



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.

Eligibility Information

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 _____ **Phone:** _____

Preferred Language _____ **Date of Birth:** _____

Gender Identity: _____ **Pronouns:** _____

LGBTQIA+? **Veteran?** **Disabled Veteran?**

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):	
<input type="checkbox"/>	Hispanic / Latino
<input type="checkbox"/>	Not Hispanic / Latino
<input type="checkbox"/>	Prefer not to Disclose

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

2022 CDBG Income Guidelines– Circle the appropriate box:

Family Size	Group 1	Group2	Group 3	Group 4
1 Person	\$0 - \$25,050	\$25,051 - \$41,700	\$41,701 - \$66,750	\$66,751 +
2 Person	\$0 - \$28,600	\$28,601 - \$47,650	\$47,651 - \$76,250	\$76,251 +
3 Person	\$0 - \$32,200	\$32,201 - \$53,600	\$53,601 - \$85,800	\$85,801 +
4 Person	\$0 - \$35,750	\$35,751 - \$59,550	\$59,551 - \$95,300	\$95,301 +
5 Person	\$0 - \$38,650	\$38,651 - \$64,350	\$64,351 - \$102,950	\$102,951 +
6 Person	\$0 - \$41,500	\$41,501 - \$69,100	\$69,101 - \$110,550	\$110,551 +
7 Person	\$0 - \$44,350	\$44,351 - \$73,850	\$73,851 - \$118,200	\$118,201 +
8 Person	\$0 - \$47,200	\$47,201 - \$78,650	\$78,651 - \$125,800	\$125,801 +

BUSINESS INFORMATION

Check Here: If you have not opened your business as of the date of entering this Agreement.

Current business location: Office/Storefront Home-based Online

Business start date: _____

Are you in danger of closing your business? Yes No

Business Name: _____

Business Address: _____

Website: _____

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

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			

Are you planning on hiring 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 including but not limited to job forms signed by my new and/or retained employees and payroll documents.

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 Service Provider Staff

Date

SERVICE PROVIDER STAFF SECTION

2 Digit NAICS Code

Needs Assessment Complete?

6 Digit NAICS Code

Photo ID?

<https://www.census.gov/naics/>

Council District

Proof of Residency/Business in City?

Registered in RAMP? Yes No

<https://www.rampla.org/s/>

City Certifications (Check on RAMP)

- Local Business Enterprise (LBE)
- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)
- Small Business Enterprise (SBE)
- Emerging Business Enterprise (EBE)

- Small Business Enterprise – Proprietary (SBE)
- LGBT Business Enterprise
- Disabled Veteran Business Enterprise (DVBE)
- Disabled Vets Business Enterprise- LAWA (DVBE)
- Very Small Business Enterprise- Harbor (VSBE)

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)

