



Form 3516

**Community Navigators Pilot Program Client and Program Information Form**

I request business counseling service from the Small Business Administration (SBA) or Community Navigator. I agreed to cooperate should I be selected to participate in surveys designated to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No ). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Community Navigator and host organizations, arising from this assistance.

**Purpose of Collection:** The information in this form is provided by the Community Navigator grantees and the individuals and businesses seeking assistance from such grantees. SBA is collecting this information for purposes of its oversight and management of the Community Navigator Program authorized under Sec. 5004 of the American Rescue Plan Act of 2021, and to ensure program equity and integrity. Information collected will only be published in summary or aggregate form as a means of providing SBA management officials, Congress, the White House and OMB with reports on program activity and participant outcomes. SBA expects to produce annual reports to the White House, OMB and Congress on the impact of the Community Navigator Pilot Program leveraging aggregate data to illustrate program objectives and outcomes have been met. Please note, SBA may match Form 3516 information with other data sets for program evaluation purposes. In all cases, SBA will protect individual privacy and confidentiality and only aggregate and summary data would be published. Except where indicated otherwise, collection of the information is required to comply with the terms of the Community Navigator award and is important to SBA to help assess how well the program is serving different communities and to ensure equitable access to the program. Navigators will submit information to SBA according to the terms of their notice of award.

<b>Client Signature:</b>	<b>Date:</b>
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**Part I: Client Contact Information** This section is required for all counseling engagements (completed by client)

**Client Name:** (Last, First, MI)

<b>Email:</b>	<b>Telephone:</b>
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**Business Address:** Street, City, State, Zip

**Part II: Client Demographic Information** This section is for first time counseling engagements (completed by client)

Demographic information should be provided for the primary business owner if the business has multiple owners. Providing the information in this section is voluntary but will be used by SBA to assess how well the program is serving different communities and to ensure equitable treatment of all people.

**Race:** (mark one or more)

American Indian or Alaska Native	Prefer not to say
Asian	Prefer to self-describe
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

<b>What is your gender identity?</b>	<b>Do you consider yourself a person with a disability?</b>
Female                      Prefer not to say	Yes      No
Male                          Prefer to self-describe	
Nonbinary	

<b>Do you identify as:</b>	<b>Do you identify as:</b>
Intersex                      Prefer not to say	Bisexual                      Prefer not to say
Transgender                Prefer to self-describe	Gay/ Lesbian                Prefer to self-describe
Both	Heterosexual
Neither	



**U.S. Small Business Administration**

OMB Control Number: 3245-0423

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<p><b>Military Service:</b></p> <p>No Military Service</p> <p>Veteran</p> <p>Spouse of Military Member</p> <p>Service-Disabled Veteran</p> <p>Active Duty</p>	<p><b>Ethnicity:</b></p> <p>Hispanic or Latino</p> <p>Not Hispanic or Latino</p> <p>Prefer not to say</p> <p>Prefer to self-describe</p>
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**Part III: Client Business Information** This section is required for first time counseling engagements, and for subsequent meetings when there is a change or milestone (completed by client)

<b>Are you currently in business?</b>	Yes	No	<b>Date business started:</b>
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**Name of Business:**

**Taxpayer ID #:**

a. Is this a Social Security Number?      Yes      No

(Providing your Social Security Number is voluntary. SBA uses your Social Security Number to verify whether you received SBA assistance (financial or otherwise). Not providing your Social Security Number will not affect any right, benefit or privilege to which you are entitled.)

<p><b>Legal Entity:</b></p> <p>Sole Proprietorship      S-Corporation</p> <p>Corporation                  LLC</p> <p>Partnership                  Other</p>	<p><b>Total Number of Employees:</b></p> <p>Part Time: _____ Full Time: _____</p>
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**Type of Business:**

Mining	Public Administration	Arts
Utilities	Educational Services	Transportation & Warehousing
Information	Real Estate, Rental, & Leasing	Professional
Construction	Health Care & Social Assistance	Scientific & Technical Services
Retail Trade	Accommodation & Food Services	Fishing
Manufacturing	Administrative & Support	
Finance & Insurance	Entertainment & Recreation	
Wholesale	Management of Companies & Enterprises	
Agriculture	Waste Management & Remediation Services	
Forestry	Other Services (except Public Administration)	

**For your most recent business year list:**

Gross Revenue: \_\_\_\_\_ Profits: \_\_\_\_\_ Losses: \_\_\_\_\_

**Have you applied for or received any SBA services in the last 5 years?**      Yes      No

a. If yes, which program(s) (check all that apply):

Paycheck Protection Loan/ Forgiveness	Other SBA Disaster Loans
Covid Economic Injury Disaster Loan	7(a) Disaster Loans or 504 Guaranteed Loan
Restaurant Revitalization Fund	8 (a) Certification
Shuttered Venues Grant	Other Contracting Certification
Other (specify)	



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<p><b>Do you conduct business in a language other than English?</b>    Yes    No</p> <p>a. If yes, which languages</p>	<p><b>Is this a woman-owned business?</b> (A business is woman-owned if at least 51% of the business or stock is owned by one or more women and the management and daily business operations are controlled by one or more women.)</p> <p style="text-align: center;">Yes    No</p>
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**Part IV: Nature of Assistance:** This section is required for all counseling engagements (completed by client)

**Nature of Assistance Sought:**

7(a) Loan	Paycheck Protection Loan/Forgiveness	State/ Local Grant
504 Loan	Covid Economic Injury Disaster Loan	Disaster Preparedness
Microloan	Restaurant Revitalization Fund	Assistance Starting a Business
Export Loan	Credit Counseling/Financial Literacy	Shuttered Venues Grant
Other Loan	Other SBA Disaster Loans	Other
Business TA	SBA Contracting Certification	
Other Grant	Non-Governmental Contracting Certification	
Other TA	Other Federal/State/Local Contracting Certification	

**Are you requesting language assistance?**

Yes    No

a.) If yes, which languages

**Part V: Business Advisor Information** This section is required for all counseling and training engagements (completed by advisor)

<b>Name of Entity Providing Service:</b>	<b>Date of Counseling:</b>
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<b>City/ State of Office Location:</b>	<b>Business Advisor Name:</b> (List multiple if appropriate)
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<b>Business Location:</b> Urban    Rural	<b>Contact Hours:</b>	<b>What is dollar amount of loan/grant sought?</b> (for submitted application)
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<b>Prep Days:</b> (How many days taken to complete and submit application from first meeting)	<b>Assistance Approved:</b> (Dollar amount of loan/grant approved)
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**Part VI: Training Record:** This section is required for all training engagements (completed by advisor)

<b>Date of Training:</b>	<b>Total training Hours:</b>	<b>Number of Sessions:</b>
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<b>Title of Training:</b>	<b>Type:</b> Live      Virtual
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**Location of Training:**

<p><b>Total Number Trained:</b></p> <ul style="list-style-type: none"> <li>Currently in Business</li> <li>Not Yet in Business</li> <li>People with Disabilities</li> <li>Veterans</li> <li>Women</li> <li>LGBTQIA+</li> </ul>	<p><b>Race:</b></p> <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>White</li> </ul> <p><b>Ethnicity:</b></p> <ul style="list-style-type: none"> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>
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<b>Training Topic:</b>		
Business Plan	International Trade	Marketing
Business Start-up/ Preplanning	Disaster Preparedness/ Recovery	eCommerce
Business Financing/ Capital Sources	Business Financials/ Cash Flow	Business Operations
Covid Financing Programs	Credit Counseling	Management
Government Contracting	Other (specify)	

<b>Participating Partners:</b>	SBA District Office	SBDC	SCORE	WBC	VBOC	Other
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**Language(s) used to conduct training:**

Paperwork Reduction Act: You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. The total estimated annual burden for responding to this information collection is 20 minutes for grantees and 10 minutes for small business clients. Comments or questions on the burden estimate should be sent to U.S. Small Business Administration, Director, Records Management Division, 409 3<sup>rd</sup> Street. S.W. Washington, D.C. 20416 and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503.

Privacy Act Statement (5 U.S.C. 552a)  
 The information you provide will not be disclosed outside of the SBA, except with your consent, and as otherwise allowed by the Privacy Act of 1974, 5 U.S.C. §552a, or unless the information is subject to disclosure under the Freedom of Information Act. 5 U.S.C. §552. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act, which are set forth in SBA's Systems of Records Notice 11 – Entrepreneurial Development Management Information System, 74 FR 14889, 14901 (<https://www.govinfo.gov/content/pkg/FR-2009-04-01/pdf/E9-7050.pdf>). SBA has instituted procedures to protect confidentiality and only aggregate and summary data will be provided in public reports to the Congress and the White House. Providing your social security number is voluntary. SBA uses your social security number to verify whether you received SBA assistance (financial or otherwise). You are asked to voluntarily provide your social security number to assist SBA in distinguishing you from other individuals with the same or similar name, or other personal identifiers. Not providing your social security number will not affect any right, benefit or privilege to which you are entitled. This request is permitted under EO 9397.