



**Community Advantage Addendum  
7(a) Pilot Program**

OMB Control No.: 3245-0348  
Expiration Date: 09/30/2023

The purpose of this form is to collect information about the applicant business and any management or technical assistance training or counseling it may have received. This form is an addendum to SBA Form 1919, Borrower Information Form, and is submitted to SBA electronically by the Lender. The Lender must retain in its file documentation that supports the responses provided on this form. Submission of the requested information is required for the Lender to comply with program requirements.

Applicant Business Information	
Applicant Business Legal Name: _____	DBA: _____
Startup/New Business (2 years or less)	Existing Business (more than 2 years old)
If in business for more than one year, the most recent full business year's Gross Revenue or Sales \$ _____	

Please identify which of the following are applicable to the Small Business Applicant. More than one may be checked; if none are applicable, please check "None of the Above."

Small Business Applicant is located in a

- Low-to-Moderate Income (LMI) Community
- Empowerment Zone or Enterprise Community
- HUBZone
- Promise Zone
- Opportunity Zone
- Rural Area

Veteran Owned Business  
 More than 50 percent of the Small Business Applicant's workforce is low-income or resides in a LMI census tract.  
 None of the Above.

During the 12 months prior to the application, did the Small Business Applicant receive any Management and Technical Assistance training or counseling from any organization?	Yes	No*		
<i>*If "No," the remainder of the form does not need to be answered.</i>				
<i>Indicate the type of assistance received (check all that apply).</i>				
Start-Up Assistance Business Plan Financing/ Capital Managing a Business Customer Relations Business Accounting/ Budget	Cash Flow Management Tax Planning Marketing/ Sales / Social Media Government Contracting Franchising Buy/ Sell a Business	Technology/ Computers Web Site / eCommerce Legal Issues International Trade Human Resources Other: _____		
<i>Please identify who provided the assistance (check all that apply).</i>				
SCORE Small Business Development Center Women's Business Center	Microloan Intermediary Veterans Business Center	Community Advantage Lender Other: _____		
<i>Please estimate the total counseling and/or training hours received.</i>				
	Not Applicable	< 3 Hours	3 – 5 Hours	>5 Hours
One-on-One Counseling Telephone Counseling Web-Based Training Group Training				

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 5 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington DC 20503. **PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.**