## Supplemental Information for PCLP Processing

OMB Approval No.: 3245-0346 Effective Date: Expiration Date:

Borrower Name	•											
Trade Name (dba):						(if no trade name, enter "NA")						
Project Street:												
Project Zip Code:			Borrower Phone #:									
Borrower SSN #:			(must include SSN # for principal of borrower)									
Employer ID #:		(if available)										
Project State:			(2 letter Project County:									
Drainat Citru		a	bbreviation)									
Project City:	a coto di sa	Special Co										
Project located in Special Geographic Area												
CDC Name:				1								
CDC ID #:	•.		·		<b>A</b>	]						
Debenture Matu	2		in months)	Debenture	Amount: \$							
Construction Amount: \$												
Exporter? Yes I No I \$												
If yes, export sales amount projected loan will support:												
□ New Business? □ Outstanding SBA Loan? □ Real Estate Collateral?												
Rural  or Urban												
NAICS Code:												
No. of Employees:     No. of Jobs Created:     No. of Jobs Retained:												
		ortfolio me			ired Job Opp							
<ul> <li>CDC's 504 loan portfolio meets or exceeds CDC's required Job Opportunity Average</li> <li>Franchise? Franchiser's Name:</li> </ul>												
□ Sole			Partnership?		Corporation	n? 🛛 Other?						
Proprietorsh	ip?		1		Ŧ							
3 <sup>rd</sup> Party Loan A	mount:	\$										
3 <sup>rd</sup> Party Lender												
3 <sup>rd</sup> Party Lender	ID #:			(if available)								
3 <sup>rd</sup> Party Street:												
3 <sup>rd</sup> Party City:					State:	Zip Code:						
□ Special-I	Purpose A	Asset?										
B1 – Com	nunity or .	Area Develop	ment		estructuring Bec	cause of Federally Mandated Standards or						
C1 – Busir	iess Distric	t Revitalizati	on	Policies C6 – C	hanges Necessi	tated by Federal Budget Cutbacks						
□C1 – Business District Revitalization□C6 – Changes Necessitated by Federal Budget Cutbacks□C2 – Expansion of Minority Business□C7 - Rural Development												
Development												
C3 – Enhanced Economic CompetitionC8 – Veteran-owned BusinessesC4 – Expansion of ExportsC9 – Women-owned Businesses												
Veteran Status:**												
Gender: **     M=Male; F=Female; N=Not Disclosed       Dage: **     1=American Indian on Alacha Nation 2=Asian 2=Black on African American 4=Nation on Other												
Race: ** 1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Other Pacific Islander; 5=White; X=Not Disclosed												
Ethnicity: ** H=Hispanic or Latino; N=Not Hispanic or Latino												
Owner # % (	Owned	Veteran Code	Gender	Race	Ethnicity	Please reference the above codes to complete this table for each 20% or greater owners of the business. More than one race code may be selected.** Collected for						
	statistical purposes only, disclosure is volunt											
			1	1								

			and has no bearing on credit decision.

SBA Form 2234 (Part B)