

**APPENDIX C: COMMUNITY ADVANTAGE APPLICATION ADDENDUM**

Addendum for Community Advantage Applicants only

1. Loan is a Community Advantage Loan and the small business applicant falls into one of the following categories (*at least one category must be checked*):
  - Located in a Low-to-Moderate Income (LMI) Community
  - Located in an Empowerment Zone or Enterprise Community
  - Located in a HUBZone
  - Ownership of the business meets the Patriot Express requirements including Veteran-owned businesses
  - More than 50 percent of the business’s workforce is low-income or resides in an LMI census tract
  - Business is two years old or less
  - None of the above
  
2. Please check one:
  - Business not established yet.
  - Existing Business:  
If in business more than a year, the most recent full business year’s Gross Revenue or Sales \$\_\_\_\_\_
  
3. a. In the past 12 months, have you received any Management and Technical Assistance training or counseling from any organization?    Yes    No  
(If “No,” skip the rest of this page. If “Yes,” answer “b,” “c,” and “d” below.)
  
- b. Indicate the type of assistance you received (check all that apply):
 

<input type="checkbox"/> Start-up assistance	<input type="checkbox"/> Government contracting
<input type="checkbox"/> Business plan	<input type="checkbox"/> Franchising
<input type="checkbox"/> Financing/Capital	<input type="checkbox"/> Buy/Sell a business
<input type="checkbox"/> Managing a business	<input type="checkbox"/> Technology/Computers
<input type="checkbox"/> Customer relations	<input type="checkbox"/> eCommerce
<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Legal Issues
<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> International Trade
<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Other _____
  
- c. Have you received training or counseling from any of the following sources? Check all that apply):
 

<input type="checkbox"/> SCORE	<input type="checkbox"/> Veterans Business Centers
<input type="checkbox"/> Small Business Development Center	<input type="checkbox"/> Women’s Business Center
<input type="checkbox"/> Bank or Other Lending Institution	<input type="checkbox"/> Other _____
  
- d. Estimate the total hours of counseling or training received for each type:

Type of Counseling or Training	Total Approximate Hours		
	Less than 3 hrs	3 - 5 Hours	5+ Hours
One-on-one Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-based Tutorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>