



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.

Use of Information Collected: Information collected from SBA Form 3516 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.

Client Signature:	Date:
--------------------------	--------------

Part I: Client Contact Information This section is required for all counseling engagements

Client Name: (Last, First, MI)

Email:	Telephone:
---------------	-------------------

Business Address: Street, City, State, Zip

Part II: Client Demographic Information This section is required for first time counseling engagements

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

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

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

<p>Military Service: No Military Service Veteran Spouse of Military Member Active Duty Service-Disabled Veteran</p>	<p>Ethnicity: Hispanic or Latino Not Hispanic or Latino Prefer not to say Prefer to self-describe</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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.)

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



Form 3516

Type of Business:

Mining Utilities Information Construction Retail Trade Manufacturing
 Finance & Insurance Wholesale Public Administration Educational Services
 Real Estate, Rental, & Leasing Health Care & Social Assistance Accommodation & Food Services
 Arts Entertainment & Recreation Transportation & Warehousing Professional
 Scientific & Technical Services Management of Companies & Enterprises Agriculture
 Forestry Fishing Administrative & Support Waste Management & Remediation 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
 Covid Economic Injury Disaster Loan Restaurant Revitalization Fund Shuttered Venues Grant
 Other SBA Disaster Loans 7(a) or 504 Guaranteed Loan 8(a) Certification
 Other Contracting Certification Other (specify)

Do you conduct business in a language other than English? Yes No

a. If yes, which languages

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.)
 Yes No

Part IV: Nature of Assistance: This section is required for all counseling engagements

Nature of Assistance Sought: Paycheck Protection Loan/ Forgiveness Covid Economic Injury Disaster Loan
 Restaurant Revitalization Fund Shuttered Venues Grant Other SBA Disaster Loans
 7(a) Loan 504 Loan Microloan Export Loan Other Loan State/ Local Grant
 Other Grant SBA Contracting Certification Assistance Starting a Business Other

What is dollar amount of loan/ grant sought?

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

Name of Entity Providing Service:

City/ State of Office Location:

Business Advisor Name: (List multiple if appropriate)

Business Location: Urban Rural

Contact Hours:

Prep Days: (How many days taken to complete and submit application from first meeting)

Assistance Approved: (Dollar amount of loan/ grant approved)



U.S. Small Business Administration

OMB Control Number: 3245-0423

Expiration Date: 12/31/21

Form 3516

Part VI: Training Record: This section is required for all training engagements

Date of Training:	Total training Hours:	Number of Sessions:
--------------------------	------------------------------	----------------------------

Title of Training:	Type: <input type="checkbox"/> Live <input type="checkbox"/> Virtual
---------------------------	-----------------------------------------------------------------------------

Location of Training:

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

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)

Use of Information Collected: The information in this form is provided by individuals and businesses seeking assistance from a Community Navigator. The information is collected to help SBA's oversight and management of the Community Navigator Program, ensure program equity and integrity and to meet Congressional and Executive Branch reporting requirements. Some of the information collected is voluntary however it is important to SBA to help assess how well the program is serving different communities and to ensure equitable treatment of all people. Only you, the Community Navigator from which you are seeking assistance and SBA will be privy to the individualized confidential and proprietary information. Any personal information collected, including the client's Social Security Number, will be protected to the extent permitted by law, including the Privacy Act of 1974 and the Freedom of Information Act. 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.