



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: [] No Military Service [] Veteran [] Spouse of Military Member [] Service-Disabled Veteran [] Active Duty, National Guard, or Reserve
Do you consider yourself a person with a disability? [] Yes [] No

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? [] Yes [] No Date business started:

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: [] Sole Proprietorship [] S-Corporation [] Corporation [] LLC [] Partnership [] Other
Total Number of Employees: Part Time: _____ Full Time: _____

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



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Part VI: Training Record: This section is required for all training engagements (completed by advisor)

Date of Training:	Total training Hours:	Number of Sessions:
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Title of Training:	Type: <input type="checkbox"/> Live <input type="checkbox"/> Virtual
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Location of Training:

<p>Total Number Trained:</p> <p>Currently in Business</p> <p>Not Yet in Business</p> <p>People with Disabilities</p> <p>Veterans</p> <p>Women</p> <p>LGBTQIA+</p>	<p>Race:</p> <p>American Indian or Alaska Native</p> <p>Asian</p> <p>Black or African American</p> <p>Native Hawaiian or Other Pacific Islander</p> <p>White</p> <p>Ethnicity:</p> <p>Hispanic or Latino</p> <p>Not Hispanic or Latino</p>
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Training Topic:

<input type="checkbox"/> Business Plan	<input type="checkbox"/> International Trade	<input type="checkbox"/> Marketing
<input type="checkbox"/> Business Start-up/ Preplanning	<input type="checkbox"/> Disaster Preparedness/ Recovery	<input type="checkbox"/> eCommerce
<input type="checkbox"/> Business Financing/ Capital Sources	<input type="checkbox"/> Business Financials/ Cash Flow	<input type="checkbox"/> Business Operations
<input type="checkbox"/> Covid Financing Programs	<input type="checkbox"/> Credit Counseling	<input type="checkbox"/> Management
<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Other (specify)	

Participating Partners: SBA District Office SBDC SCORE WBC VBOC Other

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 3rd 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.