



Form 3516

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

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.

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

**What is your gender identity?** Female  
 Male      Nonbinary      Prefer not to say  
 Prefer to self-describe

**Do you consider yourself a person with a disability?**  
 Yes      No

**Do you identify as:** Intersex      Transgender  
 Both      Neither      Prefer not to say  
 Prefer to self-describe

**Do you identify as:** Bisexual      Gay/ Lesbian  
 Heterosexual      Prefer not to say  
 Prefer to self-describe

**Military Service:**  
 No Military Service      Veteran  
 Spouse of Military Member      Active Duty  
 Service-Disabled Veteran

**Ethnicity:**  
 Hispanic or Latino  
 Not Hispanic or Latino  
 Prefer not to say  
 Prefer to self-describe

**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.)

**Legal Entity:**  
 Sole Proprietorship      S-Corporation  
 Corporation      LLC  
 Partnership      Other

**Total Number of Employees:**  
 Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_



**U.S. Small Business Administration**

OMB Control Number: 3245-0423

Expiration Date: 12/31/21

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**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 Contraction Certification      Other (specify)

<p><b>Do you conduct business in a language other than English?</b>      Yes      No          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.)          Yes      No</p>
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**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

<p><b>What is dollar amount of loan/ grant sought?</b></p>	<p><b>Are you requesting language assistance?</b>          Yes      No          a) If yes, which languages</p>
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**Part V: Business Advisor Information** This section is required for all counseling and training engagements

**Name of Entity Providing Service:**

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

<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:**

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

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.