20								
City of Hampton, Virginia						RIOD (Mo./Da)	/Yr.1		(Mo./Day/Yr.)				
546001336 066019902-0000					From 07/14/2021					T			
22 Lincoln Street					6. FEDERAL CATALOG NO.				7. ADMINISTRATIVE CODES				
Hampton VA 23669 United States 8. TITLE OF PROJECT/PROGRAM (limit to 53 spaces)					U. PEDERAL CATALOG NO.				7. ADMINISTRATIVE CODES				
8. IIILE OF PROJ	EC1/PROG	SKANI (IIMIE IO 53 :	spaces)	5	9.075								
Shuttered Venue Operators Grant				9.	AWARD AMOUNT Amount of SBA Financial Assistance				\$4,944,206.70				
10. DIRECTOR OF Coordinator or Pr		(Program or Cent tigator)	er Director,	11	RECOMI funds and project)	VIEI sat	NDED FUTU disfactory prog	JRE S ress of	UPPORT	(Subject	to the av	ailability of	
NAME Vander Vennel Terri					BUDGET		TOTAL	<u> </u>	BUDGET		Т	OTAL	
Last First ADDRESS: 22 Lincoln Street			nitial		YEAR		DIRECT C	OST Y		AR	DIRE	CT COST	
Hampton VA 23669 United States				a. _[N/A	N/A			p. N/A	N/A			
12. Approved Budget (Excludes SBA Direct Assistance)					13. REMARKS (Other Terms &				& Conditions Attached) Yes No				
SBA Funds I	otal project cos articipation.	ts including all other fir	nancial										
		Federal Share	Non-Federal Share		Non-Federal In-Kind	1	Non-Federal Program Inc.					TO THE FOLLOW	
		\$2,407,592.00							T PRINCIPLESAND OMB UNIFORM INISTRATIVE REQUIREMENTS:				
b. Fringe Benefits	1	\$1,140,000.00 N/A									O		
c. Consultants		\$0.00										Part 200, et al,	
d. Travel	1	\$50,000.00										rements, Cost ments for Federal	
e. Equipment	****************	\$410,000.00							wards.	arra riadic	roquiro	monto for regular	
f. Supplies	••••••	\$198,000.00							Part 180 - 0	MR Guid	lalinas to	Agencies on	
g. Contractual h. Other		\$2,034,617.00						<u></u> g	Part 180 - OMB Guidelines to Agencies on government debarment and suspension (Non				
I. TOTAL DIRECT CO		¢6 340 300 00						P	rocureme:	nt)			
j. Indirect cost		\$6,240,209.00		-		╁		1			•		
(Rate).		N/A	N/A	N//	N/A		/A						
k. OTHER APPL. COSTS		N/A	N/A	N//	Α	N	N/A						
I. TOTAL APPROVE	BUDGET	\$4,944,206.70				T							
*Must meet all match requirements subject to adjustment policy	ŭ	•											
15. THIS AWARD I	S SUBJEC	T TO THE TERM	IS AND CO	NDIT	IONS ON T	HE	REVERSE	SIDE					
16. CRS - EIN 546001336-DA-000010510				7. CO	COUNTY NAME				18. CONGRESSIONAL DISTRICT NO.				
19a. CITY CODE Hampton		b. COUNTY CODE			c. STATE CODE VA				d. PROGRAM CODE SVOG				
BUDGET CODE		DOCUMENT NO.			AMT. A	CTI	ION FIN. ASS	TYPE OF ORGANIZATION					
20a. X0700DB90050060500 b. 1			c. \$4,944,206			70		d. Majority Government Owned					
							07/14/2021						
21. AGENCY OFFICIAL (Signature, Name and Title)					X 1 L					22. DATE ISSUED (Mo./Day/Yr.)			
23. RECIPIENT OFFIC	CIAL (Signati	ure, Name and Titl	e) Jer	Var	incle s	ov ov	raet. 1et, Dire	ctor	24. DA1	421	(Mo./Ľ	Day/Yr.)	

SBA FORM 1222 (4-12) Previous editions obsolete