

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**

<b>1. AUTHORIZATION</b> (Legislation/Regulation) Section 324 of division N of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260)		<b>2. Grant/Cooperative Agreement No.:</b> SBAHQ21SV000838									
<b>3. RECIPIENT:</b> (Name, Organizational Unit, Address) Milwaukee County, Wisconsin 396005720 033992769-0000 10001 W Bluemound Rd Milwaukee WI 53226 USA		<b>4. PROJECT PERIOD</b> (Mo./Day/Yr.) From 08/09/2021 Through 12/31/2021									
<b>8. TITLE OF PROJECT/PROGRAM</b> (limit to 53 spaces) Shuttered Venue Operators Grant		<b>5. BUDGET PERIOD</b> (Mo./Day/Yr.) From 08/09/2021 Through 08/08/2022									
<b>10. DIRECTOR OF PROJECT</b> (Program or Center Director, Coordinator or Principal Investigator) NAME Westphal Vera Last First Initial ADDRESS: 10001 W Bluemound Rd Milwaukee WI 53226 USA		<b>6. FEDERAL CATALOG NO.</b> 59.075									
<b>12. Approved Budget</b> (Excludes SBA Direct Assistance) <input checked="" type="checkbox"/> SBA Funds Only <input type="checkbox"/> Total project costs including all other financial participation.		<b>7. ADMINISTRATIVE CODES</b>									
<b>13. REMARKS</b> (Other Terms & Conditions Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See attachment		<b>9. AWARD AMOUNT</b> Amount of SBA Financial Assistance \$6,849,482.40									
<b>14. THIS AWARD IS SUBJECT TO THE FOLLOWING COST PRINCIPLES AND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS:</b> <input checked="" type="checkbox"/> 2 CFR Chapter 1, Chapter II, Part 200, et al, uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. <input checked="" type="checkbox"/> Part 180 - OMB Guidelines to Agencies on government debarment and suspension (Non Procurement)		<b>11. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project)									
		<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								

	Federal Share	Non-Federal Share	Non-Federal In-Kind	Non-Federal Program Inc.
a. Personal Service.....	\$6,849,482.40			
b. Fringe Benefits.....	\$0.00			
c. Consultants.....	N/A			
d. Travel.....	\$0.00			
e. Equipment.....	\$0.00			
f. Supplies.....	\$0.00			
g. Contractual.....	\$0.00			
h. Other.....	\$0.00			
<b>I. TOTAL DIRECT COSTS.....</b>	<b>\$6,849,482.00</b>			
j. Indirect cost..... (Rate).	N/A	N/A	N/A	N/A
k. OTHER APPL. COSTS.....	N/A	N/A	N/A	N/A
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$6,849,482.40</b>			

\*Must meet all matching or cost participation requirements subject to adjustment in accordance with SBA policy

<b>15. THIS AWARD IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE</b>			
<b>16. CRS - EIN</b> 396005720-DA-000010370		<b>17. COUNTY NAME</b>	
<b>18. CONGRESSIONAL DISTRICT NO.</b>		<b>19. PROGRAM CODE SVOG</b>	
<b>19a. CITY CODE</b> Milwaukee	<b>b. COUNTY CODE</b>	<b>c. STATE CODE</b> WI	<b>d. PROGRAM CODE SVOG</b>
<b>BUDGET CODE</b>		<b>DOCUMENT NO.</b>	
<b>AMT. ACTION FIN. ASST.</b>		<b>TYPE OF ORGANIZATION</b>	
20a. X0700DB90050060500		b. 1	
c. \$6,849,482.40		d. Majority Government Owned	
21. AGENCY OFFICIAL (Signature, Name and Title)		22. DATE ISSUED (Mo./Day/Yr.) 08/09/2021	
23. RECIPIENT OFFICIAL (Signature, Name and Title)  David Crowley, Milwaukee County Executive		24. DATE (Mo./Day/Yr.) 8/13/2021	

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 Form SF-425 with supporting documents prior to each additional disbursement.

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

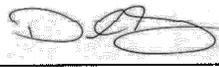
You are required to submit a Single Audit or financial audit at the end of your fiscal year.

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:  David Crowley, Milwaukee County Executive

Date: 8/13/2021

WHEREOF, the parties hereto have executed this agreement on the day, month, and year above written:

**REVIEWED AS TO INSURANCE REQUIREMENTS:**

BY:  DATE: 8/12/2021  
**Risk Manager**  
Office of Risk Management

**APPROVED AS TO FUNDS AVAILABLE PER WISCONSIN STATUTES §59.255(2)(e):**

BY:  DATE: 8/13/2021  
**Milwaukee County Comptroller**  
Office of the Comptroller

**APPROVED FOR EXECUTION:**

BY:  DATE: 8/12/2021  
**Corporation Counsel**  
Office of Corporation Counsel

**REVIEWED AND APPROVED BY THE COUNTY EXECUTIVE:**

BY:  DATE: 8/13/2021  
**David Crowley, County Executive**  
Office of the County Executive

**APPROVED AS COMPLIANT UNDER §59.42(2)(b)5, STATS.:**

BY:  DATE: 8/13/2021  
**Corporation Counsel**  
Office of Corporation Counsel