

U.S. Small Business Administration		<h1>NOTICE OF AWARD</h1>		
1. AUTHORIZATION (Legislation/Regulation)		2. Grant/Cooperative Agreement No.:		
3. RECIPIENT: (Name, Organizational Unit, Address)		4. PROJECT PERIOD (Mo./Day/Yr.)		
		From	Through	
		5. BUDGET PERIOD (Mo./Day/Yr.)		
		From	Through	
		6. FEDERAL CATALOG NO.	7. ADMINISTRATIVE CODES	
8. TITLE OF PROJECT/PROGRAM (limit to 53 spaces)		9. AWARD AMOUNT		
		Amount of SBA Financial Assistance		
10. DIRECTOR OF PROJECT (Program or Center Director, Coordinator or Principal Investigator)		11. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project)		
		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		
a. Personal Service_			14. THIS AWARD IS SUBJECT TO THE FOLLOWING COST PRINCIPLES AND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS: 2 CFR Part 220 - Cost Principles for Educational Institutions 2 CFR Part 225 - Cost Principles for State and Local Governments 2 CFR Part 230 - Cost Principles for Non-Profit Organizations FAR Subpart 31.2 -- Principles for Determining Cost Applicable to Awards with For-Profit Organizations 13 C.F.R. Part 143 -- Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments 2 CFR Part 215 -- Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations. OMB Circular - A - 133 - Audits of States, Local Governments, and other Non-Profit Orgs.	
b. Fringe Benefits_				
c. Consultants_				
d. Travel_				
e. Equipment_				
f. Supplies_				
g. Contractual_				
h. Other_				
i. TOTAL DIRECT COSTS_				
j. Indirect cost_				
(Rate). % of S & W/TADC				
k. OTHER APPL. COSTS_				
l. TOTAL APPROVED BUDGET				
*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	d. PROGRAM CODE	
BUDGET CODE	DOCUMENT NO.	AMT. ACTION FIN. ASST.	TYPE OF ORGANIZATION	
20a.	b.	c.	d.	
21. AGENCY OFFICIAL (Signature, Name and Title)			22. DATE ISSUED (Mo./Day/Yr.)	
23. RECIPIENT OFFICIAL (Signature, Name and Title)			24. DATE (Mo./Day/Yr.)	

THIS AWARD IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING.

- A. The program legislation and/or regulation cited in block 1.
- B. This award notice including terms and conditions, if any, noted under block 13, Remarks.
- C. SBA Federal Assistance Regulations or Manual issuances in effect as the beginning date of the budget period.
- D. The applicable program announcement, if any.
- E. SBA Policy Guidelines in effect as of the beginning date of the budget period.
- F. SBA Administrative Regulations/Guidelines in effect as of the beginning date of the budget period.

In the event, there are conflicting or otherwise inconsistent policies applicable to this award, the above order of precedence shall prevail. Acceptance of ALL terms and conditions is acknowledged by the Recipient's Signature in block 23.

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.