INDIVIDUAL BUSINESS SERVICES AGREEMENT

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

- It has been explained that the BSC provides various levels of assistance to eligible, for-profit pre-start-up to operating small businesses that are located in the City of LA or to the small business owner who resides in the City of Los Angeles.

- There are two types of businesses structures served:
  - Microenterprise – 5 or less (W-2) employees (including the owner)
    - Pre-start up
    - Operating
  - Small Business – 6-500 employees with annual gross sales not exceeding $7.5MM
    - Pre-start up
    - Operating

- I understand this agreement is being offered to assist me in achieving my objectives for my small business, which include direct services by the BSC and an available host of resources I can use at any time to help me further my business objectives.

- I acknowledge that the funding for these services are provided at no cost to me. Instead the services are provided by the City of Los Angeles through Community Development Block Grant funding provided by the U.S. Department of Housing and Urban Development (HUD).

- The services include but are not limited to:

<table>
<thead>
<tr>
<th>Business coaching/training</th>
<th>Access to Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>- One-on-One</td>
<td>- Loan pre-qualification</td>
</tr>
<tr>
<td>- Classroom</td>
<td>- Loan packaging</td>
</tr>
<tr>
<td>- Business Plan/Executive Summary preparation</td>
<td>- Resource to lending</td>
</tr>
<tr>
<td></td>
<td>- Direct funding</td>
</tr>
</tbody>
</table>

  | Market Assessments                  | Cash flow management |
  | Site-finding Assistance             | Tax consulting |
  | Permits & Licenses                  | Procurement assistance |
  | Lease Negotiation                   | Certification assistance |

- I will receive direct services by BSC and an available host of resources I can use at any time to help me further my business objectives.
- I will commit the time and effort necessary to achieve my objectives outlined in this agreement.
- I understand the period of service provided from BSC is continual until I am successfully creating new jobs or retaining existing jobs.
Select Business Type (Please check your applicable business type)

- MicroEnterprise – 5 or less (W-2) employees (including the owner)
  - Pre-start up
  - Operating

- Small Business – 6 to 500 employees with annual gross sales not exceeding $7.5MM
  - Pre-start up
  - Operating

________________________________________________________
Business Name

________________________________________________________
Business Owner Name

________________________________________________________
Date

Eligibility Checklist

Instructions

Please note that demographic information is collected for the purpose of documenting services provided under the auspices of the LA BusinessSource Center and is used to provide relevant resources. All information will be kept confidential.

MicroEnterprise/Small Business – Pre-start up

- To verify your City of Los Angeles residence, please provide the following:
  
  A copy of your California identification/driver's license
  (If the address on your ID is not your current address, attach a copy of a utility bill or other formal documentation with current address)

MicroEnterprise/Small Business – Operating

- Include a copy of proof of business address within the City of Los Angeles documents you hold for your business
Client Information

Please complete all information on the application legibly; put N/A on items that do not apply.

Applicant Name: ___________________________ Suffix: ______

Business Name: ______________________________

Personal Address: ______________________________

Business Address: ______________________________

Email (Personal): ____________________________ Email (business): ____________________________

Primary Phone: ____________________________ Cell Phone: ____________________________

What is your current gender identity? ____________________________ Decline to answer ☐

What pronoun do you use? ____________________________

Race/Ethnic Origin: Check one in each section

<table>
<thead>
<tr>
<th>Race (check one of the following 10 categories)</th>
<th>Ethnicity (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>Hispanic / Latino</td>
</tr>
<tr>
<td>American Indian or Alaskan Native AND White</td>
<td>Not Hispanic / Latino</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Asian AND White</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Black/African American AND White</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native AND Black/African-American</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Balance / Other</td>
<td></td>
</tr>
</tbody>
</table>

Your Current Employment Status (please check the option that best applies)

☐ Full Time Self-Employed  ☐ Part Time Employed
☐ Full Time Employed        ☐ Seasonal Unemployment
☐ Part Time Self-Employed   ☐ Unemployed less than 6 months
☐ Unemployed more than 6 months  ☐ Other: ____________________________

Educational Level (please check highest level completed)

☐ Less than High School  ☐ Vocational
☐ High School Diploma/GED  ☐ Bachelor Degree
☐ Some College            ☐ Graduate Degree
☐ Associate Degree        ☐ Other: ____________________________
Please complete all applicable areas:

**Business Information**

Business Owner
(if different than Applicant):

Business Partner Name:

What product or service(s) does/will this business provide?

Website:

Current business location:
- Home-based
- Office/storefront
- Online

Business start date:

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

How many employees currently work for your business (including the Owner)?

F/T: ______  P/T: ______

Are you seeking to hire additional employees?  Yes  No

Are you in danger of closing your business?  Yes  No

**Business Form:**

- Sole Proprietorship
- S-Corporation
- C-Corporation
- Limited Liability Company
- General Partnership
- Limited Liability Partnership

Please check the business registration documentation held for your business:

- Business Tax Registration Cert. (“BTRC”)
- Seller’s Permit/Resale Number
- Licensed Notary
- Licensed to transport passengers
- Class A Commercial License
- Licensed Real Estate Agent
- Licensed Real Estate Broker
- Other: __________________________

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

Monthly (current*): $__________  Annual (2017*): $__________

*estimate is acceptable*
Referral Information

How did you hear about this program?

- [ ] LABSC Website
- [ ] Newspaper(specify): __________
- [ ] SBA
- [ ] SCORE
- [ ] SBDC
- [ ] Other: __________

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 reported in compliance with CFR 570.506(b)(5) and (6) listed below.

__________________________________  __________________________
Signature of Business Owner           Date

__________________________________  __________________________
Signature of BSC Coach                Date

**Income Status:** The following table provides information regarding the family size requirements for Pre-Start up services provided with CDBG funds and for Microenterprise and Small Businesses who are seeking to hire LMI employees. The income level in the grid below is applicable prior to service or prior to current employment depending on the business size being served by the BSC.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$0 - $20,350</td>
<td>$20,351 - $33,950</td>
<td>$33,951 - $54,250</td>
<td>$54,251 +</td>
</tr>
<tr>
<td>2 Person</td>
<td>$0 - $23,250</td>
<td>$23,251 - $38,800</td>
<td>$38,801 - $62,000</td>
<td>$62,001 +</td>
</tr>
<tr>
<td>3 Person</td>
<td>$0 - $26,150</td>
<td>$26,151 - $43,650</td>
<td>$43,651 - $69,750</td>
<td>$69,751 +</td>
</tr>
<tr>
<td>4 Person</td>
<td>$0 - $29,050</td>
<td>$29,051 - $48,450</td>
<td>$48,451 - $77,500</td>
<td>$77,501 +</td>
</tr>
<tr>
<td>5 Person</td>
<td>$0 - $31,400</td>
<td>$31,401 - $52,350</td>
<td>$52,351 - $83,700</td>
<td>$83,701 +</td>
</tr>
<tr>
<td>6 Person</td>
<td>$0 - $33,700</td>
<td>$33,701 - $56,250</td>
<td>$56,251 - $89,900</td>
<td>$89,901 +</td>
</tr>
<tr>
<td>7 Person</td>
<td>$0 - $36,050</td>
<td>$36,051 - $60,100</td>
<td>$60,101 - $96,100</td>
<td>$96,101 +</td>
</tr>
<tr>
<td>8 Person</td>
<td>$0 - $38,350</td>
<td>$38,351 - $64,000</td>
<td>$64,001 - $102,300</td>
<td>$102,301 +</td>
</tr>
</tbody>
</table>

*2018 CDBG Income Guidelines– Circle the appropriate box:

*Family income levels subject to change by HUD.