



SBA Community Express Monitoring Report

To be completed by the Technical Assistance Provider

Technical Assistance Provider:			
Date of Report:			
Client/borrower Name:			
Monitoring report is required:	quarterly	semi-annually	(circle one)

Date of meeting with client/borrower:	
List of meeting participants (names and affiliations):	
Documents reviewed during meeting:	
Problems addressed during meeting:	
Additional comments:	

Monitoring report completed by:

Signature

Name (please print)

Date

Please submit completed form to:

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Community Affairs
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