

U.S. Small Business Administration

NOTICE OF AWARD

1. AUTHORIZATION <small>(Legislation/Regulation)</small> FY22 Congressional Community Project Funding		2. Grant/Cooperative Agreement No.: SBAHQ22I0076										
3. RECIPIENT: <small>(Name, Organizational Unit, Address)</small> City of Las Vegas 495 S. Main Street Las Vegas, Nevada 89101		4. PROJECT PERIOD <small>(Mo./Day/Yr.)</small> From 9/1/2022 Through 8/31/2023		5. BUDGET PERIOD <small>(Mo./Day/Yr.)</small> From 9/1/2022 Through 8/31/2023								
8. TITLE OF PROJECT/PROGRAM <small>(limit to 53 spaces)</small> Small Business Support Center		6. FEDERAL CATALOG NO. 59.059		7. ADMINISTRATIVE CODES 303020								
10. DIRECTOR OF PROJECT <small>(Program or Center Director, Coordinator or Principal Investigator)</small> NAME Cervantes Jorge Last First Initial ADDRESS: 495 S. Main Street Las Vegas, Nevada 89101		9. AWARD AMOUNT Amount of SBA Financial Assistance \$437,200										
12. Approved Budget <small>(Excludes SBA Direct Assistance)</small> <input checked="" type="checkbox"/> SBA Funds Only <input checked="" type="checkbox"/> Total project costs including all other financial participation.		11. RECOMMENDED FUTURE SUPPORT <small>(Subject to the availability of funds and satisfactory progress of the project)</small> <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.</td> <td></td> <td>b.</td> <td></td> </tr> </tbody> </table>			BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST	a.		b.	
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a.		b.										
13. REMARKS <small>(Other Terms & Conditions Attached)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No		14. THIS AWARD IS SUBJECT TO THE FOLLOWING COST PRINCIPLES AND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS: <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)										

	Federal Share	Non-Federal Share	Non-Federal In-Kind	Non-Federal Program Inc.
a. Personal Service.....	80000			
b. Fringe Benefits.....				
c. Consultants.....	120000			
d. Travel.....				
e. Equipment.....	77900			
f. Supplies.....	37800			
g. Contractual.....				
h. Other.....	121500			
i. TOTAL DIRECT COSTS.....	437,200			
j. Indirect cost.....				
(Rate).....				
k. OTHER APPL. COSTS.....				
l. TOTAL APPROVED BUDGET	437,200			

*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 88-6000198		17. COUNTY NAME Clark	
18. CONGRESSIONAL DISTRICT NO. NV-01	19a. CITY CODE 4000	b. COUNTY CODE 003	c. STATE CODE 32
d. PROGRAM CODE	BUDGET CODE	DOCUMENT NO.	AMT. ACTION FIN. ASST.
e. TYPE OF ORGANIZATION	20a.	b. SBAHQ22I0076	c. \$437,200.00
21. AGENCY OFFICIAL <small>(Signature, Name and Title)</small> Rickeya Franklin <small><i>Digitally signed by Rickeya Franklin Date: 2022.09.16 13:56:38 -04'00'</i></small>		22. DATE ISSUED <small>(Mo./Day/Yr.)</small> 9/19/22	
23. RECIPIENT OFFICIAL <small>(Signature, Name and Title)</small> <i>Jorge Cervantes</i> JORGE CERVANTES CITY MANAGER		24. DATE <small>(Mo./Day/Yr.)</small> 9/19/22	

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.