

## GRANT SUMMARY SHEET

**Grant Name:** Shuttered Venue Operating Grant Proposed Supplemental Funds  
21-23 Amend. 1

**Department:** MUNICIPAL AUDITORIUM

**Grantor:** U.S. SMALL BUSINESS ADMINISTRATION

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

**Total Award this Action:** \$761,809.16

**Cash Match** \$0.00

**Department Contact:** Tracey Rhodes  
8626984

**Status:** AMENDMENT

**Program Description:**

The Shuttered Venue Operators Grant (SVOG) provides emergency assistance for eligible venues affected by COVID-19. Amendment 1 adds an additional \$761,809.16 to previous amount of \$1,523,618.31 for a new total of \$2,285,427.47.

**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 type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
MUNICIPAL AUDITORIUM	61	Tracey Rhodes			8626984		
<b>Grant Name:</b>	Shuttered Venue Operating Grant Proposed Supplemental Funds 21-23 Amend. 1						
<b>Grantor:</b>	U.S. SMALL BUSINESS ADMINISTRATION	<b>Other:</b>					
<b>Grant Period From:</b>	08/05/21	(applications only) Anticipated Application Date:		10/20/21			
<b>Grant Period To:</b>	02/05/23	(applications only) Application Deadline:					
<b>Funding Type:</b>	FED DIRECT	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>			
<b>Pass-Thru:</b>		<b>Outside Consultant Project:</b>		<input type="checkbox"/>			
<b>Award Type:</b>	OTHER	<b>Total Award:</b>		\$761,809.16			
<b>Status:</b>	AMENDMENT	<b>Metro Cash Match:</b>		\$0.00			
<b>Metro Category:</b>	Est. Prior.	<b>Metro In-Kind Match:</b>		\$0.00			
<b>CFDA #</b>	59.075	<b>Is Council approval required?</b>		<input type="checkbox"/>			
<b>Project Description:</b>	Applic. Submitted Electronically?		<input type="checkbox"/>				
<p>The Shuttered Venue Operators Grant (SVOG) provides emergency assistance for eligible venues affected by COVID-19. Amendment 1 adds an additional \$761,809.16 to previous amount of \$1,523,618.31 for a new total of \$2,285,427.47.</p>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
N/A							
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		or		<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>	
<b>Explanation for "Other" means of determining match:</b>							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
<b>Is already in department budget?</b>				<b>Fund</b>		<b>Business Unit</b>	
<b>Is not budgeted?</b>				<b>Proposed Source of Match:</b>			
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>							
<b>Other:</b>							
<b>Number of FTEs the grant will fund:</b>		9.00		<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>		20.12%		<b>Indirect Cost of Grant to Metro:</b>		\$236,500.00	
<b>*Indirect Costs allowed?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		<b>% Allow.</b>		20.12%		<b>Ind. Cost Requested from Grantor:</b>	
						\$236,500.00 <b>in budget</b>	
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>							
<b>Draw down allowable?</b> <input type="checkbox"/>							
<b>Metro or Community-based Partners:</b>							

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	FY22	\$2,285,427.47	\$0.00	\$0.00	\$0.00		\$0.00	\$2,285,427.47	\$236,500.00	\$236,500.00
Yr 2	FY__									
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		\$2,285,427.47	\$0.00	\$0.00	\$0.00		\$0.00	\$2,285,427.47	\$236,500.00	\$236,500.00
<b>Date Awarded:</b>			10/20/21		<b>Tot. Awarded:</b>		\$761,809.16		<b>Contract#:</b>	
(or) <b>Date Denied:</b>					<b>Reason:</b>					
(or) <b>Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

GCP Rec'd  
10/20/21

GCP Approved  
10/20/21

*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**

<b>1. AUTHORIZATION</b> <i>(Legislation/Regulation)</i> Section 324 of division N of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260)	<b>2. Grant/Cooperative Agreement No.:</b> SBAHQ21SV011585.2								
<b>3. RECIPIENT:</b> <i>(Name, Organizational Unit, Address)</i> Metropolitan Government of Nashville and Davidson Cou 620694743                      078217668-0000 1 Public SQ Nashville TN 37201 US	<b>4. PROJECT PERIOD</b> <i>(Mo./Day/Yr.)</i> From 08/05/2021                      Through 06/30/2022 <b>5. BUDGET PERIOD</b> <i>(Mo./Day/Yr.)</i> From 08/05/2021                      Through 02/05/2023								
<b>8. TITLE OF PROJECT/PROGRAM</b> <i>(limit to 53 spaces)</i> Shuttered Venue Operators Grant	<b>6. FEDERAL CATALOG NO.</b> 59.075 <b>7. ADMINISTRATIVE CODES</b>								
<b>9. AWARD AMOUNT</b> Amount of SBA Financial Assistance                      \$2,285,427.47									
<b>10. DIRECTOR OF PROJECT</b> <i>(Program or Center Director, Coordinator or Principal Investigator)</i>  NAME Cooper                      John Last                      First                      Initial ADDRESS: 1 Public SQ Nashville TN 37201 US	<b>11. RECOMMENDED FUTURE SUPPORT</b> <i>(Subject to the availability of funds and satisfactory progress of the project)</i> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <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> </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** *(Excludes SBA Direct Assistance)*                      **13. REMARKS** *(Other Terms & Conditions Attached)*  Yes  No  
 SBA Funds Only                       Total project costs including all other financial participation.                      See attachment

	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.....	\$0.00			
d. Travel.....	\$0.00			
e. Equipment.....	\$0.00			
f. Supplies.....	\$0.00			
g. Contractual.....	\$0.00			
h. Other.....	\$2,285,427.47			
<b>i. TOTAL DIRECT COSTS.....</b>	<b>\$2,285,427.47</b>			
<b>j. Indirect cost.....</b> <i>(Rate).</i>	N/A	N/A	N/A	N/A
<b>k. OTHER APPL. COSTS.....</b>	N/A	N/A	N/A	N/A
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$2,285,427.47</b>			

**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 620694743-DA-000028842	17. COUNTY NAME	18. CONGRESSIONAL DISTRICT NO.
19a. CITY CODE Nashville	b. COUNTY CODE	c. STATE CODE TN
<b>BUDGET CODE</b>	<b>DOCUMENT NO.</b>	<b>AMT. ACTION FIN. ASST.</b>
20a. X0700DB90050060500	b. 2	c. \$2,285,427.47
21. AGENCY OFFICIAL <i>(Signature, Name and Title)</i>		22. DATE ISSUED <i>(Mo./Day/Yr.)</i> 10/20/2021
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.

<b>EXPLANATION OF BLOCKS ON THE NOTICE OF AWARD</b>	
Box 1 – Authorization	Statutory Authority: The public law or statute number authorizing the grant.
Box 2 – Grant/Cooperative Agreement No.	A unique, identifying number assigned by the Small Business Administration (SBA) to each application. On funded applications, this is commonly known as the "grant number" or "document number." This number will be appended by a ".1", ".2", etc. to denote that it is a superseding award document.
Box 3 – Recipient	<p><b>Name:</b> The legal name of the entity to which the funds are awarded.</p> <p><b>Address:</b> The recipient's complete address.</p>
Box 4 – Project Period	<p><b>Project period:</b> The complete length of time for which funds are available for award making.</p> <p><b>From:</b> Date Initial Phase SVOG Award was issued by SBA.</p> <p><b>Through:</b> End date for incurring eligible and allowable costs. Grantee may incur costs from March 1, 2020, to the date in this box.</p> <p><u>Helpful information:</u> Transactions relating to payroll are considered to be eligible cost incurrences if work was performed between March 1, 2020, and the "Through" date in this box.</p> <p>Transactions relating to the procurement of goods or services are considered to be eligible cost incurrences if the date of the binding written commitment falls between March 1, 2020, and the "Through" date in this box.</p>
Box 5 – Budget Period	<p><b>Budget period:</b> The complete length of time grantees have to spend award funds on eligible and allowable costs. Grantees can spend award funds to cover eligible and allowable costs incurred from March 1, 2020, to the "Through" date in Box 4 in your most recently issued notice of award.</p> <p><b>From:</b> First date to spend award funds.</p> <p><b>Through:</b> Final date to spend award funds.</p>

Box 6 – Federal Catalog No.	The program number from the Catalog of Federal Domestic Assistance (CFDA).
Box 7 – Administrative Codes	This information is provided to assist the recipient in completing the approved activities and managing the project in accordance with SBA procedures and regulations.
Box 8 – Title of Project/Program	Identifies the project/program title for this Notice of Award.
Box 9 – Award Amount	The amount of the original award/SBA financial assistance. This is the total funding available before any amendment or adjustment is made.
Box 10 – Director of Project	<b>Name:</b> The recipient staff person responsible for administering the project. This person represents the recipient of the award from the SBA.  <b>Address:</b> The recipient's complete address.
Box 11 – Recommended Future Support	N/A
Box 12 – Approved Budget	The recipient's official budget as outlined in the approved application. If changes are needed, then the grantee will be provided the opportunity to make updates in the notice of award issuance action item's response.
Box 13 – Remarks	Other terms and conditions: Requirements of the award that are binding on the recipient, including but not limited to, FORM-1222 ADDENDUM.
Box 14 – Cost Principles and OMB Uniform Administrative Requirements	Additional requirements of the award that are binding on the recipient.  <a href="#">2 CFR 200</a> – Administrative requirements, cost principles, and audit requirements for Federal Awards.  <a href="#">Part 180</a> – OMB guidelines to agencies on government debarment and suspension
Box 15 – Terms and Conditions	This award is subject to the terms and conditions as presented on any additional forms, including but not limited to, FORM-1222 ADDENDUM.

Box 16 – CRS - EIN	Entity Identification Number (CRS-EIN) – A three-part coding scheme used in the Payment Management System. The first nine characters are the federal Taxpayer Identification Number (Employer Identification Number or Social Security Number) assigned by the Internal Revenue Service. The DA and numbers following indicate the draft application number.
Box 17 – County Name	Name of the county where the recipient is located.
Box 18 – Congressional District No.	Name of the congressional district where the recipient is located.
Box 19 – Location Data	<ul style="list-style-type: none"> <li>a. City Code – City where the recipient is located.</li> <li>b. County Code – County where the recipient is located.</li> <li>c. State Code – State where the recipient is located.</li> <li>d. Program Code - The name of the grant program.</li> </ul>
Box 20 – Budgetary Data	<ul style="list-style-type: none"> <li>a. <b>Budget Code</b> - The fiscal information recorded by the SBA’s Grant Administration and Payment System to track obligations by award.</li> <li>b. <b>Document No.</b> - A numeral that represents the cumulative number of steps taken by the SBA to date to establish or modify the award through fiscal or administrative means.</li> <li>c. <b>Amt. Action Fin. Asst.</b> - The amount of funds obligated (added) or de-obligated (subtracted) by this notification.</li> <li>d. <b>Type of Organization</b> - Recipient organization type.</li> </ul>
Box 21 – Agency Official	Agency official: The SBA official authorized to award funds to the recipient, establish or change the terms and conditions of the award, and authorize modifications to the award.
Box 22 – Date Issued	Date of issuance of the notice of award.
Box 23 – Recipient Official	The official responsible for the programmatic, administrative, and business management concerns of the Grantee.
Box 24 – Signature Date	Date the notice of award is signed. Same date as the “From” date in Box 4.

## FORM-1222 ADDENDUM

### Explanation

- **This Supplemental Phase SVOG Notice of Award supersedes any previous Notices of Award you received under the Shuttered Venue Operators grant.** The following Terms & Conditions and Additional Program Assurances apply to all SVOG Award funds received under this program.
- The Grant Number (Box 2) is different from the Initial Phase SVOG Notice of Award confirming it is a new, superseding Notice of Award.
- Under the Initial Phase SVOG Award, you had one year from the date of award to spend your grant funds and you could only use those funds to pay allowable items of cost incurred between March 1, 2020, and December 31, 2021. Once you execute the Supplemental Phase SVOG Notice of Award and return it with your initialed and signed Terms & Conditions and Additional Program Assurances, you will have 18 months from the date of your Initial Phase SVOG Award (Box 5 Budget *From* date) to spend your grant funds. You can use those funds to pay allowable costs incurred between March 1, 2020, and June 30, 2022.
- The supplemental award amount was calculated based on the initial grant amount before subtracting PPP. Any PPP funds received after December 27, 2020, not previously deducted, were then subtracted from the supplemental award amount, which final total award amount (initial grant amount plus the supplemental award amount) is at Box 9 (Award Amount).
- Please reference the current SVOG list of Frequently Asked Questions and the Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (commonly called "Uniform Guidance") for guidance regarding allowable items of cost and use of your grant funds and repayment of any unused funds at the end of your Budget Period.

### Field 13. Other Terms & Conditions Attached

- This Supplemental Phase SVOG Notice of Award supersedes any previous Notices of Award you received under the Shuttered Venue Operators grant.
- Prior approval is not required for the in-scope transfer or reallocation of funds among direct cost categories in the approved total budget. However, SBA will not permit any budget transfers or reallocations that represent a change in the scope of an SVOG Award or which would cause SVOG award funds to be used for purposes other than those consistent with the program legislation and appropriation.
- You must submit Form-425 with supporting documents when all award funds have been spent.
- You may spend your SVOG funds on costs incurred from March 1, 2020 to December 31, 2021 (or June 30, 2022 if you have received a Supplemental Award). Once you have spent all of your SVOG funds, it is recommended that you submit your expense report within 60 days. However, by law (per §200.344), you must complete this and the subsequent "Complete SVOG Closeout Process" to close out your grant within 120 days of the end of your Budget Period, whether or not all SVOG funds have been spent. You must submit your expense report through the portal or as otherwise directed by the program.
- You are required to submit a Single Audit or financial audit at the end of your fiscal year if you have spent \$750,000 or more in Federal Funding.
- 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 spend 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. If it has 500 or more employees, will not abrogate existing collective bargaining agreements for the term of the grant and 2 years after spending grant funds; and will remain neutral in any union organizing effort for the term of the grant.
- \_\_\_ 11. Will complete a finalized budget as required prior to closeout.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURE PAGE  
FOR  
GRANT NO. SBAHQ21SV011585.2**

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

**METROPOLITAN GOVERNMENT OF  
NASHVILLE AND DAVIDSON COUNTY**

*Don Harrik Tansisha Harvey*  
Municipal Auditorium Department

10/20/21  
Date

**APPROVED AS TO AVAILABILITY  
OF FUNDS:**

DocuSigned by:  
*Kelly Flannery*  
Kelly Flannery, Director of Finance  
Department of Finance

10/26/2021  
Date

**APPROVED AS TO RISK AND INSURANCE:**

DocuSigned by:  
*Balogun Cobb*  
Director of Insurance

10/26/2021  
Date

**APPROVED AS TO FORM AND  
LEGALITY:**

DocuSigned by:  
*Tara Ladd*  
Metropolitan Attorney

10/26/2021  
Date

"See Previous Page"  
John Cooper  
Metropolitan Mayor

\_\_\_\_\_  
Date

**ATTEST:**

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

Nashville Municipal Auditorium  
417 Fourth Ave. North  
Nashville, TN 37201



**METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY**

October 25, 2021

**TO:** Hon. Jim Shulman, Vice Mayor  
Metropolitan Nashville & Davidson County

**FROM:** Don Harris, General Manager/Operations and Taneisha Alexander-Harvey, General  
Manager/Administration of Nashville Municipal Auditorium

**RE:** Shuttered Venue Operating Grant Supplemental Award: SBAHQ21SV011585.2

On behalf of the Nashville Municipal Auditorium, we are requesting introduction of a late resolution approving the Shuttered Venue Operating Grant Supplemental Award Form – 1222 (1): SBAHQ21SV011585.2.

We've determined it's in the best interest of the Metropolitan Government (Metro) to accept the SVOG Supplemental Award from the U. S. Small Business Administration.

Because the SBA has given us an acceptance grant award deadline on 11/18/21. November 2<sup>nd</sup> is the earliest available date to submit legislation to Council for approval.

A copy of the resolution is attached to this memo. The Municipal Auditorium staff are available to answer any questions. We apologize for the inconvenience and ask your indulgence on this important matter.

**CC:** Mary Jo Wiggins, Deputy Finance Director  
Tara Ladd, Legal  
Vaughn Wilson, Finance - Grants