



INDIVIDUAL BUSINESS SERVICES AGREEMENT

I _____ understand that I am entering into a written agreement with _____ (Service Provider) and its designated coaches.

- I understand the Service Provider provides various levels of assistance to eligible microenterprises and operating businesses located and/or business owners residing in the City of Los Angeles.
- I understand this agreement is being offered to assist me in achieving my objectives for my business which include direct services and resources by the Service Provider that I can use at any time.
- I understand the funding for these services are provided at no cost to me. The services are provided by the U.S. Department of Housing and Urban Development (HUD) through Community Development Block Grant (CDBG) funding.
- I will commit the time and effort necessary to achieve my objectives until I am successfully creating new or retaining existing jobs and at least 51% of the jobs will be held by or made available to low and moderate income persons.
- I will cooperate and provide the Service Provider coaches with all requested information and documents to verify the outcomes reported in compliance with CFR 570.506(b)(5) and (6).

Select Business Type: Check your business type.

Micro-enterprise – 5 or less (W-2) employees (including the owner)
 Prestart-up Operating

Small Business – 6 to 500 employees with annual gross sales not exceeding \$7.5M
 Prestart-up Operating

What kind of assistance are you looking for? Select all that may apply:

- | | |
|--|--|
| <input type="checkbox"/> Access to Capital/Loan Packaging | <input type="checkbox"/> Business Accounting/Budgeting |
| <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Cash Flow Management |
| <input type="checkbox"/> Business Courses/Workshops | <input type="checkbox"/> Credit Counseling |
| <input type="checkbox"/> One-on-One Consulting | <input type="checkbox"/> Franchising |
| <input type="checkbox"/> HR/Employee Hiring/Development | <input type="checkbox"/> E-Commerce |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Green/Clean Tech Transitions |
| <input type="checkbox"/> Start-Up Assistance/Incubation/Cohorts | <input type="checkbox"/> International Trade |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Tax Planning |
| <input type="checkbox"/> Website Development/Management | <input type="checkbox"/> Lease Negotiations/Site-Finding |
| <input type="checkbox"/> City/County/State/Federal Certification | <input type="checkbox"/> Sidewalk Vending Permit |
| <input type="checkbox"/> Government Contracting | <input type="checkbox"/> Other: _____ |

Eligibility Information

- I am:** A City of Los Angeles Resident. (Need a copy a picture ID with address on it or utility bill)
- A Business Owner whose business is within the City of Los Angeles. (Need a copy of your business license or utility bill)

How did you hear about this program? _____



Client Information

Please note that demographic information is collected for the purpose of documenting services provided by the Service Provider. All information will be kept confidential and will not be used for discriminatory purposes. Fill out all the information on the application and put "N/A" on items that do not apply.

Applicant Name: _____ **Suffix:** _____

Personal Address: _____

Personal Email: _____

Primary Phone: _____ **Cell Phone:** _____

Date of Birth: _____

Gender Identity: _____ **Prefer not to Disclose**

Current Employment Status: Check the option that best applies.

- | | |
|--|--|
| <input type="checkbox"/> Full Time Self-Employed | <input type="checkbox"/> Part Time Employed |
| <input type="checkbox"/> Full Time Employed | <input type="checkbox"/> Seasonal Unemployment |
| <input type="checkbox"/> Part Time Self-Employed | <input type="checkbox"/> Unemployed less than 6 months |
| <input type="checkbox"/> Unemployed more than 6 months | <input type="checkbox"/> Other: _____ |

Educational Level: Check highest level completed

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Other: _____ |

Military Service: Check the option that best applies.

- Prior Military Service Currently Enlisted No Service

Race/Ethnic Origin: Check the option that best applies in each section

Race (check <u>one</u> of the following 10 categories):			
American Indian or Alaska Native		American Indian or Alaskan Native AND White	
Asian		Asian AND White	
Black or African American		Black/African American AND White	
Native Hawaiian or Other Pacific Islander		American Indian/Alaskan Native AND Black/African-American	
White		Balance / Other	

Ethnicity (check one):	
Hispanic / Latino	<input type="checkbox"/>
Not Hispanic / Latino	<input type="checkbox"/>

Prefer not to Disclose



Income Status: Find the size of your family on the grid below, then circle the income level in that row that applies to your family.

2021 CDBG Income Guidelines– Circle the appropriate box:				
Family Size	Group 1	Group 2	Group 3	Group 4
1 Person	\$0 - \$24,850	\$24,851 - \$41,400	\$41,401 - \$66,250	\$66,251 +
2 Person	\$0 - \$28,400	\$28,401 - \$47,300	\$47,301 - \$75,700	\$75,701 +
3 Person	\$0 - \$31,950	\$31,951 - \$53,200	\$53,201 - \$85,150	\$85,151 +
4 Person	\$0 - \$35,450	\$35,451 - \$59,100	\$59,101 - \$94,600	\$94,601 +
5 Person	\$0 - \$38,300	\$38,301 - \$63,850	\$63,851 - \$102,200	\$102,201 +
6 Person	\$0 - \$41,150	\$41,151 - \$68,600	\$68,601 - \$109,750	\$109,751 +
7 Person	\$0 - \$44,000	\$44,001 - \$73,300	\$73,301 - \$117,350	\$117,351 +
8 Person	\$0 - \$46,800	\$46,801 - \$78,050	\$78,051 - \$124,000	\$124,001 +

Business Information

Check Here: If you have not opened your business as of the date of entering this Agreement and leave the rest of the page blank.

Current business location: Home-based Office/Storefront Online

Business start date: _____

Are you operating this business full-time or part-time? _____

Are you in danger of closing your business? Yes No

Business Name: _____

Business Partner Name: _____

Business Address: _____

Business Email: _____

What goods or services does/will this business provide? _____

Website: _____

Business Formation:

- Sole Proprietorship
- C-Corporation
- Limited Liability Company (LLC)
- Have not filed yet

- General Partnership
- S-Corporation
- Limited Liability Partnership (LLP)
- Don't Know



Check the business registration documentation held for your business:

- | | | | |
|--------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | Business Tax Registration Cert. ("BTRC") | <input type="checkbox"/> | Seller's Permit/Resale Number |
| <input type="checkbox"/> | Sidewalk Vending Permit | <input type="checkbox"/> | Federal Tax ID Number |
| <input type="checkbox"/> | Fictitious Business Name | <input type="checkbox"/> | Other: _____ |

List all your existing permanent positions (including yourself) by name and position title: The first two lines are provided as examples only. Attach additional sheets as needed.

Check Here: If you have not opened your business and leave the table blank.

	NAME	TITLE	HOURS PER WEEK
	Jane Doe	Owner	40
	VACANT	Server	26
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Enter how many employees you plan to hire in each category:

Official or Manager		Sales		Operative (Semi-skilled)	
Professional		Office or Clerical		Laborer (Unskilled)	
Technician		Craft Worker (Skilled)		Service Worker	

Unsure/Undecided



CFR 570.506(b)(5) and (6)

(5) For each activity determined to benefit low and moderate income persons based on the creation of jobs, the recipient shall provide the documentation described in either paragraph (b)(5)(i) or (ii) of this section.

(i) Where the recipient chooses to document that at least 51 percent of the jobs will be available to low- and moderate-income persons, documentation for each assisted business shall include:

(A) A copy of a written agreement containing:

(1) A commitment by the business that it will make at least 51 percent of the jobs available to low and moderate income persons and will provide training for any of those jobs requiring special skills or education;

(2) A listing by job title of the permanent jobs to be created indicating which jobs will be available to low and moderate income persons, which jobs require special skills or education, and which jobs are part-time, if any; and

(3) A description of actions to be taken by the recipient and business to ensure that low and moderate income persons receive first consideration for those jobs; and

(B) A listing by job title of the permanent jobs filled, and which jobs of those were available to low and moderate income persons, and a description of how first consideration was given to such persons for those jobs. The description shall include what hiring process was used; which low and moderate income persons were interviewed for a particular job; and which low and moderate income persons were hired.

(ii) Where the recipient chooses to document that at least 51 percent of the jobs will be held by low and moderate income persons, documentation for each assisted business shall include:

(A) A copy of a written agreement containing:

(1) A commitment by the business that at least 51 percent of the jobs, on a full-time equivalent basis, will be held by low and moderate income persons; and

(2) A listing by job title of the permanent jobs to be created, identifying which are part-time, if any;

(B) A listing by job title of the permanent jobs filled and which jobs were initially held by low and moderate income persons; and

(C) For each such low and moderate income person hired, the size and annual income of the person's family prior to the person being hired for the job.

(6) For each activity determined to benefit low and moderate income persons based on the retention of jobs:

(i) Evidence that in the absence of CDBG assistance jobs would be lost;

(ii) For each business assisted, a listing by job title of permanent jobs retained, indicating which of those jobs are part-time and (where it is known) which are held by low and moderate income persons at the time the CDBG assistance is provided. Where applicable, identification of any of the retained jobs (other than those known to be held by low and moderate income persons) which are projected to become available to low and moderate income persons through job turnover within two years of the time CDBG assistance is provided. Information upon which the job turnover projections were based shall also be included in the record;

(iii) For each retained job claimed to be held by a low and moderate income person, information on the size and annual income of the person's family;

(iv) For jobs claimed to be available to low and moderate income persons based on job turnover, a description covering the items required for "available to" jobs in paragraph (b)(5) of this section; and

(v) Where jobs were claimed to be available to low and moderate income persons through turnover, a listing of each job which has turned over to date, indicating which of those jobs were either taken by, or available to, low and moderate income persons. For jobs made available, a description of how first consideration was given to such persons for those jobs shall also be included in the record.

I certify that all my answers above are true and correct to the best of my knowledge. I also agree that by accepting to receive assistance from the Service Provider I will cooperate and provide staff with all requested information and documents to verify the outcomes.



I will cooperate and provide the Service Provider staff with all requested information and documents to verify the outcomes reported in compliance with CFR 570.506(b)(5) and (6) listed above.

Signature of Business Owner

Date

Signature of Coach

Date

Service Provider Staff Section

2 Digit NAICS Code: _____

Needs Assessment Complete? Yes No

6 Digit NAICS Code: _____
<https://www.naics.com/search/>

Photo ID? Yes No

Council District: _____
<https://neighborhoodinfo.lacity.org/>

Proof of Residency/Business in City? Yes No

Registered in LA BAVN? Yes No Not Interested

Certifications

- Local Business Enterprise (LBE) Minority Business Enterprise (MBE) Women Business Enterprise (WBE) Small Business Enterprise (SBE) Small Business Enterprise – Proprietary (SBE) Emerging Business Enterprise (EBE) LGBT Business Enterprise Disabled Veteran Business Enterprise (DVBE) Disabled Vets Business Enterprise- LAWA (DVBE) Very Small Business Enterprise- Harbor (VSBE) Other Business Enterprise (OBE)

County and State Certifications

- Small Business (SB) (State) Small Local Business (SLB) (County) Disadvantaged Business Enterprise (DBE) (State) Airport Concession Disadvantaged Business Enterprise (ACDBE) (State)

If Other Business Certifications, please list _____