



PCLP Quarterly Loan Loss Reserve Report

[The PCLP CDC completes this form to report its quarterly Loss Reserves to the Lead SBA Office serving the territory where the business is located.]

CDC Name: _____

Quarter: _____ Year: _____

I. Balances and Reconciliations

Bank Name	Statements for Quarter Ending	LLRF Balance	Statements Attached
Bank 1			
Bank 2			
Bank 3			
Bank 4			
Bank 5			
Bank 6			
Bank 7			
Bank 8			
Bank 9			
Bank 10			
Total Loss Reserves			
Required Loss Reserves Indicated on 504 Lender Analysis and Management Program (LAMP)			
Net Excess/(Shortage)			

II. Attachments

CDC must attach copies of bank statements to support all stated reserve balances and attach correspondence with banks on reconciling accounts.

III. CDC Certification

By signing below, you certify as to the following:

1. The above information is true, complete and correct to the best of your knowledge.
2. CDC is in full and complete compliance with all SBA Loan Program Requirements applicable to its PCLP Loan Loss Reserve Fund (“LLRF”).
3. Each LLRF account listed above is subject to a Loan Loss Reserve Fund Deposit Account Control Agreement (“Control Agreement”) with SBA, and CDC is in full and complete compliance with all Control Agreements.
4. CDC is diligently monitoring its LLRF to ensure that it contains sufficient funds to cover its Exposure for its entire portfolio of PCLP Debentures, and if, at any time, LLRF does not contain sufficient funds, CDC will, within 30 days of the earlier of the date it becomes aware of this deficiency or the date it receives notification from SBA of this deficiency, make additional contributions to the LLRF to make up this difference.

WARNING: False certifications can result in criminal prosecution under 18 U.S.C. Section 1001 and other penalties provided under law.

CDC Chief Executive Official Signature

Date

The estimated burden for completing this form is 30 minutes. You will not be required to respond to any collection of information unless it displays a currently valid OMB Control Number. Comments on the burden should be sent to U. S. Small Business Administration (SBA), Chief, AIB, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, New Executive Office Building, Rom 10202, Washington, DC 20503. OMB Control Number 3245-0346. PLEASE DO NOT SEND FORMS TO OMB.