



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.: SBAHQ21SV012671	
3. RECIPIENT: (Name, Organizational Unit, Address) City of Lewisville - Medical City Lewisville Grand Theater 756000583 078364312-0000 PO Box 299002 Lewisville TX 75029 United States		4. PROJECT PERIOD (Mo./Day/Yr.) From 07/19/2021 Through 12/31/2021	
		5. BUDGET PERIOD (Mo./Day/Yr.) From 07/19/2021 Through 07/18/2022	
8. TITLE OF PROJECT/PROGRAM (limit to 53 spaces) Shuttered Venue Operators Grant		6. FEDERAL CATALOG NO. 59.075	
		7. ADMINISTRATIVE CODES	
		9. AWARD AMOUNT Amount of SBA Financial Assistance \$136,922.40	

10. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator) NAME Helbing Denise Last First Initial ADDRESS: PO Box 299002 Lewisville TX 75029 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
BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST								
a. N/A	N/A	b. N/A	N/A								
12. Approved Budget (Excludes SBA Direct Assistance) <input checked="" type="checkbox"/> SBA Funds Only <input type="checkbox"/> Total project costs including all other financial participation.		13. REMARKS (Other Terms & Conditions Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

	Federal Share	Non-Federal Share	Non-Federal In-Kind	Non-Federal Program Inc.
a. Personal Service.....	\$0.00			
b. Fringe Benefits.....	\$0.00			
c. Consultants.....	N/A			
d. Travel.....	\$0.00			
e. Equipment.....	\$0.00			
f. Supplies.....	\$0.00			
g. Contractual.....	\$100,000.00			
h. Other.....	\$36,922.00			
i. TOTAL DIRECT COSTS.....	\$136,922.00			
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	\$136,922.40			

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 756000583-DA-000036334		17. COUNTY NAME	
18. CONGRESSIONAL DISTRICT NO.		19a. CITY CODE Lewisville	
19b. COUNTY CODE		c. STATE CODE TX	
19c. BUDGET CODE		d. PROGRAM CODE SVOG	
20a. X0700DB90050060500		b. 1	
20b. DOCUMENT NO.		c. \$136,922.40	
20c. AMT. ACTION FIN. ASST.		d. Majority Government Owned	
20d. TYPE OF ORGANIZATION		07/19/2021	
21. AGENCY OFFICIAL (Signature, Name and Title) Denise Helbing Arts Center Manager		22. DATE ISSUED (Mo./Day/Yr.) 7/23/2021	
23. RECIPIENT OFFICIAL (Signature, Name and Title)		24. DATE (Mo./Day/Yr.)	

FORM-1222 ADDENDUM

Field 13. Other Terms & Conditions Attached

You are required to initial and sign Program Assurances prior to your initial disbursement.

You are required to view the Post-Award Information Session prior to your initial disbursement. ✓

You must submit a copy of your 2020 Federal tax returns to receive additional disbursements. ✓

You are required to file a final report within 15 days of expending all grant funds. ✓

You are not eligible for a Restaurant Revitalization Fund grant. ✓

Additional Program Assurances - Please initial each item below and sign at the bottom.

As the applicant or duly authorized agent of the applicant, I certify that the organization:

- ✓ 1. Is fully operational or intends to resume operations.
- ✓ 2. Fully meets the eligibility criteria of the grant program.
- ✓ 3. Does not present live performances of a prurient sexual nature or derive revenue from sales of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.
- ✓ 4. Accurately listed the number of employees, including full-time or part-time status.
- ✓ 5. Will not use funds for real estate purchases; to prepay mortgage loans; to pay interest or principal on loans received after February 29, 2020; to invest or re-lend funds; to contribute to or expend funds to or on behalf of any political party, party committee, or candidate for elected office; to purchase alcohol or pay for loans for alcohol; or to purchase or pay loans for items of prurient sexual nature.
- ✓ 6. Will provide a complete Final Report, including programmatic questions, by the date specified in the Grant Award Notice.
- ✓ 7. Will retain records regarding employment for a period of 4 years following the receipt of the grant and other records for a period of 3 years following receipt of the grant.
- ✓ 8. Will cooperate with audit activities conducted by SBA, SBA Office of Inspector General, and the Government Accountability Office.
- ✓ 9. Will repay any funds found to be misspent pursuant to the allowable uses of program funds.
- ✓ 10. Will not abrogate existing collective bargaining agreements for the term of the grant and 2 years after expending grant funds; and will remain neutral in any union organizing effort for the term of the grant.

Signature: _____

Date: _____

Denise Vellinga

7/23/21