

U.S. SMALL BUSINESS ADMINISTRATION SHUTTERED VENUE OPERATORS GRANT APPLICATION SBA Form 3515

This application is to be completed by Live Venue Operators or Promoters, Theatrical Producers and Live Performing Arts Organization Operators, Museum Operators, Motion Picture Theatre Operators (including owners), and Talent Representatives, who are applying for a Shuttered Venue Operators Grant (SVOG). SBA is collecting the requested information to determine whether applicants meet the eligibility requirements for an SVOG. SBA may provide grants of up to \$10,000,000 for applicants who meet certain conditions. Entities that receive a grant will not be required to repay grant funds unless the funds were used for purposes other than for authorized purposes or unless the grantee did not expend all funds within 1 year of the disbursement of the grant (18 months after disbursement if received supplemental). Your response to this application is required for SBA to make a determination regarding your eligibility.

Should you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-877-8339) or SVOGrant@sba.gov.

PRIVACY ACT: The information provided in this form is protected by the Privacy Act, 5 U.S.C 552a, which prohibits the federal government from disclosing personal information about an individual without the individual's consent. The Privacy Act authorizes SBA to make certain routine uses of information protected by the Act as set forth in its System of Records Notices, 69 F.R. 58598. Among other things, this form or the information provided in this form may be made available to federal, state, and/or local law enforcement agencies charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations of law.

PAPERWORK REDUCTION ACT: The estimated time for completing this application, including compiling information needed to respond, is 2 hours. You are not required to respond to this or any collection of information unless it displays a currently valid OMB approval number. If you have any questions or comments concerning any aspects of this information collection, including the time estimate, please contact the Director, Records Management Division, Small Business Administration, 409 Third Street, SW, Washington, DC 20416 and/or Desk Officer for SBA, Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Washington, DC 20503.

ELIGIBILITY QUESTIONS:

Applicant must review and respond to all of the following questions. For certain questions, the Applicant may be required to submit supporting documentation.

If you have more than 10 supporting documents per question, select the 10 that you feel best represent your organization

your c	organizat	ion					
Applic	ant Form	n of Organization:					
		Corporation					
☐ Partnership							
		Limited Liability Company					
		Proprietorship					
		Non Profit					
		Government Owned					
For Ap	-	that are Limited Liability Companies: Please select which form was used for the Applicant ss's 2019 tax return:					
		Form 1040 (Schedule C, E, or F)					
		Form 1065 (Partnership)					
		Form 1120S (S Corporation)					
		Form 1120 (Corporation)					
1.	Which o	of the following type of entity is the Applicant's business?					
		Live venue operator or promoter Theatrical producer Live performing arts organization operator Museum Operator Motion picture theater operator Talent representative					
2.	Was Ap	plicant's business fully operational on February 29, 2020?					
		Yes No					

If yes, please attach evidence to demonstrate operational status. Evidence may be in the form of quarterly tax filings, financial statements, payroll documents, or other supporting documentation.

3.	Is Applicant's business currently open, in operation, or is Applicant currently representing or managing artists and entertainers?				
		Yes No			
	If yes,	provide Applicant entity's website address. (text box)			
	If no, d	oes Applicant intend to resume operation or re-open for the same primary purpose?			
		Yes No			
4.		ed to 2019, has Applicant's business demonstrated at least a 25% reduction in gross revenue during at least one quarter of 2020?			
		Yes No			
5.		oplicant issue securities on a national securities exchange or is Applicant majority-owned colled by an entity that issues securities on a national securities exchange?			
		Yes No			
6.		ore than 10% of Applicant's 2019 gross revenue come from Federal resources (excluding s received under the Stafford Disaster Relief and Emergency Assistance Act)?			
		Yes No			
7.	Did App	licant receive a Paycheck Protection Program (PPP) loan on or after December 27, 2020?			
		Yes No Not yet, but I plan to			
	If yes,	nave you been approved?			
		Yes			

OMB Control Number 3245-0420 Expiration Date: 09/30/2021 No П Don't know, application is still in progress If yes, what is your loan amount? (text box) 8. Does Applicant own or operate an eligible entity in more than one country or is Applicant majority-owned or controlled by an entity that owns or operates an eligible entity in more than one country? Yes No If yes, are you doing business in any of the following countries (please specify)? Cuba Iran North Korea Syria 9. Does Applicant own or operate eligible entities in more than 10 states or is Applicant majorityowned or controlled by an entity that owns or operates eligible entities in more than 10 states? Yes No 10. As of February 29, 2020, does Applicant have more than 500 full-time equivalent employees or is Applicant majority-owned or controlled by an entity that employed more than 500 full-time equivalent employees? Yes No 11. Is Applicant or one or more of its principals currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? Yes

12. Within the last five years, has any principal of the Applicant: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; or 4) commenced any form of parole or probation (including probation before judgment) for any felony involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance, or are currently incarcerated or currently under indictment for a felony?

No

Expirati	on Date:	09/30/2021
		Yes No
13.	Has the	entity filed for bankruptcy since February 29, 2020?
		Yes No
	If yes,	Type of Bankruptcy
		Chapter 7 Chapter 11 Chapter 13
	If yes a	nd Chapter 11 or Chapter 13, please attach bankruptcy documents.
	indirect	oplicant present live performances of a prurient sexual nature or derive directly or ly more than de minimis gross revenue through the sale of products or services, or the ation of any depictions or displays, of a prurient sexual nature?
		Yes No
15.	Is Applic	cant owned by a state, local, municipal, or tribal government entity?
		Yes No
16.	Is the Ap	oplicant Delinquent on any Federal Debt?
		Yes No
	If yes, p	lease explain. (text box)
		ive Venue Operator or Promoter, Theatrical Producer, or Live Performing Arts Operator (Excluding Freelancers)
	Do the r space?	majority of venues owned or used by Applicant have a defined performance and audience
		Yes No

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If y	yes, Appli	cant must attach a floor plan of Applicant's venue layout with submission.
18.		najority of venues owned or used by Applicant have mixing equipment, a public address and a lighting rig?
		Yes No
	-	Applicant must provide evidence in the form of insurance documents, receipts, or other entation.
19.	Does Ap	plicant organize, promote, produce, manage, or host the following? Check all that apply:
		Live concerts Comedy shows Theatrical productions Other events by performing artists
	•	Applicant must provide evidence in the form of website URLs, copies of print sements, links to social media events, or other documentation.
20.		najority of venues owned or used by Applicant employ or contract with one or more als in the following positions? Check all that apply:
		Sound engineer Booker Promoter Stage manager Security personnel Box office manager
	•	Applicant must submit evidence in the form of contracts, payroll records, job descriptions, r documentation.
21.	Is there	a paid ticket or cover charge to attend most performances?
	□ □	Yes No Applicant must provide evidence in the form of ledgers, income statements, or other
	-	al documents.
22.	-	ormers paid by a percent of sales, guarantee or other mutually beneficial formal ent? (Free performances or performances for tips only do not qualify.)

OMB Control Number 3245-0420 Expiration Date: 09/30/2021 \Box Yes \Box No If yes, Applicant must provide evidence in the form of contracts, financial documentation, or other supportive evidence. 23. If Applicant is a non-profit entity, are Applicant events produced and managed primarily by paid employees (not volunteers)? Yes No N/A If yes, Applicant must provide evidence in the form of contracts, financial documentation, or other supportive evidence. 24. Are performances marketed through listings in printed or electronic publications, on websites, by mass email, or on social media? Yes No If yes, Applicant must provide evidence in the form of website URLs, copies of print advertisements, links to social media events, or other documentation. 25. Does at least 70% of Applicant's earned revenue come from cover charges or ticket sales, production fees or production reimbursements, nonprofit educational initiatives, or the sale of event food, beverages, or merchandise? \Box Yes \Box No

If yes, Applicant must provide evidence in the form of ledgers, income statements, or other financial documents.

26. On average, are tickets available to the public at least 60 days prior to an event?

☐ Yes ☐ No

If yes, Applicant must provide evidence in the form of website URLs, copies of print advertisements, links to social media events, or other documentation.

Questions for Motion Picture Theater Operators

27. Does Applicant venue have at least one auditorium with a motion picture screen and fixed audience seating?
☐ Yes ☐ No
If yes, Applicant must attach a floor plan of Applicant venue, venue layout, or other evidence of a projector and fixed audience seating.
28. Does Applicant venue have a projection booth or space containing a motion picture projector?
□ Yes □ No
If yes, this must be evidenced on submitted floor plan.
29. Does Applicant venue charge for tickets?
☐ Yes ☐ No
If yes, Applicant must submit evidence in the form of ledgers, income statements, or other financial documents.
30. Are motion picture exhibitions marketed through showtime listings in printed or electronic publications, on websites, by mass mail, or on social media?
☐ Yes ☐ No
If yes, Applicant must provide evidence in the form of website URLs, copies of print advertisements, links to social media events, or other documentation.
Questions for Museum Operators
31. Is serving as a museum the principal business activity of the applicant?
☐ Yes ☐ No
32. Is the museum a for-profit entity?
□ Yes □ No

If no, submit documentation confirming nonprofit or not for profit status.

33. Does the museum have indoor exhibition spaces, that are a component of the principal busines activity and have been subject to pandemic-related occupancy restrictions?
☐ Yes ☐ No
If yes, Applicant must submit a floor plan and provide links to state or local ordinances documenting restrictions.
34. Does the museum have at least one auditorium, theater, or performance or lecture hall with fixed seating and regular programming?
☐ Yes ☐ No
If yes, Applicant must provide a floor plan with submission.
Questions for Talent Representatives
35. Is at least 70% of Applicant's operation representing or managing artists and entertainers?
☐ Yes ☐ No
If yes, Applicant must submit evidence in the form of contractual agreements, income statements, or other financial documentation.
36. Does Applicant book or represent the following performers? Check all that apply:
☐ Musicians☐ Comedians☐ Other Performing Artists
If yes, Applicant must submit evidence in the form of contractual agreements or other relevan supporting documentation.
37. Does Applicant book or represent artists to perform at live event venues or festivals that meet the eligibility requirements (see FAQ, Talent Representative section)?
□ Yes

38. Are the Applicant's represented performers paid based on ticket sales or a similar basis?

☐ Yes ☐ No

If yes, Applicant must submit evidence in the form of contractual agreements or other relevant supporting documentation.

About Your Organization

Legal Name	(free text)		
Type of Applicant	Business		
	Non-Profit		
	Majority Government Owned		
	Majority Tribal Owned		
Employer Identification Number	##		
Confirm Employer Identification Number	##		
DUNS	##		
Confirm DUNS	##		
(DUNS) +4	##		
Confirm (DUNS) +4	##		
NAICS Code	(free text)		
Which 2019 tax form did you file with the IRS?	• 1040		
	• 1065		
	• 1120		
	• 1120-S		
	• 990		
	• 990-EZ		
	none of the above		
Date Business Began Operation	(calendar select)		
If your business was open prior to 01/01/1921,			
please just select 01/01/1921.			
Number of Employees	##		

Address Information

Street 1	(free text)
Street 2	(free text)
City	(free text)
State	(free text)
Country	(free text)

Zip	##			
Applicant Information				
Prefix	(free text)			
First Name	(free text)			
Middle Name	(free text)			
Last Name	(free text)			
Suffix	(free text)			
Title	(free text)			
Organizational Affiliation	(free text)			
Telephone Number	##			
Fax Number	##			
Email	(email address)			
Authorized Representative				

(free text)

(free text)

(email address)

##

##

39. Does Applicant have affiliates?

Telephone Number

Ш	Yes
	No

Full Name

Fax Number Email

Title

If yes, how many? (text box)

If yes, how many of these affiliates are applying for this program? (text box)

If yes, please list the affiliates

Affiliates

Name	DUNS	EIN	

40. Revenues

- Complete the monthly gross revenues for each year listed on the form.
- Complete the monthly earned revenues for each year listed on the form.
- Enter total for each month in the year 2019, 2020 and the first three months of 2021.

- Earned revenue is all funds received by an eligible entity in exchange for the provision of goods or services. This includes sales of advertisements, merchandise, food, and beverages; production fees and reimbursements; and contractual and rental income. It excludes funds derived from grants, donations, contributions, investments, and payments that an eligible entity passes through to other entities or individuals.
- Gross revenues include all revenue in whatever form received or accrued, from whatever source.
- If there was a period with no revenues, please enter \$0.
- Enter your monthly revenues only for the full months that you are in operation. Do not include any partial months.
- 2020 gross earned revenue must demonstrate a minimum of 25% loss for any given quarter.

	Gross	Earned	Gross	Earned	Gross	Earned
	Revenue	Revenue	Revenue	Revenue	Revenue	Revenue
	2019	2019	2020	2020	2021	2021
Jan						
Feb						
Mar						
Apr						
May						
Jun						
Jul						
Aug						
Sep						
Oct						
Nov						
Dec						

Total Gross	Total Earned	Total Gross	Total Earned	Total Gross	Total Earned
Revenue	Revenue	Revenue	Revenue	Revenue	Revenue
2019	2019	2020	2020	2021	2021
##	##	##	##	##	##

Proposed Grant Amount	Paycheck Protection Program	Adjusted Proposed Grant	
	Loan Amount	Amount	
##	##	##	

41. Proposed Budget for Use of Grant Funds

Please note that your maximum grant award cannot exceed your adjusted proposed grant amount

Questi	on / Category	Text field for data entry	Notes
	rsonnel (Payroll costs)	,	
	nge Benefits		
	avel (Transportation)		
	uipment		
	pplies		
	ntractual		
	. Payments to intendent ntractors		Not to exceed \$100K in annual compensation for an individual employee of an independent contractor
1	. Operating leases in		
	ect as of 2/15/20		
7. Co	nstruction		
8. Otl			
	. Rent payments		
	. Utility payments		
1	Scheduled mortgage		Not including prepayment of
	yments		principal
1	. Schedule debt payments		Not including prepayment of
	any indebtedness in the		principal
	dinary course of business		
	or to February 15, 2020		
	. Worker protection		
	penditures		
1	Other ordinary and		
1	cessary business		
1	penses, including		
	nintenance costs		
_	. Administrative costs		
1	cl. fees and licensing) and lite and local taxes and		
fee			
	. Insurance payments		
	Advertising		
1	Production nsportation		
			May not be the primary use of
1	Capital expenditures		May not be the primary use of funds
related to producing a theatrical or live performing			Tulius
1	s production.		
all	.s production.		
Total C	Direct Charges	##	
Listail	711 000 01101 500	и и	

Total Transportation, Insurance,	##	
Advertising, Production, and		
Capital expenditures		

42. Required documents

Please Upload the following documents:

If uploading a 4506-T, applicant must use the following number (##) to fill out line #5b on the 4506-T. Visit www.sba.gov/svogrant for more detailed guidance on the SVOG form 4506T, which is a unique version of the form for this grant application.

- If you filed your 2019 federal taxes using a 1040, 1065, 1120, 1120-S, 990, or 990-EZ, complete and upload the SVOG-specific IRS 4506-T. Applicants from Puerto Rico and other U.S. territories must also complete and upload the SVOG-specific IRS 4506-T.
- Whether or not you filed your federal tax returns with one of the tax forms listed above, upload your 2019 and 2020 federal tax forms here. If you were exempt from filing 2019 and 2020 federal taxes, upload a document verifying your exempt status. [NOTE: Exempt from filing taxes and exempt from paying taxes are separate and distinct.] If you are a non-profit entity that has not completed your 2020 tax year, upload your 2018 and 2019 federal taxes. Applicants from Puerto Rico and other U.S. territories must also upload the appropriate 2019 and 2020 tax filings.
- SBA Form 1623
- Certification Regarding Drug-free Workplace Requirements
- SF-424b Assurances
- Upload either SF-LLL Disclosure of Lobbying Activities or SBA Form 1711 Certification Regarding Lobbying (as applicable).
- Business License
- Articles of Incorporation, Articles of Organization, or Partnership Agreement
- Certificate of Need: Upload a Certification of Need stating that the applicant's entity has been economically affected because of local and state Covid-19 restrictions, and the Shuttered Venue Operators' Grant is necessary to support the ongoing operations of the entity. The statement must include the factual assurance that the entity was in operation on February 29, 2020. The applicant must also state that the entity is either currently in operation or intends to reopen (an estimated date to reopen must be included)
- Provide Identification: Upload a copy of the government-issued photo identification (ID) of the owner or representative of the entity applying for a Shuttered Venue Operators' Grant.

43. Attestation

WARNING: Any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15

U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

Please be aware: Once the application is submitted, you will no longer be able to make any changes or edits.

SAM.gov registration [FAQ]

☐ I attest that I have submitted my entity's SAM.gov registration.	
\square I hereby certify UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that t above is true and correct.	:he

IMPORTANT: You cannot modify your application after submitting for consideration to SBA. It is critical that you:

- 1) Verify all required documents have been uploaded
- 2) Submit legible documents and
- 3) Respond to each question