OMB Approval No.: 3245-0346
Expiration Date: 01/31/2013

PCLP Quarterly Loan Loss Reserve Report

CDC Name: _____
Quarter: _____ Year: _____

I. Balances and Reconciliations

Bank Name	Statements for Quarter Ending	LLRF Balance	Statements Attached
Total Loss Reserves			
Required Loss Reserves Indicated on SBA List			
Net Excess/(Shortage)			

II. Attachments

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

CDC certifies that the above information is true and correct to the best of its knowledge and that CDC has exercised due diligence to obtain true and correct information.

_____
CDC Authorized Official Signature

_____ _____
Title 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.

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.