

APPENDIX I. ALP/PCLP Delegated Authority Application or Renewal

In addition to the receipt of the Annual Report, the [District Office Name] SBA District Office is also in receipt of a () application or (renewal) request for [ALP (Accredited Lenders Program) Authority Renewal/Application [AND/OR] PCLP (Premier Certified Lenders Program) Authority Renewal/Application] from [CDC Name] CDC. We have reviewed the request, and based on the information submitted, input from the processing and servicing centers, [District Name] District Counsel, and our knowledge of the organization and its principals, we believe they [meet/do not meet] the requirements for [ALP/PCLP] [approval/renewal] as set out in 13CFR §120.840 and §120.841 as follows:

Type of Delegated Authority	[ALP / PCLP] or [New Application for ALP / PCLP]
Delegated Authority Expiration Date	[Date or N/A (for new applications)]
Date Renewal / Application Package Received from CDC	[Date]
District Office Recommendation	[Renew / Do Not Renew] or Approve/Do Not Approve (for new applications)]

For new ALP / PCLP applications, complete **Sections I.A** and **I.B** below. For ALP / PCLP renewals, complete only **Section I.B** below.

I.A – ALP / PCLP New Applications Only	District Office Assessment
1. The CDC has submitted a certified copy of the Board resolution authorizing the application for ALP or ALP/PCLP designated status.	Yes/No [example] – A copy of the Board resolution is included in the CDC's ALP/PCLP application package.
2. The CDC has submitted a fully executed PCLP Security Agreement (SBA Form 2229) (PCLP application only).	Yes/No [example] – A copy of the Security Agreement is included in the CDC's PCLP application package.
3. The CDC has submitted a fully executed Control Agreement (SBA Form 2230) (PCLP application only).	Yes/No [example] – A copy of the Control Agreement is included in the CDC's PCLP application package.

<CDC Name>

Month XX, 20XX

I.A – ALP / PCLP New Applications Only	District Office Assessment
4. The CDC has submitted a copy of its By-laws and any amendments.	[example] – A copy of the CDC’s By-Laws and amendments is included in the CDC’s ALP application package, and the bylaws ()do/() do not comply with SBA 504 Loan Program Requirements.

I.B – ALP / PCLP Renewals and New Applications	District Office Assessment
1. The CDC has met the required loan volume [§120.841(b)].	[CDC Name]’s current portfolio stands at [x] loans with an outstanding balance of [\$x million]. The CDC [has/has not] met the requirement of at least four approved loans in two consecutive years, [has/has not] approved in excess of the 20 loans required over the past three years and [has/does not have] a portfolio in excess of the 30 loan threshold set out for ALP CDCs.
2. The CDC has provided a copy of its policies and procedures on Internal Controls.	Yes/No [description, including when the document was last updated and any other pertinent information]
3. The CDC has provided a copy of its policies and procedures on Independent Loan Reviews and a copy of the most recent review and a summary report with approval from Board of Directors.	Yes/No [description, including when the review was performed and any other pertinent information]
4. The CDC has provided verification that its employees are either hired directly by the CDC or are under a contract that has been approved by SBA.	[CDC Name]’s employees are hired directly by the CDC evidenced by the organizational chart [an updated and dated copy of org chart should be included with a staff and contractor list with dates of employment]. [CDC Name] has contracts for [managing, marketing, packaging, closing, servicing, or liquidation]. The contracts for [type of contract] were approved by the SBA on [Date].
5. The CDC has provided a summary of the experience of each of its loan processing, closing and servicing staff members with significant authority.	Yes/No
6. The CDC has provided a copy of the contract for staff and management, if applicable, and the Board of	Does the CDC have contracts for staff or management? [Yes/No] [If Yes: Provide description of contract, its effective dates, and

<CDC Name>

Month XX, 20XX

I.B – ALP / PCLP Renewals and New Applications	District Office Assessment											
Directors (BOD) resolution must be provided (if applicable).	date of submittal and approval (if approved) to SBA.]											
7. The CDC has provided evidence that it can adequately comply with SBA’s liquidation and litigation requirements. (PCLP only)	Yes/No											
8. The CDC has provided evidence of its Directors’ and Officers’ Liability Insurance and Errors and Omissions Insurance in amounts established by SBA that are based on the size of the CDC’s portfolio and other relevant factors.	[CDC Name] [has/ does not have] D&O Liability and E&O Insurance. The insurance is with [company name] effective [date] through [date] with limits as required by SBA. The full binder is included in the ALP Renewal Package.											
9. The CDC has provided the name, address and summary of experience of its Designated Attorney.	Yes/No											
10. The CDC has provided evidence of professional malpractice insurance coverage for its Designated Attorney: i. With limits of at least \$1,000,000/\$1,000,000; and ii. A deductible not to exceed \$20,000 for individuals and firms with 3 or fewer attorneys, iii. \$50,000 for law firms with more than 3 attorneys or \$100,000 for large law firms with more than 25 attorneys.	[CDC Name]’s Designated Attorney, [Designated Attorney Name(s)] [has/does not have] Professional Liability Insurance. The insurance is with [Company Name] effective [Date] through [Date] with limits of \$1,000,000/\$1,000,000 and a deductible of not more than \$10,000. OR has a hardship waiver and, therefore, reduced policy limits to \$500,000/\$1,000,000. The hardship waiver was granted on [Date].											
11. The CDC has provided verification that the attorney’s designated status is current. (If not, attach an explanation).	[CDC Name]’s Designated Attorney(s) [Designated Attorney Name(s)] [has/does not have] a valid Loan Closing Training Certificate (attached).											
12. The CDC has provided a current listing of the Board of Directors identified by the required field of expertise to include the entity they represent, the address, and phone	<table border="1"> <thead> <tr> <th data-bbox="675 1633 935 1730">Name/Position on Board</th> <th data-bbox="941 1633 1201 1730">Field of Expertise/Entity Name</th> <th data-bbox="1208 1633 1468 1730">Address/Phone</th> </tr> </thead> <tbody> <tr> <td data-bbox="675 1730 935 1766"> </td> <td data-bbox="941 1730 1201 1766"> </td> <td data-bbox="1208 1730 1468 1766"> </td> </tr> <tr> <td data-bbox="675 1766 935 1795"> </td> <td data-bbox="941 1766 1201 1795"> </td> <td data-bbox="1208 1766 1468 1795"> </td> </tr> </tbody> </table>			Name/Position on Board	Field of Expertise/Entity Name	Address/Phone						
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13. The CDC has provided copies of the Board of Directors meeting minutes for each of the past four quarters.	Yes/No [example] - Classify minutes: [Good] - evidence of active engagement and discussion from Board members including exchange of ideas; [Limited] limited information, may be report style listing events with minimal to no evidence of engagement by Board; [No basis] minimal information that meeting took place including dates, loans approved, etc.]												
14. The CDC has provided a current listing of the Executive Committee, if applicable, identified by the required field of expertise to include the name of the entity they represent and the address.	[example] <table border="1" data-bbox="678 842 1468 974"> <thead> <tr> <th data-bbox="678 842 894 909">Name</th> <th data-bbox="899 842 1187 909">Field of Expertise/Entity Name</th> <th data-bbox="1192 842 1468 909">Address/Phone</th> </tr> </thead> <tbody> <tr> <td data-bbox="678 915 894 940"></td> <td data-bbox="899 915 1187 940"></td> <td data-bbox="1192 915 1468 940"></td> </tr> <tr> <td data-bbox="678 947 894 972"></td> <td data-bbox="899 947 1187 972"></td> <td data-bbox="1192 947 1468 972"></td> </tr> </tbody> </table>	Name	Field of Expertise/Entity Name	Address/Phone									
Name	Field of Expertise/Entity Name	Address/Phone											
15. The CDC has provided a current listing of the Loan Committee, if applicable, identifying the two members with commercial lending experience acceptable to SBA and the name, address, and phone number of the entity they represent, or the members' personal address and telephone number.	[example] <table border="1" data-bbox="678 1066 1468 1262"> <thead> <tr> <th data-bbox="678 1066 816 1192">Name</th> <th data-bbox="821 1066 1037 1192">Address/Phone (home/work)</th> <th data-bbox="1042 1066 1271 1192">Field of Expertise/Entity Name</th> <th data-bbox="1276 1066 1468 1192">Commercial Loan Experience (yes, no)</th> </tr> </thead> <tbody> <tr> <td data-bbox="678 1199 816 1224"></td> <td data-bbox="821 1199 1037 1224"></td> <td data-bbox="1042 1199 1271 1224"></td> <td data-bbox="1276 1199 1468 1224"></td> </tr> <tr> <td data-bbox="678 1230 816 1255"></td> <td data-bbox="821 1230 1037 1255"></td> <td data-bbox="1042 1230 1271 1255"></td> <td data-bbox="1276 1230 1468 1255"></td> </tr> </tbody> </table>	Name	Address/Phone (home/work)	Field of Expertise/Entity Name	Commercial Loan Experience (yes, no)								
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16. The CDC has provided evidence of meeting Loan Loss Reserve Fund requirements (PCLP CDCs only).	[CDC Name] has a bank account with [\$dollars] which [is less than/equal to/exceeds] the 1% requirement of the original principal amount for each PCLP debenture.												