



INDIVIDUAL BUSINESS SERVICES AGREEMENT

I _____ understand that I am entering into an on-going Individual Business Services Agreement with a Los Angeles BusinessSource Center (LABSC) and its designated Coaches.

- I understand the LABSC provides various levels of assistance to eligible prestart-up 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 LABSC 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 through Community Development Block Grant 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.

Select Business Type: Check your business type.

- MicroEnterprise – 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

- Sidewalk Vendor – Operating a mobile cart on the sidewalk and/or parks
 - 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"/> Sidewalk Vending |
| <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Business Accounting/Budgeting |
| <input type="checkbox"/> Business Courses/Workshops | <input type="checkbox"/> Cash Flow Management |
| <input type="checkbox"/> One-on-One Consulting | <input type="checkbox"/> Credit Counseling |
| <input type="checkbox"/> HR/Employee Hiring | <input type="checkbox"/> Franchising |
| <input type="checkbox"/> Procurement | <input type="checkbox"/> E-Commerce |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Start-Up Assistance | <input type="checkbox"/> Green/Clean Tech Transitions |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> International Trade |
| <input type="checkbox"/> Government Contracting/ Certification | <input type="checkbox"/> Tax Planning |
| | <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 LABSC. 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.

2019 CDBG Income Guidelines- Circle the appropriate box: Table with columns for Family Size (1-8) and Groups 1-4 with corresponding income ranges.

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:

- Form fields for Sole Proprietorship, C-Corporation, Limited Liability Company (LLC), Have not filled yet, General Partnership, S-Corporation, Limited Liability Partnership (LLP), Don't Know.



Check the business registration documentation held for your business:

- Business Tax Registration Cert. ("BTRC")
Sidewalk Vending Permit
Trademark/Copyright Patent
Certified Minority-Owned Business
Certified Women-Owned Business
Seller's Permit/Resale Number
Public Health Permit
Federal Tax ID Number
Certified Veteran-Owned Business
Other:

Enter your revenue (gross receipts) for the following periods. *estimate is acceptable

Monthly (current*): \$ Annual (2018*): \$

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

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

Table with 4 columns: NAME, TITLE, HOURS PER WEEK. Rows include Jane Doe (Owner, 40), VACANT (Server, 26), and numbered rows 1-10.

Are you seeking to hire additional employees? [] Yes [] No

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 BusinessSource Center I will cooperate and provide the BusinessSource staff with all requested information and documents to verify the outcomes.

Signature of Business Owner

Date

Signature of BSC Coach

Date