



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.

Client Signature:	Date:
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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)

Email:	Telephone:
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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)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Asian	<input type="checkbox"/> Prefer to self-describe
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	

Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Prefer to self-describe <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to say	What is your gender identity? <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Male <input type="checkbox"/> Prefer to self-describe <input type="checkbox"/> Nonbinary
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Do you identify as: <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer to self-describe <input type="checkbox"/> Both <input type="checkbox"/> Neither	Do you identify as: <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Gay/ Lesbian <input type="checkbox"/> Prefer to self-describe <input type="checkbox"/> Heterosexual
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Military Service: <input type="checkbox"/> No Military Service <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Military Member <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Active Duty, National Guard, or Reserve	Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)

Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date business started: _____
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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.)

Legal Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other	Total Number of Employees: Part Time: _____ Full Time: _____
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Type of Business:

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

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):

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



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<p>Do you conduct business in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, which languages</p>	<p>Is this a woman-owned business? (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><input type="checkbox"/> Yes <input type="checkbox"/> 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:

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

Name of Entity Providing Service:	Date of Counseling:
City/ State of Office Location:	Business Advisor Name: (List multiple if appropriate)
Contact Hours:	What is dollar amount of loan/ grant sought? (for submitted application)
Prep Days: (How many days taken to complete and submit application from first meeting)	Assistance Approved: (Dollar amount of loan/grant approved)

