



U.S. Small Business Administration
Community Navigators Pilot Program
Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 12/31/2021

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service
1a. Type of Client: Face to Face Online Telephone
2. City/State of Office Location

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business)
4. Email
5. Telephone Primary Secondary
6. Fax
7. Street Address/PO Box (give business address if currently in business)
8. City
9. State
10. Zip +4

11. [I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed 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 Resource Partners 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.]

12. Preferred date & time for appointment Date: Time:
13. Client Signature Date:

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more)
15. Ethnicity
16. Gender Identity
17. Do you identify as:
18. Do you consider yourself a person with a disability?
19. Veteran Status
19a. Military Status

20. Have you applied for or received any SBA services in the last 5 years?
21a. Are you currently in business?
21b. If yes, are you currently exporting?

22. Name of Business
23. Type of Business (choose primary category)
24. Taxpayer ID # (OPTIONAL):
24a. Is this a Social Security #?

25. Business Ownership - What percentage of your business is male or female owned?
26. Date Business Started? (MM/YYYY)
27. Do you conduct business online?
28a. Are you a home based business?
28b. Are you 8(a) certified?
28c. Do you conduct business in a language other than English?

29a. Total No. of Employees (Full & PT)
29b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)
30a. For your most recent full business year, what were your: Gross Revenues/Sales \$ +Profits/-Losses \$
30b. Amount of your Gross Revenues/Sales related to exporting \$
31. What is the legal entity of your business?

32. What is the nature of counseling you are seeking? (Choose primary category)
Describe specific assistance requested in the space provided.