



LISC Business Development Organization (BDO)

Intake Form with Addendum

Client: \_\_\_\_\_

Consultant: \_\_\_\_\_

Date: \_\_\_\_\_



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.

<b>Client Signature:</b>	<b>Date:</b>
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**Part I: Client Contact Information** This section is required for all counseling engagements

**Client Name:** (Last, First, MI)

<b>Email:</b>	<b>Telephone:</b>
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**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

<b>What is your gender identity?</b> Female Male    Nonbinary    Prefer not to say Prefer to self-describe	<b>Do you consider yourself a person with a disability?</b> Yes    No
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<b>Do you identify as:</b> Intersex    Transgender Both    Neither    Prefer not to say Prefer to self-describe	<b>Do you identify as:</b> Bisexual    Gay/ Lesbian Heterosexual    Prefer not to say Prefer to self-describe
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<b>Military Service:</b> No Military Service    Veteran Spouse of Military Member    Active Duty Service-Disabled Veteran	<b>Ethnicity:</b> Hispanic or Latino Not Hispanic or Latino Prefer not to say Prefer to self-describe
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**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

<b>Are you currently in business?</b> Yes    No	<b>Date business started:</b>
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**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.)

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

## Addendum SBA 3615 Client Intake additional questions

### Small Bus Owner:

Highest Academic Grade completed: \_\_\_\_\_

Underserved Population check all, - question on 3615

- Disabled
- LGBTQ+
- BIPOC
- Veteran
- Woman
- Justice- involved/returning citizen
- Refugee
- Immigrant
- Limited English Proficiency
- Clint declined to answer
- None

Female head of household \_\_\_\_\_

Not required:

- Number of dependents \_\_\_\_\_
- Number of household members \_\_\_\_\_
- Household annual income \_\_\_\_\_

### Small Business Information

- Not required EIN \_\_\_\_\_
- DBA \_\_\_\_\_
- Industry NAICS \_\_\_\_\_
  
- Website: \_\_\_\_\_
  
- Business location (leased?) \_\_\_\_\_
  
- Any certifications: (ie MBE, WBE...) \_\_\_\_\_

### **Technical Assistance (TA) Requested:**

- Startup Assistance     Cash flow mngt     Business Plan     Tax Planning
- eCommerce     Financing Capital     Marketing/Sales     Legal issues
- Managing a Business     Government Contracting     International Trade
- Customer Relations     Franchising     Human resources     Accounting /budgeting
- buy/sell a business    Other \_\_\_\_\_

**Nature of Assistance Sought:**

PPP  EIDL  RRF  SBA loans

State or local grants

Assistance Starting  Other \_\_\_\_\_

**Add additional contact:**

General contact associated with entity

Name: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Please complete form, save adding your business name to file name and return to:

Raymond@GreaterChathamInitiative.org  
(773) 644-1451