

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:

□ International Trade

1318		2	,		-		Initials of I	Data Inputter	r:	
 Name of the Office Providing the Se City/State of Office Location 	rvice		1a.	Type of Cl	ient: 🗌 Face	to Face 🗌 O	nline	Telephone		
PART I: Client Request for	Counseling									
3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)					4. Er	4. Email				
5. Telephone					6. Fa	x				
Primary	Se	condary			0.14	A				
7. Street Address/PO Box (give bus	siness address if cu	irrently in b	usiness) 8.	City		9. Sta	te 1	10. Zip	+4	
11. [I request business counseling service from the evaluate SBA services. I permit SBA or its agent to information disclosed will be held in strict confide management counselor(s). I further understand tha developing from this counseling relationship. In cc Partners and host organizations. arising from this a of providing SBA management officials, Congress OMB and Congress on the impact of the Commun 3516 information with other data sets for program	the use of my name and ence. (SBA will not prov at the counselor(s) agrees onsideration of the coun assistance. [Use of Info s, the White House and O ity Navigator Pilot Prog evaluation purposes. In	address for SBA ride your persor s not to: 1) recor- selor(s) furnishi rmation Collect OMB with repo- gram leveraging all cases, SBA	A surveys and inform nal information to com mmend goods or serv- ing management or te ed: Information colle rts on program activit aggregate data to illu will protect individua	ation mailing nmercial entit ices from sou echnical assist cted from SB ty and particip istrate program	s regarding SBA j ties.) I authorize S trees in which he/ ance, I waive all A Form 3516 will bant outcomes. SI m objectives and	products and servic SBA to furnish rele (she has an interest claims against SB, l only be published BA expects to prod outcomes have been nd only aggregate	ces (Yes No evant informati , and 2) accept A personnel, ar d in summary o duce annual rep en met. Please and summary o). I understation to the assign fees or commind that of its Roor aggregate for ports to the Whinote, SBA magnetic to the Whinote, SBA magnetic to the	ind that any gned issions essource orm as a means nite House, y match Form	
12. Preferred date & time for appo Date: Time:	nature		Date:							
PART II: Client Intake (to b	e completed b	v all Clie	nts)							
14. Race (mark one or more)	Prefer not to say Prefer to self-descr	15. Eth	,	Heterose	exual	17. Do you id Male Female		yourself a	person	
Black or African American Native Hawaiian or Other Pacific Islander			r not to say r to self-describe	say Gay/Lesbian Nonbi				with a disability?		
				Ailitary Status ☐ Member of Reserve or National Guard ☐ On Active Duty						
20. Have you applied for or receive Paycheck Protection Loan/Forg Covid Economic Injury Disaste Restaurant Revitalization Fund Shuttered Venues Grant	iveness r Loan	Other SBA I 7(a) or 504 0 8(a) Certific	Disaster Loans Guaranteed Loan		If yes, wh	ich program(s) specify)	(check all th	at apply):		
21a. Are you currently in business	? 🗆 Ves 🗆 No	(if no, skip	to 30)							
21b. If yes, are you currently expo If yes, please note the markets to wh	rting? 🗌 Yes 🗌	No	,							
22. Name of Business	f f f f		r							
Utilities Finance & Insurance	Real Estate & Rent Health Care & Soci Accommodation &	ial Assistance Food Service	e □Agriculture, F es□Administrativ	of Compan Forestry, Fis e & Suppor	ies & Enterpris shing & Huntir t	ses ng 24a. Is	s this a Soc	ial Securit		
□ Retail Trade □ Educational Services □	Transportation & W	Varehousing	Other Service	s (except P	ublic Administ	tration)]Yes 🗌 No			
25. Business Ownership – What per your business is male or female owned % Male% Female	ed? Star	Date Busin ted? (MM/Y	YYYY) busines	you cond ss online? ſes □No	28b. Ar 28c. Do	e you a home e you 8(a) ce you conduct nglish? Yes	rtified?	Yes No	, —	
29a. Total No. of Employees	30a. For your me		-		31. What	is the legal en	tity of you	r business	!?	
(Full & PT)	were your: Gro		/Sales \$		Sole Pro	prietorship	Corporat	tion [LLC	
	30b. Amount of y related to export	your Gross	osses \$ Revenues/Sale		□ S-Corpo □ Other (sp		Partnersl	hip		
32. What is the nature of counselin	g you are seeking	g? (Choose]	primary categor	y)						
 ☐ Start-up Assistance (How do I start a small business?) ☐ Business Plan ☐ Financing/Capital (such as applying for a loan, building equity capital) 	ess?) Managing Employees Customer Relations pital (such as applying Business Accounting/			 Marketing/Sales (promotion, market research, pricing, etc.) Government Contracting (including certifications) Franchising 				☐ Technology/Computers ☐ eCommerce (using the Internet to do business) ☐ Legal Issues (such as, Should I incorporate?)		

Buy/Sell Business

□ Tax Planning

Cash Flow Management

☐ Managing a Business

Describe specific assistance requested in the space provided.