

U.S. Department of State

FEDERAL ASSISTANCE AWARD

1. ☒ Grant ☐ Voluntary Contribution
☐ Cooperative Agreement

2. Award Number
SLO10013GR105

3. Award Title / Purpose

The purpose of this grant is to enable the grantee in organizing performance in the Slovak National Theatre with American tenor singing Dorian in Dorian Gray (World Premiere), Slovak National Theatre Bratislava, Nov 8, 23, Dec 13, 2013.

4. U.S. Share of Cost
\$5,000.00

5. Recipient's Share of Cost

6. Total Cost
\$5,000.00

7. Accounting and Appropriation Data

9. Issued By

Embassy of the USA, Bratislava

10. Project Period (mm-dd-yyyy)

From 09-20-2013 Through 11-30-2014

8. Type of Recipient - Check one that applies

- ☐ Foreign Educational Institution ☐ Foreign NGO/PVO
☐ Public International Organization (PIO) ☐ Foreign Government
☐ Foreign Individual ☐ U.S. Individual
☐ U.S. Commercial Firm ☐ U.S. Local Government
☐ U.S. Educational Institution ☐ U.S. State Government
☐ U.S. Non-Profit Organization (501(c) (3)) ☐ Foreign Commercial Firm

11. Recipient Name, Address and Contact Information

Sl. National Theatre Pribinova 17, SK81901 Bratislava; +421-2-20472111; snd@snd.sk

12. Program CFDA Number

19-040

13. Recipient Federal Tax I.D./DUNS Number

360552194

14. Send Requests for Reimbursement to

Embassy of the USA, P.O.Box 309, 814 99 Bratislava

16. Notice of Award - (Check all that apply)

- a) ☒ Award Specifics
b) ☐ Bureau/Program Specifics
☒ Post Specifics
c) ☐ Standard Domestic Terms and Conditions
☐ Standard Overseas Terms and Conditions
d) ☐ PIO Specifics
e) ☐ Property Specifics
f) ☒ Fixed Obligation Grant (FOG)

15. Statutory Authority

Authorization

Appropriation

- ☐ MRA (Migration/Refugee Act)
☐ FAA (Foreign Assistance Act)
☒ FH (Fulbright-Hays)
☐ SM (Smith-Mundt)
☐ State Department Basic Authorities Act
☐ CSH (Child Survival and Health Programs)
☒ D&CP (PD)
☐ DA (Development Assistance)
☐ DF (Democracy Funds)
☐ ECE (Educ. and Cult. Exch.)
☐ ESF (Economic Support Funds)
☐ FSA (FREEDOM Support Act)
☐ GHAI (Global HIV/AIDS Initiative)
☐ INCLE (Int'l Narc. Contr. Law Enforcement)
☐ MRA/ERMA (Migration and Refugee Assistance)
☐ NADR (Nonprolif. Anti-Terror., Demin., Related)
☐ SEED (Support for E.Eur.Dem)
☐ Other

17. Agreement: The recipient agrees to execute the work in accordance with the Notice of Award, the approved application incorporated herein by reference or as attached, and the applicable rules checked below and any subsequent revisions.

- ☒ OMB Circular A-133 ☐ 2 CFR 225 (A-87) ☒ 2 CFR 230 (A-122) ☐ Award is not subject to OMB Circulars
☐ 2 CFR 220 (A-21) ☐ 22 CFR 145 (A-110) ☐ 22 CFR 135 ☐ Approved Application Attached

18. Recipient Name, Title and Signature

Marian Chudovsky

Name

Signature

Genral Director

Title

Date (mm-dd-yyyy)

19. Grants Officer Name, Title and Signature

Janelle H.Luna

Name

Signature

Public Affairs Officer

Title

Date (mm-dd-yyyy)

20. Recipient

By signing this agreement, the recipient assures that it will comply with the terms and conditions of this award. Recipient is required to sign and return this document within 10 business days of the signature of the Grants Officer to the following address:

Embassy of the USA, P.O.Box 309, 814 99 Bratislava

Continuation Sheet**Grant Number SLO10013GR105****1. PURPOSE**

The purpose of this grant is to enable the grantee in organizing performance in the Slovak National Theatre with American tenor singing Dorian in Dorian Gray (World Premiere), Slovak National Theatre Bratislava, Nov 8, 23, Dec 13, 2013.

2. BUDGET

(a) The funds awarded shall be used prudently and only for expenses incurred by the Recipient in carrying out the program described in paragraph 1 above. The total grant amount of USD 5,000 will be used to cover costs associated with American singer Eric Fennell as follows:

Accommodation	\$1,500
Honoraria	\$3,500
TOTAL	\$5,000

Funds will be provided to the recipient via electronic funds transfer (ETF).
Banking information follows:

These funds may not be used to pay for alcoholic beverages or entertainment. Any questions concerning the propriety of any particular expenditure from these grant funds should be referred to the PAO, or his/her grants officer representative, Dana Polcikova.

(b) The Recipient is required to refund to the United States Government any unexpended funds after the program and period of performance are completed.

3. REPORTS

The Recipient will provide a narrative report of the program to the Grants Officer within 30 days of the completion of the program. The report should describe any accomplishments to date which include copies of any press notices and budget expenditures.

4. GRANTS OFFICER REPRESENTATIVE (GOR)

The GOR is Dana Polcikova, program coordinator. The GOR is responsible for the programmatic, finance, technical, and/or scientific aspects of this award.

5. EXTENT OF DEPARTMENT OF STATE INVOLVEMENT

The PAO will exercise normal federal stewardship responsibility during performance to include, but not limited to: site visits, review and response to performance, financial reports, and audit to ensure that the objectives of this award are accomplished.

6. TERMINATION BY MUTUAL AGREEMENT

The PAO or the Recipient may wish to terminate its performance of this project in whole or in part. If both parties agree that continuation of the project would not produce results commensurate with further expenditure of funds or for any other reason, the Grant Agreement may be terminated by mutual consent. This must be done in writing. The PAO shall allow full credit to the Recipient of the amount incurred prior to termination that can not be cancelled properly by the Recipient.

7. SUSPENSION OR TERMINATION FOR CAUSE

(a) When the recipient has materially failed to comply with the terms and program objectives of this grant, the PAS may:

- 1) Suspend the Agreement in whole or in part; or
- 2) Terminate the Agreement in whole or in part for cause.

(b) The PAO may issue notification letter to the Recipient of its intent to suspend or terminate this Agreement. The Recipient has 10 calendar days to respond in writing describing the action taken or the plan designed to correct the deficiency. If satisfactory action is not taken or there is no response, the PAO may suspend or terminate the agreement effective as determined by the PAO. Payments to the Recipient or recoveries made by the PAS shall be in accordance with the legal rights and remedies of the parties.

8. PROGRAM PROPERTY

The PAO reserves the right to require transfer property acquired with assistance funds and used during the program to the Recipient.

9. OFFICIALS NOT TO BENEFIT

No member of the U.S. Embassy shall benefit from any share or part of this award or any benefit that may arise there from.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE

OF

1

2

PAGES

1. TYPE OF
PAYMENT
REQUESTED

a. "X" one or both boxes

☒ ADVANCE

☐ REIMBURSE-
MENT

b. "X" the applicable box

☒ FINAL

☐ PARTIAL

2. BASIS OF REQUEST

☒ CASH

☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO
WHICH THIS REPORT IS SUBMITTED

US Department of State, Embassy of the USA in SR

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY

SLO10013GR105

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION
NUMBER

360552194

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

09/20/2013

TO (month, day, year)

12/31/2013

9. RECIPIENT ORGANIZATION

Name:

Slovak National Theatre

Number

and Street:

Pribinova 17

City, State

and ZIP Code:

SK81901 Bratislava

Name:

Number

and Street:

City, State

and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				
2nd month				
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$	5,000.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period		
c. Amount requested (Line a minus line b)	\$	5,000.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST
SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

Marian Chudovsky

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
<p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>			
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use		