

**NEW MARKETS VENTURE CAPITAL PROGRAM  
INVESTMENT DIVISION  
U. S. SMALL BUSINESS ADMINISTRATION**  
409 Third Street, S.W. Washington, DC 20416 Tel: (202) 205-6510

**AMENDMENT  
TO  
NMVCC APPLICATION (SBA Forms 2184 and 2185)**

**Instructions:** New Markets Venture Capital Companies (NMVCCs) must submit all amendments to NMVC Application (SBA Forms 2184 and 2185) under cover of this Amendment form. NMVCCs must reference the Question on SBA Form 2184, Part I, Questionnaire, or the Exhibit letter on SBA Form 2185, Part II, Exhibits, it is amending by the submission of this Amendment Form. Send the original and one copy of each Amendment, and all pages attached to it, to SBA at the address shown above.

|   |  |
|---|--|
| NMVCC Name  |  |
| NMVCC Number  |  |
| Date of this Amendment  |  |
| Date of last Amendment submitted                                    |  |
| Captions of items being amended<br>(use additional pages as needed) |  |
| Number of pages attached  |  |

NMVCC hereby certifies that all information submitted in this Amendment to NMVC Application, and in the pages attached to it, is true and correct; is being submitted for the purpose of obtaining SBA's approval of amendments to NMVCC's Application (SBA Forms 2184 and 2185); and will become part of NMVCC's Participation Agreement with SBA. NMVCC represents that its undersigned representative has the authority to make such certifications and to bind the NMVCC by signing below.

|  |  |      |
|--|--|------|
| Typed Name                                       |  |      |
| Title:<br>(President/General<br>Partner/Manager) |  |      |
| Signature  |  | Date |

The SBA is collecting the information on this form for the purpose of determining, based on the application as amended, whether the NMVCC should remain an NMVCC. SBA may use the collected information in performing background investigations of the key personnel of the NMVCC. The information collected on this form is required in order for the NMVCC to continue to receive SBA assistance.

**Please note:** The estimated burden for completing this form is 1 hour per response. You are not required to respond to this form unless it displays a current Office of Management and Budget (OMB) approval number. The information collected on this form will be kept confidential to the extent permitted by law. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, DC 20416 and/or Office of Management and Budget, SBA Desk Officer, Washington, D.C. 20503. OMB Approval 3245-0332. **Please do not send forms to OMB.**