

Both Neither

## **U.S. Small Business Administration**

OMB Control Number: 3245-0423 Expiration Date: 2/28/25

# 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							
Clie	ent Signature:	Date	e:				
Par	t I: Client Contact Information This section is requir	ed for a	l counseling engagen	nents (completed by client)			
Clie	ent Name: (Last, First, MI)						
Em	ail:	Teleph	one:				
Bus	siness Address: Street, City, State, Zip						
Part II: Client Demographic Information This section is for <u>first time</u> 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.							
Rac	ce: (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						
Ethnicity:			What is your gender identity?				
	Hispanic or Latino ☐ Prefer to self-describe		Female	☐ Prefer not to say			
	Not Hispanic or Latino		Male	☐ Prefer to self-describe			
	Prefer not to say		Nonbinary				
Do	you identify as:	Do	Do you identify as:				
	Intersex Prefer not to say		Bisexual	□ Prefer not to say			
	Transgender		Gay/ Lesbian	☐ Prefer to self-describe			

☐ Heterosexual



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Mil	itary Service:	Do you consider yourself a person with a disability?			
	No Military Service	☐ Yes ☐ No			
	Veteran				
	Spouse of Military Member				
	Service-Disabled Veteran				
	Active Duty, National Guard, or Reserve				
Par	t III: Client Business Information This section is re	equired for <u>first time</u> counseling engagements, and for			
	sequent meetings when there is a change or mile	stone (completed by client)			
	you currently in business?   Yes   No	Date business started:			
	me of Business:				
	payer ID #:				
	,	NO ity Number to verify whether you received SBA assistance (financial or otherwise).			
•	providing your Social Security Number will not affect any right, benefit or p				
	1=	T			
	al Entity:	Total Number of Employees:  Part Time: Full Time:			
	Sole Proprietorship	rait fille ruii fille			
	Corporation				
	Partnership Other				
_	e of Business:  Mining □ Public Administration	☐ Arts, Entertainment & Recreation			
	Mining Public Administration  Utilities Real Estate, Rental, &	<del>-</del> ,			
	Information	*			
	Construction				
	Retail Trade				
	Manufacturing Management & Rem	_			
	Finance & Insurance	ipanies &			
	Wholesale Trade Enterprises				
	Educational Services	ot Public			
	Administration)				
	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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Do you conduct busi	anguage other than	Is this a woman-owned business? (A business is woman-					
English?  Yes			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				
a. If yes, which l	anguages		more women.)  Yes	No			
				INO			
		-1					
Part IV: Nature of As	sistance: I	This section is required to	r <u>all</u> counseling (	engag	gements (completed by client)		
Nature of Assistance Sought:							
☐ 7(a) Loan	☐ Payo	check Protection Loan/Fo	orgiveness		State/ Local Grant		
☐ 504 Loan	☐ Covi	id Economic Injury Disasto	er Loan		Disaster Preparedness		
☐ Microloan	☐ Rest	taurant Revitalization Fun	ıd		Assistance Starting a Business		
☐ Export Loan	☐ Cred	dit Counseling/Financial L	iteracy		Shuttered Venues Grant		
☐ Other Loan	☐ Othe	er SBA Disaster Loans			Other		
☐ Business TA	☐ SBA	SBA Contracting Certification					
☐ Other Grant	□ Non	n-Governmental Contracti	ng Certification				
☐ Other TA	☐ Othe	er Federal/State/Local Co	ntracting Certifi	catior	1		
Are you requesting la	anguage as	ssistance?					
☐ Yes ☐ No							
a.) If yes, which I							
		<b>nation</b> This section is requ	uired for <u>all</u> coul	nselin	g and training engagements		
(completed by adviso	ן זכ						
Name of Entity Provi	ding Servi	ce:	Date of Counseling:				
City/ State of Office	Location:		Business Advisor Name: (List multiple if appropriate)				
Contact Hours:			What is dollar	amoi	unt of loan/ grant sought? (for		
Contact Hours.			submitted application)				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
<b>Prep Days:</b> (How many days taken to complete and			Assistance Approved: (Dollar amount of loan/grant				
submit application from first meeting)			approved)				



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Part VI: Training Record: This section is required for all training engagements (completed by advisor)						
Date of Training:	Total training Hour	5:	Number	Number of Sessions:		
Title of Training:	1	「ype: □ Live	☐ Virtual			
Location of Training:						
Total Number Trained:	Race:					
Currently in Business	Americ	American Indian or Alaska Native				
Not Yet in Business	Asian	Asian				
People with Disabilities		r African Ameri				
Veterans		Hawaiian or Oth	her Pacific Is	slander		
Women	wnite	White				
LGBTQIA+	Ethnicity:	Ethnicity:				
	Hispanic or Latino					
	<u> </u>	panic or Latino				
Training Topic:						
☐ Business Plan	☐ Interna	tional Trade		☐ Marketing		
☐ Business Start-up/ Preplanning	☐ Disaste	r Preparedness,	/ Recovery	☐ eCommerce		
☐ Business Financing/ Capital Sou	rces 🔲 Busine	ss Financials/ Ca	ash Flow	☐ Business Operations		
☐ Covid Financing Programs	☐ Credit (	Counseling		☐ Management		
☐ Government Contracting	☐ Other (					
Participating Partners: ☐ SBA Dis	strict Office	C □ SCORE	☐ WBC	☐ VBOC ☐ Other		
Language(s) used to conduct training	g:					
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.						