

GRANT SUMMARY SHEET

Grant Name: Shuttered Venue Operating 21-25

Department: MUNICIPAL AUDITORIUM

Grantor: U.S. SMALL BUSINESS ADMINISTRATION

**Pass-Through Grantor
(If applicable):**

Total Award this Action: \$1,523,618.31

Cash Match \$0.00

Department Contact: Tracey Rhodes
8626984

Status: NEW

Program Description:

The Shuttered Venue Operators Grant (SVOG) provides emergency assistance for eligible venues affected by COVID-19.

Plan for continuation of services upon grant expiration:

N/A

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
	61	Tracey Rhodes			8626984		
Grant Name:	Shuttered Venue Operating 21-22						
Grantor:	U.S. Small Business Administration				Other:		
Grant Period From:	08/05/21	(applications only) Anticipated Application Date:					
Grant Period To:	08/04/22	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	OTHER	Total Award:		\$1,523,618.31			
Status:	NEW	Metro Cash Match:		\$0.00			
Metro Category:	New Initiative	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input type="checkbox"/>				
The Shuttered Venue Operators Grant (SVOG) provides emergency assistance for eligible venues affected by COVID-19.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
N/A							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?				Fund		Business Unit	
Is not budgeted?				Proposed Source of Match:			
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		9.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		20.12%		Indirect Cost of Grant to Metro:		\$306,552.00	
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow.		0.00%		Ind. Cost Requested from Grantor:	
						\$0.00 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>							
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY21	\$1,523,618.31	\$0.00	\$0.00	\$0.00		\$0.00	\$1,523,618.31	\$306,552.00	\$0.00
Yr 2	FY__									
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Date Awarded:				08/05/21	Tot. Awarded:		\$1,523,618.31	Contract#: SBAHQ21SV011585		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP Rec'd
08/06/21

GCP
Approved
08/06/21

vw

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>	2. Grant/Cooperative Agreement No.:								
3. RECIPIENT: <i>(Name, Organizational Unit, Address)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">4. PROJECT PERIOD <i>(Mo./Day/Yr.)</i></td> <td style="width:50%;"><i>(Mo./Day/Yr.)</i></td> </tr> <tr> <td style="text-align: center;"><i>From</i></td> <td style="text-align: center;"><i>Through</i></td> </tr> <tr> <td style="width:50%;">5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i></td> <td style="width:50%;"><i>(Mo./Day/Yr.)</i></td> </tr> <tr> <td style="text-align: center;"><i>From</i></td> <td style="text-align: center;"><i>Through</i></td> </tr> </table>	4. PROJECT PERIOD <i>(Mo./Day/Yr.)</i>	<i>(Mo./Day/Yr.)</i>	<i>From</i>	<i>Through</i>	5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i>	<i>(Mo./Day/Yr.)</i>	<i>From</i>	<i>Through</i>
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<i>From</i>	<i>Through</i>								
5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i>	<i>(Mo./Day/Yr.)</i>								
<i>From</i>	<i>Through</i>								
8. TITLE OF PROJECT/PROGRAM <i>(limit to 53 spaces)</i>	6. FEDERAL CATALOG NO.								
7. ADMINISTRATIVE CODES									
9. AWARD AMOUNT Amount of SBA Financial Assistance									

10. DIRECTOR OF PROJECT <i>(Program or Center Director, Coordinator or Principal Investigator)</i> NAME Last First Initial ADDRESS:	11. RECOMMENDED FUTURE SUPPORT <i>(Subject to the availability of funds and satisfactory progress of the project)</i> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">BUDGET YEAR</th> <th style="width:25%;">TOTAL DIRECT COST</th> <th style="width:25%;">BUDGET YEAR</th> <th style="width:25%;">TOTAL DIRECT COST</th> </tr> <tr> <td>a.</td> <td></td> <td>b.</td> <td></td> </tr> </table>	BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST	a.		b.	
BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST						
a.		b.							

12. Approved Budget *(Excludes SBA Direct Assistance)* **13. REMARKS** *(Other Terms & Conditions Attached)* Yes No

SBA Funds Only Total project costs including all other financial participation.

	Federal Share	Non-Federal Share	Non-Federal In-Kind	Non-Federal Program Inc.
a. Personal Service.....				
b. Fringe Benefits.....				
c. Consultants.....				
d. Travel.....				
e. Equipment.....				
f. Supplies.....				
g. Contractual.....				
h. Other.....				
i. TOTAL DIRECT COSTS.....				
j. Indirect cost.....				
(Rate).				
k. OTHER APPL. COSTS.....				
l. TOTAL APPROVED BUDGET				

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	17. COUNTY NAME	18. CONGRESSIONAL DISTRICT NO.
19a. CITY CODE	b. COUNTY CODE	c. STATE CODE
BUDGET CODE	DOCUMENT NO.	AMT. ACTION FIN. ASST.
20a.	b.	c.
		d. TYPE OF ORGANIZATION

21. AGENCY OFFICIAL <i>(Signature, Name and Title)</i>	22. DATE ISSUED <i>(Mo./Day/Yr.)</i>
	08/09/2021
23. RECIPIENT OFFICIAL <i>(Signature, Name and Title)</i>	24. DATE <i>(Mo./Day/Yr.)</i>

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.

**SIGNATURE PAGE
FOR**

SBAHQ21SV011585

GRANT NO. _____

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Don Harris
Department Name

8/6/21
Date

**APPROVED AS TO AVAILABILITY
OF FUNDS:**

DocuSigned by:
Kevin Crumbo/mjw
Kevin Crumbo, Director
Department of Finance

8/11/2021
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
Director of Insurance

8/11/2021
Date

**APPROVED AS TO FORM AND
LEGALITY:**

DocuSigned by:
Tara Ladd
Metropolitan Attorney

8/11/2021
Date

"See Previous Page"
John Cooper
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date