



**BISMARCK CITY COMMISSION
PUBLIC MEETING NOTICE**

TO: Board of City Commissioners
Media

FROM: Keith Hunke, City Administrator

DATE: July 16, 2021

SUBJECT: Special Meeting Notice

Board of City Commissioners
Friday, July 9, 2021
9:30 a.m.
City/County Building
221 N. 5th Street, Mayor's Conference Room
Bismarck, ND 58503

AGENDA

Approve and accept the \$3.3M Shuttered Venue Operators Grant (SVOG) award from the federal government to be used for the Event Center.

ADJOURN



DATE: July 15, 2021
FROM: Dmitriy Chernyak, Finance Director
ITEM: Accept the \$3.3M SVOG Award from SBA

REQUEST

Receive and accept the application and grant award for the \$3.3M Shuttered Venue Operators Grant (SVOG) from the federal government.

Please place this item on the 7/16/2021 Special City Commission meeting regular agenda.

BACKGROUND INFORMATION

The City was awarded \$3.3M of Shuttered Venue Operators Grant (SVOG) on July 14, 2021 to be used for the COVID-19 recovery of the City's Event Center operations.

RECOMMENDED CITY COMMISSION ACTION

Approve and accept the \$3.3M Shuttered Venue Operators Grant (SVOG) award from the federal government to be used for the Event Center.

STAFF CONTACT INFORMATION

Dmitriy Chernyak | Finance Director, 701-355-1600 or dchernyak@bismarcknd.gov





U.S. Small Business Administration

NOTICE OF AWARD

1. AUTHORIZATION <i>(Legislation/Regulation)</i>	2. Grant/Cooperative Agreement No.:
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3. RECIPIENT: <i>(Name, Organizational Unit, Address)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> 4. PROJECT PERIOD <i>(Mo./Day/Yr.)</i> <i>From</i> </td> <td style="width:50%; vertical-align: top;"> <i>Through</i> </td> </tr> <tr> <td style="width:50%; vertical-align: top;"> 5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i> <i>From</i> </td> <td style="width:50%; vertical-align: top;"> <i>Through</i> </td> </tr> </table>	4. PROJECT PERIOD <i>(Mo./Day/Yr.)</i> <i>From</i>	<i>Through</i>	5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i> <i>From</i>	<i>Through</i>
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5. BUDGET PERIOD <i>(Mo./Day/Yr.)</i> <i>From</i>	<i>Through</i>				
8. TITLE OF PROJECT/PROGRAM <i>(limit to 53 spaces)</i>	6. FEDERAL CATALOG NO.				
7. ADMINISTRATIVE CODES					

9. AWARD AMOUNT Amount of SBA Financial Assistance	
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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> <table border="1" style="width:100%; border-collapse: collapse;"> <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> <tr> <td>a.</td> <td></td> <td>b.</td> <td></td> </tr> </table>	BUDGET YEAR	TOTAL DIRECT COST	BUDGET YEAR	TOTAL DIRECT COST	a.		b.	
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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
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	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.

FORM-1222 ADDENDUM

Field 13. Other Terms & Conditions Attached

You are required to initial and sign Program Assurances prior to your initial disbursement.

You are required to view the Post-Award Information Session prior to your initial disbursement.

You must submit Form SF-425 with supporting documents prior to each additional disbursement.

You are required to file a final report within 15 days of expending all grant funds.

You are required to submit a Single Audit or financial audit at the end of your fiscal year.

You are not eligible for a Restaurant Revitalization Fund grant.

You are to provide a government issued ID for Official executing the SF1222 and addendum: when uploading:- adjust the budget t

Additional Program Assurances - Please initial each item below and sign at the bottom.

As the applicant or duly authorized agent of the applicant, I certify that the organization:

- ___ 1. Is fully operational or intends to resume operations.
- ___ 2. Fully meets the eligibility criteria of the grant program.
- ___ 3. Does not present live performances of a prurient sexual nature or derive revenue from sales of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.
- ___ 4. Accurately listed the number of employees, including full-time or part-time status.
- ___ 5. Will not use funds for real estate purchases; to prepay mortgage loans; to pay interest or principal on loans received after February 29, 2020; to invest or re-lend funds; to contribute to or expend funds to or on behalf of any political party, party committee, or candidate for elected office; to purchase alcohol or pay for loans for alcohol; or to purchase or pay loans for items of prurient sexual nature.
- ___ 6. Will provide a complete Final Report, including programmatic questions, by the date specified in the Grant Award Notice.
- ___ 7. Will retain records regarding employment for a period of 4 years following the receipt of the grant and other records for a period of 3 years following receipt of the grant.
- ___ 8. Will cooperate with audit activities conducted by SBA, SBA Office of Inspector General, and the Government Accountability Office.
- ___ 9. Will repay any funds found to be misspent pursuant to the allowable uses of program funds.
- ___ 10. Will not abrogate existing collective bargaining agreements for the term of the grant and 2 years after expending grant funds; and will remain neutral in any union organizing effort for the term of the grant.

Signature: _____

Date: _____