

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 20416 All other SBA/OGM, 409 Third Street, 5th Floor, Washington, DC 20416

OMB Approval No.: 3245-0140
Expiration Date 5/31/2015



U.S. Small Business Administration

NOTICE OF AWARD

1. AUTHORIZATION <i>(Legislation/Regulation)</i> Section 324 of division N of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260)		2. Grant/Cooperative Agreement No.: SBAHQ21SV009148	
3. RECIPIENT: <i>(Name, Organizational Unit, Address)</i> Bob Hope Theatre 946000436 831603431-0000 242 E. Main St. Stockton CA 95202 United States		4. PROJECT PERIOD <i>(Mo./Day/Yr.)</i> From 07/27/2021 Through 12/31/2021	5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i> From 07/27/2021 Through 07/26/2022
6. FEDERAL CATALOG NO. 59.075		7. ADMINISTRATIVE CODES	
8. TITLE OF PROJECT/PROGRAM <i>(limit to 53 spaces)</i> Shuttered Venue Operators Grant		9. AWARD AMOUNT Amount of SBA Financial Assistance \$239,427.90	

10. DIRECTOR OF PROJECT <i>(Program or Center Director, Coordinator or Principal Investigator)</i> NAME Jimenez Jose Last First Initial ADDRESS: 242 E. Main St. Stockton CA 95202 United States		11. RECOMMENDED FUTURE SUPPORT <i>(Subject to the availability of funds and satisfactory progress of the project)</i> <table border="1"> <thead> <tr> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> <th>BUDGET YEAR</th> <th>TOTAL DIRECT COST</th> </tr> </thead> <tbody> <tr> <td>a. N/A</td> <td>N/A</td> <td>b. N/A</td> <td>N/A</td> </tr> </tbody> </table>		BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST	a. N/A	N/A	b. N/A	N/A
BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST								
a. N/A	N/A	b. N/A	N/A								

12. Approved Budget <i>(Excludes SBA Direct Assistance)</i> <input checked="" type="checkbox"/> SBA Funds Only <input type="checkbox"/> Total project costs including all other financial participation.		13. REMARKS <i>(Other Terms & Conditions Attached)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	Federal Share	Non-Federal Share	Non-Federal In-Kind	Non-Federal Program Inc.
a. Personal Service.....	\$101,920.00			
b. Fringe Benefits.....	\$30,576.00			
c. Consultants.....	N/A			
d. Travel.....	\$0.00			
e. Equipment.....	\$95,822.20			
f. Supplies.....	\$10,000.00			
g. Contractual.....	\$20,000.00			
h. Other.....	\$25,000.00			
i. TOTAL DIRECT COSTS.....	\$283,318.00			
j. Indirect cost.....	N/A	N/A	N/A	N/A
(Rate).				
k. OTHER APPL. COSTS.....	N/A	N/A	N/A	N/A
l. TOTAL APPROVED BUDGET	\$239,427.90			

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 946000436-DA-000026980		17. COUNTY NAME	
18. CONGRESSIONAL DISTRICT NO.		19a. CITY CODE Stockton	
20a. X0700DB90050060500		b. COUNTY CODE	
21. AGENCY OFFICIAL <i>(Signature, Name and Title)</i>		c. STATE CODE CA	
22. DATE ISSUED <i>(Mo./Day/Yr.)</i>		d. PROGRAM CODE SVOG	
23. RECIPIENT OFFICIAL <i>(Signature, Name and Title)</i>		e. AMT. ACTION FIN. ASST.	
24. DATE <i>(Mo./Day/Yr.)</i>		f. TYPE OF ORGANIZATION	
25. Majority Government Owned		26. 07/27/2021	

ATTACHMENT A

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.