



Innovative Bank Community Express

Initial Management Assessment of Borrower & Action Plan

TA Provider: _____ Bank Officer: Maria Gu

Business Name: _____ Owner/Principal: _____

Consultation Date: _____ In Person Phone Email TAP Seminar

Requested Amount: \$ _____ **Accept Less?** Yes _____ No _____

Loan Purpose(s): _____

Pre-Loan & Post-Loan Technical Assistance Needs

Primary Needs			Secondary Needs	
1ST	2ND	3RD	4TH	5TH
# 1	# 2	#	#	#

- | | | |
|--------------------------------------|--|--------------------------|
| 1. Management Assessment | 2. Intro to Business Plan | 3. Strategic Planning |
| 4. Computer / Operational | 5. Tax Services | 6. Credit Counseling |
| 7. Financial Management / Cash Flow | 8. Inventory Control | 9. Accounting Services |
| 10. Market Analysis | 11. Marketing | 12. Sales Training |
| 13. International Trade / Export | 14. Bookkeeping | 15. Working Capital Mgmt |
| 16. Personnel / Human Resources | 17. Legal Assistance (Permits / Licensing / Incorporation) | |
| 18. Minority Business Cert. (SONWBA) | 19. Other: _____ | |

Technical Assistance Action Plan

T/A Need	Action	Estimated Duration	Start Date	Completion Date
1	Management Assessment			
2	Intro to Business Plan			

Evaluation and follow-up: During and after completion of this action plan, the borrower will have the opportunity to return to the Technical Assistance Provider for ongoing assistance at no charge. It is the responsibility of the borrower to ensure they receive an appropriate amount of assistance by agreeing to complete the plan outlined above together with their Technical Assistance Provider.

By signing this agreement, all parties agree to use best faith efforts to implement the above action plan.

Signature of Borrower

Business Name

Date

Signature of Bank Officer

Innovative Bank

Bank Name

Date

Signature of TA Provider

TA Organization

Date