

CDC Checklist for Submitting Equipment Appraisal

___ Post Approval Review

___ Original Application

TO: Sacramento Loan Processing Center
Small Business Administration
6501 Sylvan Road, Suite 111
Citrus Heights, CA 95610-5017

DATE: _____

RE: Applicant Name _____
OC Name(s) (If applicant is an EPC) _____
SBA Loan Number/Control Number _____

FROM: CDC _____
Contact _____
Phone _____ E-mail _____

Regarding the above loan, enclosed is the equipment appraisal and our opinion of the results.

Fair Market Value Stated in Attached Appraisal: \$ _____

Please justify that the attached appraisal adequately supports the proposed project, per SOP 50-10 requirements. **(Comments required):**

Signature and Title of CDC

Date

(VER.08/2008)