



# 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.

**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

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

<b>Ethnicity</b> (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			

Are you seeking to hire additional employees?  Yes  No

**If Yes, How many?** \_\_\_\_\_



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 compliance.

\_\_\_\_\_  
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 \_\_\_\_\_