

OMB Control Number 3245-0365

Expiration Date XX/XX/XXXX

U.S. Small Business Administration

Office of Credit Risk Management

409 3rd SW Washington, DC 20416

(202) 798-5624

**To: «Bank Name» FIRS# («FIRS #»)**

**Please Respond by [date varies each month]**

The purpose of this letter is to notify you that the Lender’s delegated authority(ies) (PLP, SBA Express, Export Express, **and/or** PLP-EWCP, as applicable) will expire in July **20XX**.  Therefore, the Lender’s authority(ies) will need to be renewed to avoid a lapse in the Lender’s authority to disburse loans under its delegated authority(ies). The purpose of this letter is also to collect information to assist SBA in making the delegated authority renewal determination.  Criteria for delegated authority is contained in 13 CFR 120.440. The eligibility requirements for renewing these authorities are further discussed in SOP 50 10 6, Part 1, Section A, Chapter 1.  In summary, SBA will consider for example, the Lender’s performance history, compliance with SBA Loan Program Requirements, including but not limited to reporting requirements, the Lender’s financial condition (as reported in the Lender’s call report\*), and the Lender’s standing with SBA and as applicable, the Lender’s primary federal (e.g., Federal Financial Institution Regulator as defined in 13 CFR 120.10) and state regulators.  This collection of information is required to process a delegated authority renewal.

**Please respond in writing on Lender’s letterhead, signed and dated, to the comments/questions listed below:**

1. **Is the Lender in compliance with its primary federal and/or state regulators, as applicable, and as prescribed** [**under 13 CFR**](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=16&SID=478c719f122192e1b6ab5c4666280978&ty=HTML&h=L&mc=true&r=SECTION&n=se13.1.120_1410) **120.410(e)?** **Include a good/satisfactory standing statement in Lender’s letter in accordance with SOP 50 10 6, Part 1, Section A, Ch. 1.**

[ ]  **Yes** [ ]  **No**

If No, please provide a brief explanation.

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1. **Is the Lender currently subject to a formal or informal enforcement action(s) or supervisory action(s) by its federal and/or state regulators, as applicable? Respond as appropriate.**

[ ]  **Yes** [ ]  **No**

If Yes, please provide a brief explanation.

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1. **Has the Lender been subject to a formal or informal enforcement action(s) or supervisory action(s) by its federal and/or state regulators, as applicable, within the last three years? Respond as appropriate.**

[ ]  **Yes** [ ]  **No**

If Yes, please provide a brief explanation, as appropriate.

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1. **Have there been any significant changes to the Lender’s organizational structure, management team, or SBA loan processing procedures since the Lender’s last renewal?**

[ ]  **Yes** [ ]  **No**

If Yes, please provide a brief explanation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Your Lender’s current SBA contact information must be included below:**

## Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Lender’s Legal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Note: Lenders submit requests along with all applicable supporting documents to the D/OCRM or designee at DelegatedAuthority@sba.gov

***I hereby certify that the above information provided is true and accurate to the best of my knowledge.***

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Lender Official Signature*** ***Date***

**Please email your response on Lender’s letterhead, signed and dated with**

**“Institution Name«» («FIRS #») Cert Letter” in the subject line to** **DelegatedAuthority@sba.gov**

**Note: Please DO NOT send originals via US mail or overnight courier**

Thank you in advance for your assistance.

Sincerely,

**7(a) Delegated Authority Team**

US Small Business Administration

Office of Credit Risk Management

409 3rd Street S.W. – 8th Floor

Washington, DC, 20416

**DelegatedAuthority@sba.gov**

**\*Please note that SBA considers, among other factors, whether the Lender has sufficient permanent capital to support SBA lending activities as prescribed under 13 CFR 120.410(a)(1). In general, the Lender must be at least adequately capitalized as determined by its primary federal and state regulators. (For SBA Supervised Lenders, including Small Business Lending Companies and Non-Federally Regulated Lenders, see 13 CFR 120.462 and 471). However, any enforcement action or supervisory order filed against the Lender by its primary federal or state regulator establishing higher capital requirements will replace the minimum supervisory ratios that consider the Lender to be adequately capitalized.**

\*\*In general, for information that has already been provided by a Lender but is unchanged, the Lender may certify that the information was already provided and is unchanged in lieu of resubmitting the information. The certification that must accompany this document submission must also state to whom and on what date the information was provided to SBA.

**\*\*\*** Note: According to the Paperwork Reduction Act, you are not required to respond to any collection of information unless it displays a currently valid OMB Control Number. The number for this collection of information is 3245-0365. The total estimated time to respond to this collection of information, including gathering and maintaining the data needed, and completing and reviewing the collection of information, is 150 minutes. You may send comments or questions regarding this estimated time or any other aspect of this collection of information including suggestions for reducing the time or other burden to: Director, Records Management Division, 409 Third Street, S.W., Washington D. C. 20416, and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington DC 20503. **PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.**

**SBA Form 2514**