



# 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.
- 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.
- 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).

### 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 select the income level in that row that applies to your household.

2024 CDBG Income Guidelines– Circle the appropriate box:

Family Size	Group 1	Group2	Group 3	Group 4
1 Person	\$0 - \$29,150	\$29,151 - \$48,550	\$48,551 - \$77,700	\$77,701 +
2 Person	\$0 - \$33,300	\$33,301 - \$55,450	\$55,451 - \$88,800	\$88,801 +
3 Person	\$0 - \$37,450	\$37,451 - \$62,400	\$62,401 - \$99,900	\$99,901+
4 Person	\$0 - \$41,600	\$41,601 - \$69,350	\$69,351 - \$110,950	\$110,951 +
5 Person	\$0 - \$44,950	\$44,951 - \$74,900	\$74,901 - \$119,850	\$119,851 +
6 Person	\$0 - \$48,300	\$48,301 - \$80,450	\$80,451 - \$128,750	\$128,751 +
7 Person	\$0 - \$51,600	\$51,601 - \$86,000	\$86,001 - \$137,600	\$137,601+
8 Person	\$0 - \$54,950	\$54,951 - \$91,550	\$91,551 - \$146,500	\$146,501 +

**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		

Enter the number of employees you plan to hire in each category:

Official or Manager	Sales	Operative (Semi-skilled)
Professional	Office or Clerical	Laborer (Unskilled)
Technician	Craft Worker (Skilled)	Service Worker

Not Sure/Undecided

**CFR 570.506(b)(5) and (6)**

(5) For each activity determined to benefit low and moderate income persons based on the creation of jobs, the recipient shall provide the documentation described in either paragraph (b)(5)(i) or (ii) of this section.

(i) Where the recipient chooses to document that at least 51 percent of the jobs will be available to low- and moderate-income persons, documentation for each assisted business shall include:

(A) A copy of a written agreement containing:

- (1) A commitment by the business that it will make at least 51 percent of the jobs available to low and moderate income persons and will provide training for any of those jobs requiring special skills or education;
- (2) A listing by job title of the permanent jobs to be created indicating which jobs will be available to low and moderate income persons, which jobs require special skills or education, and which jobs are part-time, if any; and
- (3) A description of actions to be taken by the recipient and business to ensure that low and moderate income persons receive first consideration for those jobs; and

(B) A listing by job title of the permanent jobs filled, and which jobs of those were available to low and moderate income persons, and a description of how first consideration was given to such persons for those jobs. The description shall include what hiring process was used; which low and moderate income persons were interviewed for a particular job; and which low and moderate income persons were hired.

(ii) Where the recipient chooses to document that at least 51 percent of the jobs will be held by low and moderate income persons, documentation for each assisted business shall include:

(A) A copy of a written agreement containing:

- (1) A commitment by the business that at least 51 percent of the jobs, on a full-time equivalent basis, will be held by low and moderate income persons; and
- (2) A listing by job title of the permanent jobs to be created, identifying which are part-time, if any;
- (B) A listing by job title of the permanent jobs filled and which jobs were initially held by low and moderate income persons; and
- (C) For each such low and moderate income person hired, the size and annual income of the person's family prior to the person being hired for the job.

(6) For each activity determined to benefit low and moderate income persons based on the retention of jobs:

(i) Evidence that in the absence of CDBG assistance jobs would be lost;

(ii) For each business assisted, a listing by job title of permanent jobs retained, indicating which of those jobs are part-time and (where it is known) which are held by low and moderate income persons at the time the CDBG assistance is provided. Where applicable, identification of any of the retained jobs (other than those known to be held by low and moderate income persons) which are projected to become available to low and moderate income persons through job turnover within two years of the time CDBG assistance is provided. Information upon which the job turnover projections were based shall also be included in the record;

(iii) For each retained job claimed to be held by a low and moderate income person, information on the size and annual income of the person's family:

**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)

Small Business Enterprise – Proprietary (SBE)

Minority Business Enterprise (MBE)

LGBT Business Enterprise

Women Business Enterprise (WBE)

Disabled Veteran Business Enterprise (DVBE)

Small Business Enterprise (SBE)

Disabled Vets Business Enterprise- LAWA (DVBE)

Emerging Business Enterprise (EBE)

Very Small Business Enterprise- Harbor (VSBE)

County and State Certifications

Small Business (SB) (State)

Disadvantaged Business Enterprise (DBE) (State)

Small Local Business (SLB) (County)

Airport Concession Disadvantaged Business Enterprise (ACDBE) (State)