

	<b>U.S. Small Business Administration</b>		<b>NOTICE OF AWARD</b>	
	<b>1. AUTHORIZATION</b> <i>(Legislation/Regulation)</i>	<b>2. Grant/Cooperative Agreement No.:</b>		
<b>3. RECIPIENT:</b> <i>(Name, Organizational Unit, Address)</i>	<b>4. PROJECT PERIOD</b> <i>(Mo./Day/Yr.)</i>		<i>(Mo./Day/Yr.)</i>	
	<i>From</i>	<i>Through</i>		
	<b>5. BUDGET PERIOD</b> <i>(Mo./Day/Yr.)</i>		<i>(Mo./Day/Yr.)</i>	
	<i>From</i>	<i>Through</i>		
<b>8. TITLE OF PROJECT/PROGRAM</b> <i>(limit to 53 spaces)</i>	<b>6. FEDERAL CATALOG NO.</b>		<b>7. ADMINISTRATIVE CODES</b>	
	<b>9. AWARD AMOUNT</b> Amount of SBA Financial Assistance			
<b>10. DIRECTOR OF PROJECT</b> <i>(Program or Center Director, Coordinator or Principal Investigator)</i>  <b>NAME</b> Last                      First                      Initial <b>ADDRESS:</b>	<b>11. RECOMMENDED FUTURE SUPPORT</b> <i>(Subject to the availability of funds and satisfactory progress of the project)</i>			
	<b>BUDGET YEAR</b>	<b>TOTAL DIRECT COST</b>	<b>BUDGET YEAR</b>	<b>TOTAL DIRECT COST</b>
	a.		b.	
	<b>12. Approved Budget</b> <i>(Excludes SBA Direct Assistance)</i>			
<input type="checkbox"/> SBA Funds Only <input type="checkbox"/> Total project costs including all other financial participation.				
	Federal Share	Non-Federal Share		
a. Personal Service.....				
b. Fringe Benefits.....				
c. Consultants.....				
d. Travel.....				
e. Equipment.....				
f. Supplies.....				
g. Contractual.....				
h. Other.....				
<b>i. TOTAL DIRECT COSTS.....</b>				
<b>j. Indirect cost.....</b> <b>(Rate).                      % of S &amp; W/TADC</b>				
<b>k. OTHER APPL. COSTS.....</b>				
<b>l. TOTAL APPROVED BUDGET</b>				
<b>*Must meet all matching or cost participation requirements subject to adjustment in accordance with SBA policy</b>				
<b>13. REMARKS</b> <i>(Other Terms &amp; Conditions Attached)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>14. THIS AWARD IS SUBJECT TO THE FOLLOWING COST PRINCIPLES AND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS:</b> <input type="checkbox"/> 2 CFR Part 220 - Cost Principles for Educational Institutions <input type="checkbox"/> 2 CFR Part 225 - Cost Principles for State and Local Governments <input type="checkbox"/> 2 CFR Part 230 - Cost Principles for Non-Profit Organizations <input type="checkbox"/> FAR Subpart 31.2 -- Principles for Determining Cost Applicable to Awards with For-Profit Organizations <input type="checkbox"/> 13 C.F.R. Part 143 -- Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments <input type="checkbox"/> 2 CFR Part 215 Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations. <input type="checkbox"/> OMB Circular - A - 133 - Audits of States, Local Governments, and other Non-Profit Orgs.				
<b>15. THIS AWARD IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE</b>				
16. CRS - EIN		17. COUNTY NAME		18. CONGRESSIONAL DISTRICT NO.
19a. CITY CODE	b. COUNTY CODE	c. STATE CODE	d. PROGRAM CODE	
<b>BUDGET CODE</b>	<b>DOCUMENT NO.</b>	<b>AMT. ACTION FIN. ASST.</b>	<b>TYPE OF ORGANIZATION</b>	
20a.	b.	c.	d.	
21. AGENCY OFFICIAL <i>(Signature, Name and Title)</i>			22. DATE ISSUED <i>(Mo./Day/Yr.)</i>	
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.