



U.S. Small Business Administration

NOTICE OF AWARD

1. AUTHORIZATION <i>(Legislation/Regulation)</i>	2. Grant/Cooperative Agreement No.:		
3. RECIPIENT: <i>(Name, Organizational Unit, Address)</i>	4. PROJECT PERIOD <i>(Mo./Day/Yr.)</i>		<i>(Mo./Day/Yr.)</i>
	<i>From</i>	<i>Through</i>	
	5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i>		<i>(Mo./Day/Yr.)</i>
6. FEDERAL CATALOG NO.		7. ADMINISTRATIVE CODES	
8. TITLE OF PROJECT/PROGRAM <i>(limit to 53 spaces)</i>			
9. AWARD AMOUNT Amount of SBA Financial Assistance			
10. DIRECTOR OF PROJECT <i>(Program or Center Director, Coordinator or Principal Investigator)</i> NAME Last First Initial ADDRESS:		11. RECOMMENDED FUTURE SUPPORT <i>(Subject to the availability of funds and satisfactory progress of the project)</i>	
		BUDGET YEAR	TOTAL DIRECT COST
		BUDGET YEAR	TOTAL DIRECT COST
		a.	b.
12. Approved Budget <i>(Excludes SBA Direct Assistance)</i> <input type="checkbox"/> SBA Funds Only <input type="checkbox"/> Total project costs including all other financial participation.		13. REMARKS <i>(Other Terms & Conditions Attached)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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		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 <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.