



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:
18. Do you consider yourself a person with a disability?
18. Veteran Status Non-Veteran Veteran Service-Disabled Veteran
18a. Military Status Member of Reserve or National Guard On Active Duty

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

14. Race (mark one or more) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
15. Ethnicity Hispanic or Latino Not Hispanic or Latino Prefer not to say Prefer to self-describe
16. Gender Identity Male Female Nonbinary Prefer not to say
18. Do you consider yourself a person with a disability? Yes No
18. Veteran Status Non-Veteran Veteran Service-Disabled Veteran
18a. Military Status Member of Reserve or National Guard On Active Duty

19. Have you applied for or received any SBA services in the last 5 years? Yes No
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)

20a. Are you currently in business? Yes No (if no, skip to 30)
20b. If yes, are you currently exporting? Yes No
If yes, please note the markets to which your company currently exports.

21. Name of Business
22. Type of Business (choose primary category) Professional, Scientific & Technical Services Management of Companies & Enterprises Agriculture, Forestry, Fishing & Hunting Administrative & Support
23. Taxpayer ID # (OPTIONAL):
23a. Is this a Social Security #? Yes No

24. Business Ownership - What percentage of your business is male or female owned? % Male % Female
25. Date Business Started? (MM/YYYY)
26. Do you conduct business online? Yes No
27a. Are you a home based business? Yes No
27b. Are you 8(a) certified? Yes No
27c. Do you conduct business in a language other than English? Yes (specify) No

28a. Total No. of Employees (Full & PT)
28b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT)
29a. For your most recent full business year, what were your: Gross Revenues/Sales \$ +Profits/-Losses \$
29b. Amount of your Gross Revenues/Sales related to exporting \$
30. What is the legal entity of your business? Sole Proprietorship S-Corporation Other (specify) Corporation Partnership LLC

31. What is the nature of counseling you are seeking? (Choose primary category)
Start-up Assistance (How do I start a small business?) Business Plan Financing/Capital (such as applying for a loan, building equity capital) Managing a Business
Human Resources/Managing Employees Customer Relations Business Accounting/Budget Cash Flow Management Tax Planning
Marketing/Sales (promotion, market research, pricing, etc.) Government Contracting (including certifications) Franchising Buy/Sell Business
Technology/Computers eCommerce (using the Internet to do business) Legal Issues (such as, Should I incorporate?) International Trade
Describe specific assistance requested in the space provided.