

**REQUEST FOR ADVANCE
OR REIMBURSEMENT**

(See instructions on back)

OMB APPROVAL NO. 0348-0004 PAGE 1 OF 1 PAGES

1. TYPE OF PAYMENT REQUESTED
 a. "X" one or both boxes
 ADVANCE REIMBURSEMENT
 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
 SLO10014GR013

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER
 DUNS: 367001650

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST
 FROM (month, day, year) 12/31/2014 TO (month, day, year) 04/30/2014

9. RECIPIENT ORGANIZATION
 Name: Slovak Radio and Television
 Number and Street: Mlynska dolina
 City, State and ZIP Code: 84545 Bratislava

10. PAYEE (Where check is to be sent if different than item 9)
 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	\$ 1,000.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 1,000.00

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(Continued on Reverse)

CERTIFICATION

<p>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.</p>	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)
	Vaclav Mika, Ge [REDACTED]	

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
<p>2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.</p> <p>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.</p> <p>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.</p> <p>7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.</p> <p>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.</p> <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> <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</p>		<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>13 Complete the certification before submitting this request.</p>	

U.S. Department of State

FEDERAL ASSISTANCE AWARD

1. Grant Voluntary Contribution
 Cooperative Agreement

2. Award Number
 SLO10014GR013

3. Award Title / Purpose
 To enable the grantee in purchasing rights for American music to be performed at a concert in Bratislava in April 2014.
Mag

4. U.S. Share of Cost
 \$1,000.00

5. Recipient's Share of Cost

6. Total Cost
 \$1,000.00

7. Accounting and Appropriation Data

8. Type of Recipient - Check one that applies

- | | |
|--|---|
| <input type="checkbox"/> Foreign Educational Institution | <input checked="" type="checkbox"/> Foreign NGO/PVO |
| <input type="checkbox"/> Public International Organization (PIO) | <input type="checkbox"/> Foreign Government |
| <input type="checkbox"/> Foreign Individual | <input type="checkbox"/> U.S. Individual |
| <input type="checkbox"/> U.S. Commercial Firm | <input type="checkbox"/> U.S. Local Government |
| <input type="checkbox"/> U.S. Educational Institution | <input type="checkbox"/> U.S. State Government |
| <input type="checkbox"/> U.S. Non-Profit Organization (501(c) (3)) | <input type="checkbox"/> Foreign Commercial Firm |

9. Issued By

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

10. Project Period (mm-dd-yyyy)

From 12-31-2013 Through 04-30-2014

11. Recipient Name, Address and Contact Information

Václav Mika, generálny riaditeľ, Rozhlas a televízia Slovenska, Mlynská dolina, 845 45 Bratislava, Slovak Republic

12. Program CFDA Number

19-040

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

367001650

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

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

Václav Mika
 generálny riaditeľ RTVS

Name

Signature

19. MAR. 2014

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

1. PURPOSE

To enable the grantee in purchasing rights for American music by J.Corigliano to be performed at a concert in Bratislava in ~~April~~ ^{May} 2014.

2. BUDGET

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 1,000 will be used for covering rights for American music. 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.

1. ÚČEL

Umožniť oprávnenému subjektu nákup práv americkej hudby skomponovanej J. Coriglianom na jej predstavenie na koncerte v Bratislave v máji 2014.

2. ROZPOČET

Udelené finančné prostriedky sa použijú s rozvahou a len na výdavky, ktoré vzniknú u príjemcu počas realizácie programu definovaného v odstavci 1 vyššie. Celková suma grantu predstavuje 1.000 amerických dolárov a použije sa na úhradu práv pre americkú hudbu. Finančné prostriedky budú poskytnuté príjemcovi elektronickým prevodom (ETF).

Prevod bude vykonaný na tento bankový účet:

Tieto finančné prostriedky sa nesmú použiť na kúpu alkoholických nápojov alebo zábavu. V prípade nejasností ohľadom vhodnosti jednotlivých mimoriadnych výdajov z týchto grantových prostriedkov sa treba obrátiť na PAO, prípadne jeho/jej vedúcu pracovníčku a zástupkyňu pre granty, Danu Polcikovu.

(b) Príjemca musí vláde Spojených štátov refundovať akékoľvek nepoužité výdavky po ukončení programu a dobe predstavenia.

3. SPRÁVY

Príjemca poskytne vedúcej pracovníčke pre granty obsahlu správu o programe do 30 dní od ukončenia programu. Táto správa bude obsahovať všetky doterajšie výkony vrátane kópií tlačových správ a výdavky z rozpočtu.

4. Vedúca pracovníčka a zástupkyňa pre granty (GOR)

GOR je Dana Polcikova, programová koordinátorka. GOR je zodpovedná za programové, finančné, technické a/alebo vedecké aspekty tohto grantu.

5. ROZSAH PARTICIPOVANIA MINISTERSTVA ZAHRANIČNÝCH VECÍ

PAO bude počas predstavenia vykonávať bežnú federálnu zodpovednosť správcu okrem iného vo veciach: návštevy miesta konania, kontrola a reakcia na predstavenie, finančné správy a audit za účelom zabezpečenia realizácie účelu grantu.

6. Vypovedanie vzájomnou dohodou

PAO alebo príjemca si môžu želať vypovedanie realizácie tohto projektu, a to celkovo alebo čiastočne. Ak obe strany sa zhodnú na tom, že pokračovanie tohto projektu by neprinášalo želané výsledky a bolo by spojené s ďalšími finančnými požiadavkami, event. z iného dôvodu, možno na základe vzájomnej dohody Dohodu o grante predčasne vypovedať. Výpoveď musí byť v písomnej forme. PAO poskytne príjemcovi plný úver na výšku sumy minutej pred vypovedaním zmluvy, ktorú samotný príjemca nemôže zrušiť.

7. Zrušenie alebo vypovedanie z vážnych dôvodov

- (a) V prípade, že by príjemca nedokázal materiálne splniť podmienky a programové ciele tohto grantu môže PAS:
- 1) zrušiť celú dohodu prípadne jej časť; alebo
 - 2) vypovedať zmluvu celkovo alebo jej časť z vážnych dôvodov.
- (b) PAO môže dať písomne na vedomie príjemcovi svoj úmysel túto dohodu zrušiť alebo vypovedať. Príjemca musí na takéto oznámenie reagovať písomne do 10 kalendárnych dní, pričom uvedie postup alebo plán na odstránenie nedostatkov. V prípade, že PAO uspokojivé vysvetlenie resp. žiadnu odpoveď nedostane, môže dohodu zrušiť alebo vypovedať s platnosťou určenou zo strany PAO. Platby príjemcovi prípadne náhrady, ktoré vykoná PAS budú v súlade s platnými právami a odstránenými závadami strán.

8. Majetkové práva na program

PAO si vyhradzuje právo na vyžiadanie si prenosu majetku získaného za pomoci finančných prostriedkov a použitých počas programu príjemcovi.

9. Zákaz využitia pre referentov

Žiaden referent Veľvyslanectva USA nesmie získať prospech, ani podiel z tohto grantu, ani akúkoľvek výhodu, ktorá by z neho mohla vyplynúť.