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:

- Access to Capital/Loan Packaging
- Marketing/Sales
- Business Courses/Workshops
- One-on-One Consulting
- HR/Employee Hiring
- Procurement
- Business Plan
- Start-Up Assistance
- Business Management
- Government Contracting/ Certification
- Sidewalk Vending
- Business Accounting/Budgeting
- Cash Flow Management
- Credit Counseling
- Franchising
- E-Commerce
- Legal Issues
- Green/Clean Tech Transitions
- International Trade
- Tax Planning
- 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?  

Effective February 2020
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.

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

Educational Level: Check highest level completed

☐ Less than High School
☐ High School Diploma/GED
☐ Some College
☐ Associate Degree
☐ Vocational
☐ Bachelor Degree
☐ Graduate Degree
☐ 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

<table>
<thead>
<tr>
<th>Race</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>American Indian or Alaskan Native AND White</td>
</tr>
<tr>
<td>Asian</td>
<td>Asian AND White</td>
</tr>
<tr>
<td>Black or African American</td>
<td>Black/African American AND White</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>American Indian/Alaskan Native AND Black/African-American</td>
</tr>
<tr>
<td>White</td>
<td>Balance / Other</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>Not Hispanic / Latino</td>
</tr>
</tbody>
</table>
| Prefer not to Disclose | ☐

Effective February 2020
**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>
<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 - $21,950</td>
<td>$21,951 - $36,550</td>
<td>$36,551 - $58,450</td>
<td>$58,451 +</td>
</tr>
<tr>
<td>2 Person</td>
<td>$0 - $25,050</td>
<td>$25,051 - $41,800</td>
<td>$41,801 - $66,800</td>
<td>$66,801 +</td>
</tr>
<tr>
<td>3 Person</td>
<td>$0 - $28,200</td>
<td>$28,201 - $47,000</td>
<td>$47,001 - $75,150</td>
<td>$75,151 +</td>
</tr>
<tr>
<td>4 Person</td>
<td>$0 - $31,300</td>
<td>$31,301 - $52,200</td>
<td>$52,201 - $83,500</td>
<td>$83,501 +</td>
</tr>
<tr>
<td>5 Person</td>
<td>$0 - $33,850</td>
<td>$33,851 - $56,400</td>
<td>$56,401 - $90,200</td>
<td>$90,201 +</td>
</tr>
<tr>
<td>6 Person</td>
<td>$0 - $36,350</td>
<td>$36,351 - $60,600</td>
<td>$60,601 - $96,900</td>
<td>$96,901 +</td>
</tr>
<tr>
<td>7 Person</td>
<td>$0 - $38,850</td>
<td>$38,851 - $64,750</td>
<td>$64,751 - $103,550</td>
<td>$103,551 +</td>
</tr>
<tr>
<td>8 Person</td>
<td>$0 - $41,350</td>
<td>$41,351 - $68,950</td>
<td>$68,951 - $110,250</td>
<td>$110,251 +</td>
</tr>
</tbody>
</table>

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**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 ☐ General Partnership

☐ C-Corporation ☐ S-Corporation

☐ Limited Liability Company (LLC) ☐ Limited Liability Partnership (LLP)

☐ Have not filled yet ☐ 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>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>HOURS PER WEEK</th>
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<tbody>
<tr>
<td>Jane Doe</td>
<td>Owner</td>
<td>40</td>
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<tr>
<td>VACANT</td>
<td>Server</td>
<td>26</td>
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</tbody>
</table>

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