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

Friday, August 6, 2021 Page 1 of 1

Grants Tracking Form

Part One											
Pre-Application O	Application ()	Award Accept	_	ontract Amendr	ment O					
Department	Dept. No.			Contact			Phone	Fax			
	▼ 61	Tracey Rhodes					8626984				
Grant Name:											
Grantor:	U.S. Small Business Administration Other:										
Grant Period From:	08/05/21										
Grant Period To:	08/04/22	(applications only) Application Deadline:									
Funding Type:	FED DIRECT	▼		Multi-Departme	nt Grant		► If yes, list	holow			
Pass-Thru:	TED DIRECT	▼		Outside Consult			ii yes, iis	i Delow.			
Award Type:	OTHER	▼		Total Award:	une i rojoot.	\$1,523,618.31					
Status:	NEW	▼		Metro Cash Mat	ch:	\$0.00	_				
Metro Category:	New Initiative	▼		Metro In-Kind M		\$0.00	_				
CFDA #	N/A]		Is Council appre		П					
Project Description:	11//	_		Applic. Submitted E	· ·		<u> </u>				
The Shuttered Venue Oper	atore Grant (SVO)	2) provides emer		• •	<u> </u>						
N/A											
How is Match Determined	i?										
Fixed Amount of \$		or		% of Grant		Other:					
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	ı	Business Unit					
Is not budgeted?				Propo	sed Source of	Match:					
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)											
Other:											
Number of FTEs the gran	t will fund:		9.00	Actual number	of positions add	ded:	0.00				
Departmental Indirect Co	st Rate		20.12%	Indirect Cost of	Grant to Metro:		\$306,552.00				
*Indirect Costs allowed? O Yes No % Allow. 0.00% Ind. Cost Requested from Grantor: \$0.00 in bud								in budget			
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)											
Draw down allowable?											
Metro or Community-based Partners:											
Part Two											
Grant Budget											
Budget Year Metro Fiscal Year 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			

	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									
To	tal	\$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#:	SBAHQ21S	V011585	
	(or) Date Denied:				Reason:					
(or) Date Withdrawn:					Reason:					

 $\begin{array}{c} \textbf{Contact:} \ \underline{trinity.weathersby@nashville.gov} \\ \underline{vaughn.wilson@nashville.gov} \end{array}$

Rev. 5/13/13 5239 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 20416All 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

Salary Company	0.5.	Siliali Dusille	35 Adminis	ouat	146	JIICL	O I		\D	
1	. AUTHOR	IZATION	(Legislation/ Regulation)	2.	Grant/Coope	erative Agree	ment N	No.:		
VISTRA				4.	PROJECT P	ERIOD (Mo./Da	ay/Yr.)		(Mo./Day/Yr.)	
3. RECIPIENT: (Name, Organizational Unit, Address)					From		1	Through		
				5.	BUDGET PE	RIOD (Mo./Day	/Yr.)		(Mo./Day/Yr.)	
					From		,	Through		
				6	6. FEDERAL CATALOG NO.			7. ADMINISTRATIVE CODES		
8. TITLE OF PROJ	FCT/PROG	RAM (limit to 53	snaces)	_	I EBEITAL O	AIALOGNO	. '	. Adminiorna		
o o		ord um (mine to oo	<i></i>							
				9.	AWARD AM Amount of SBA Assistance		·			
10. DIRECTOR OF Coordinator or Pr			ter Director,	11	funds and sa project)	ENDED FUTU atisfactory prog	JRE SU ress of t	IPPORT(Subject t he	o the availability of	
NAME Last	Firs	st	Initial		BUDGET YEAR	TOTAL DIRECT C		BUDGET YEAR	TOTAL DIRECT COST	
ADDRESS:				a.			1	b.		
12. Approved Bud	get (Exclude	es SBA Direct Ass	istance)	13	B. REMARKS	(Other Terms	& Condit	tions Attached)	Yes No	
	otal project cos	ts including all other f	inancial	_				<u> </u>	_	
		Federal Share	Non-Federal Share		Non-Federal In-Kind	Non-Federal Program Inc.	. 14. TH	IS AWARD IS SUE	BJECT TO THE FOLLOWIN	
a. Personal Service								PRINCIPLESAND		
b. Fringe Benefits							ADMIN	NISTRATIVE REQU	JIREWIEN 13:	
c. Consultants								CFR Chapter 1, Ch	apter II, Part 200, et al,	
d. Travel							un un	iform Administrativ	e Requirements, Cost	
e. Equipment							ı	incipies, and Audit vards.	Requirements for Federal	
f. Supplies								400 OMB Ould	-li 4- Ai	
g. Contractual									elines to Agencies on nt and suspension (Non	
i. TOTAL DIRECT CO							Pro	ocurement)		
i. Indirect cost				+			 			
(Rate).										
k. OTHER APPL. CO	STS									
I. TOTAL APPROVED	BUDGET									
*Must meet all match requirements subject to adjustment policy			1		,					
15. THIS AWARD I	S SUBJEC	T TO THE TER	MS AND CO	NDI	TIONS ON TH	E REVERSE	SIDE		_	
16. CRS - EIN			1	7. CC	DUNTY NAME			18. CONGRESSI DISTRICT NO		
19a. CITY CODE		b. COUNTY CODE			c. STATE CODE			d. PROGRAM CODE		
BUDGET CO	DE	DOCUI	MENT NO.		AMT. AC	TION FIN. ASS	T.	TYPE OF OF	RGANIZATION	
20a.		b.			C.		(d.		
21. AGENCY OFFICIA	AL (Signature	e, Name and Title)						22. DATE ISSUEI	<u> </u>	
John	n Co	zuer _	<i>(</i> -)					08/09/202		
23. RECIPIENT OFFI	CIAL (Signati	ure, Name and Tit	ie)				I	24. ĎATE	(Mo./Day/Yr.)	

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., Washigton, 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.

FORM-1222 ADDENDUM

Field 13. Other Terms & Conditions Attached

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

Additio	onal 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:
<u></u> 1.	Is fully operational or intends to resume operations.
	Fully meets the eligibility criteria of the grant program.
	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.
<u>~</u> 4.	Accurately listed the number of employees, including full-time or part-time status.
	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
9C	for items of prurient sexual nature.
\$\text{\tin}\exiting{\text{\texitin}\text{\tex{\tex	Will provide a complete Final Report, including programmatic questions, by the date specified in the Grant Award Notice.
<u></u> 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.
<u> </u>	Will repay any funds found to be misspent pursuant to the allowable uses of program funds.
$\frac{\mathscr{S}}{-}$ 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.
	Gometure John Corguer

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	8/6/21
Department Name	Date
APPROVED AS TO AVAILABILITY	
OF FUNDS: —DocuSigned by:	
Levin (numbo/mfw Kevin-Grembo, Director	8/11/2021
—Кevipைசெயmbo,́ Director Department of Finance	Date
Department of Finance	
APPROVED AS TO RISK AND INSURANCE:	
CocuSigned by:	
Balogun Cobb	8/11/2021
Director of Insurance	Date
APPROVED AS TO FORM AND	
LEGALITY:	
— DocuSigned by:	
tara ladd	8/11/2021
─ Metropol itan Attorney	Date
"See Previous Page"	
John Cooper	Date
Metropolitan Mayor	
ATTEST:	
Metropolitan Clerk	Date