Microenterprise Service Agreement

Instructions

Please fill out the application completely.

If you are not yet in business but seeking information to establish a business, please complete the ‘Prestartup/Entrepreneur’ section. If you are currently running a business, please complete the ‘Startup-Microenterprise’ section.

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 (i.e. minority/women-owned funding opportunities, etc.). All information will be kept confidential.

If you are completing this application electronically: click into each line or box to fill in your answers and leave the signature line blank.

Application Checklist

Please:

- Fill out all areas of the application which apply to you.
- L.A. RESIDENTS OR THOSE OPERATING A BUSINESS IN L.A.: To verify your residence, please return your application with:
  - A copy of your California identification/driver’s license
  - If the address on your ID is not your current address, please attach a copy of a utility bill or other semi-formal documentation (i.e. notice from work, school or the government).
  - If you are operating a business, include a copy of all business registration documents you hold for your business (i.e. business license, DBA, articles of incorporation, etc.)
  - Copy of income documentation.

If you have any questions, please visit the Frequently Asked Questions on our website at www.vsedc.org or call (323) 789-4515 or email lelliott@vsedc.org. Thank you for your interest in our training and/or business counseling services.
INTAKE APPLICATION

Client Information

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

Name: ___________________________________________ Suffix: __________

Address: _________________________________________ City: ___________ Zip: ___________

Primary Phone: ___________________ Secondary Phone: ___________________

Email: ___________________________________________

Demographic Information

Date of Birth: _______________________ Gender: Female [ ] Male [ ]

Ethnic Group

☐ American Indian/Alaskan native ☐ White (not Hispanic)
☐ Asian/Pacific Islander ☐ Two or More Races
☐ Black (not Hispanic) ☐ Other: __________________________
☐ Hispanic

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: __________________________

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: __________________________

Certification of Low to Moderate Income Status. Please check one of the following boxes:

☐ My household’s yearly income is less than or equal to the income shown below for my family size.
☐ My household’s yearly income is more than the income shown below for my family size.

Please circle the family size that applies to you.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Income</td>
<td>$48,650</td>
<td>$55,600</td>
<td>$62,550</td>
<td>$69,450</td>
<td>$75,050</td>
<td>$80,600</td>
<td>$86,150</td>
<td>$91,700</td>
</tr>
</tbody>
</table>

Number in Your Household ___________________ Annual Income in 2015: ___________________
Please attach a copy of your household income documentation. Acceptable documentation includes one of the following: TANF, Unemployment Benefits, GR, SSI, tax returns or a paystub. All income information is kept confidential.

### Business Information

**PRESTARTUP-ENTREPRENEUR: If you have not started your business, complete this section.**

<table>
<thead>
<tr>
<th>Proposed Business Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of business (product or service):</td>
<td></td>
</tr>
<tr>
<td>Proposed start date:</td>
<td>Business Partner?</td>
</tr>
<tr>
<td>Planned business location:</td>
<td>Home-based</td>
</tr>
</tbody>
</table>

Please describe any previous experience in the business you wish to start or relevant management/work experience.

---

**MICROENTERPRISE: If you are currently in business, complete this section.**

<table>
<thead>
<tr>
<th>Business Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of business (product or service):</td>
<td></td>
</tr>
<tr>
<td>Business start date:</td>
<td>Business Partner:</td>
</tr>
<tr>
<td>Business Form:</td>
<td>Corporation</td>
</tr>
<tr>
<td>Sole Proprietorship</td>
<td>S-Corporation</td>
</tr>
<tr>
<td>Partnership</td>
<td>Non-profit corporation</td>
</tr>
<tr>
<td>Limited Liability Company</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Please check the business registration documentation held for your business and indicate other features:

- LA Tax Registration Cert. (business license)
- Seller’s Permit/Resale Number
- Registered DBA
- Disabled-owned business
- Certified minority-owned business
- Veteran-owned business
- Other:

Please also indicate any previous management/work experience.

---

MicroSvcAgrmt05/19/2016 A.D. 3
Business location: Home-based [ ] Office/storefront [ ] Online [ ]
If office/storefront, business address:

Business Phone: __________________________ Business Email/Website: __________________________

MICROENTERPRISE (CONTINUED)
Are you operating this business full- or part-time? Full-time [ ] Part-time [ ]
How many employees currently work for your business (including yourself)?

Full-time [ ] Part-time [ ]
Are you seeking to hire additional employees? Yes [ ] No [ ]
Are you planning a business closure? Yes [ ] No [ ]
Are you planning to lay off employees? Yes [ ] No [ ]
How many employees are threatened by layoff/closure?

Full-time [ ] Part-time [ ]
Please indicate your revenue (gross receipts) for the following periods.

Monthly (current) [ ] Annual revenue for 2015 [ ]
Have you ever started/owned another business? Yes [ ] No [ ]
If yes, is it still operating? Yes [ ] No [ ] How long? ______________

Please describe the business and explain if it is no longer in operation:

Are you in need of assistance, if yes, please check the specific areas needed:

<table>
<thead>
<tr>
<th>Access to Capital/Loan Packaging</th>
<th>Counseling</th>
<th>Business Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing</td>
<td>HR/Employee Hiring</td>
<td>Downsizing</td>
</tr>
<tr>
<td>Business Course/Workshop</td>
<td>Procurement</td>
<td>Other</td>
</tr>
</tbody>
</table>

List 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: __________________________ Business Owner __________ Date: __________

Referral Information

How did you hear about this program?

Friend __________________________
Online (specify) __________________________
ETP Alumni __________________________
Newspaper (specify) __________________________
WorkSource Center (specify) __________________________
Other (specify) __________________________
### Action Plan

Based on the needs assessment results, these are the activities that we have determined to be the most appropriate to be carried out:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Planned Outcome (include details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Capital/Loan Packaging</td>
<td>(i.e. $5,000 KIVA Zip loan)</td>
</tr>
</tbody>
</table>

Signature: ___________________________  BSC Counselor  Date: __________

Signature: ___________________________  BSC Director  Date: __________

Please return the application via postal mail, fax, or email to:
LA BusinessSource –South Region
6109 So. Western Avenue, LA, CA 90043

**For questions, please call** 323-789-4515

**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;

(iv) For jobs claimed to be available to low and moderate income persons based on job turnover, a description covering the items required for “available to” jobs in paragraph (b)(5) of this section; and

(v) Where jobs were claimed to be available to low and moderate income persons through turnover, a listing of each job which has turned over to date, indicating which of those jobs were either taken by, or available to, low and moderate income persons. For jobs made available, a description of how first consideration was given to such persons for those jobs shall also be included in the record.
ENTREPRENEURIAL TRAINING PROGRAM ORIENTATION

VSEDC and LABusinessSource Vision and Mission Statement
The Entrepreneurial Training Program (ETP) is operated by Vermont Slauson Economic Development Corporation (VSEDC) and sponsored by the City of Los Angeles Community Development Department. The primary mission of VSEDC to facilitate community development of the South Los Angeles area by providing programs structured to revitalize the physical, economic and social life of the community. VSEDC realizes its mission through partnership with the City of Los Angeles BusinessSource Program. LABusinessSource’s ETP purpose is to provide training to emerging entrepreneurs and business owners and to establish and maintain successful business ventures and create jobs. The Programs consist of the Level I and II courses, technical assistance, supportive services including networking and skills-building opportunities, and monitoring of participants to support business development progress.

Certificate of Course Completion
Certificates will be awarded to students who maintain satisfactory attendance, complete required coursework and the business plan, and submit all required documentation.

Post Program Follow-Up
To ensure that program participants are adequately benefitting from the program, VSEDC collects data on a regular basis. Students are expected to comply with this data collection process with timely submission of forms such as residence/eligibility documents, business evidence, job creation/retention forms, and any program evaluation or surveys.

VSEDC Business Enterprise Center Supportive Services
VSEDC operates a Business Enterprise Center that offers various supportive services to facilitate the knowledge and skills development of ETP participants. These include:

- Technical Assistance----provided to students who successfully complete level II courses. Consists of one-one-one consultation covering various business areas, i.e., marketing, bonding/insurance, State Enterprise Zones, strategic planning resource referrals, etc.
- Office space for lease----office spaces of varying size are available at very competitive below-market rates.
- Monthly seminars/roundtables---information sessions that cover a variety of pertinent business and financial topics such as accessing capital, marketing, contract procurement and grant writing among other topics
- Networking mixers--- quarterly events designed to provide entrepreneurs with the opportunity to establish contacts and build business relationships
- Loan Packaging & Referrals---assistance is provided to compile materials for loan applications and referrals are made to loan programs sponsored by VSEDC’s partners
LA BusinessSource Center Program

Customer Complaint Resolution Procedures

As explained in the program orientation, the LA BusinessSource Center Program is designed to assist you with business development. To support you in this process, South Los Angeles BusinessSource Center aims to ensure that you receive quality customer service and instruction at every stage of the program. If you feel that you have not received the services for which you are eligible, or if you have experienced an issue during the program, you may file a complaint. Complaints must be filed within 30 days of the incident and must be in writing. You will not be retaliated or discriminated against because you filed complaint.

HOW DO I FILE A PROGRAM COMPLAINT
You must first submit your complaint to the Program Administrator at the address and telephone number below:

Vermont Slauson Business Enterprise Center
South Los Angeles BusinessSource Center
6109 S. Western Avenue
Los Angeles, Ca. 90047
Attn: Leslie Elliott, Program Administrator
Phone: (323) 789-4515; Fax: (323) 789-4524; Email:Lelliott@vsedc.org

All complaints must be in writing and include:

1. Your full name, telephone number, and mailing address;
2. A statement of why you are requesting a hearing;
3. Your solution to the complaint

WHAT ARE THE STEPS THAT TAKE PLACE AFTER I FILE MY COMPLAINT?

The Program Administrator will forward the complaint to the Program Manager. The Program Manager will schedule an informal resolution meeting within 2 weeks of receiving the complaint from the Program Administrator. The purpose of the meeting is (a) to find out about your complaint issues; (b) to discuss the issue(s); and (c) to resolve your complaint.

If there is agreement to resolve your complaint issue(s), a letter will be issued, and signed by all parties that attended the meeting. A copy of the letter will be forwarded to the Executive Director of the Vermont Slauson Economic Development Corporation (VSEDC).

2016-05-19 A.D.
If there is no agreement, the Program Manager must provide you with the written notice of your right to request a meeting with the Executive Director of VSEDC. The request for the meeting should be mailed within three (3) days after the meeting and sent to:

Andrea Jackson, Interim Executive Director  
Vermont Slauson Economic Development Corporation  
1130 W. Slauson Ave.  
Los Angeles, CA 90044

The request for a meeting should include the following information:

1. Your full name, telephone number, and mailing address;

2. A copy of the written decision issues by the program Manager;

3. A statement of why you are requesting a hearing;

4 Your solution to the complaint.

The request will be forwarded to the Executive Director for review. A meeting will be scheduled within 2 weeks after the meeting.

The written decision will contain the following information:

- The names of the parties involved;
- Complaint issues;
- A statement of facts;
- The Executive Director’s recommended decision and the reason for the decision;
- A list of solutions

Acknowledgement of Receipt of Customer Complaint Resolution Procedures  South Los Angeles BusinessSource Center

I ________________________________, have received a copy of the region Customer Complaint Resolution Procedures and I understand them.

Signature:_____________________________ Date: ______________
complaint.

- There are four types of complaints:
  - Complaints that allege a violation of Federal, State and City rules and regulations;
  - Complaints that allege discrimination because of race, creed, color, sex, (including sexual harassment, sexual orientation), disability, national origin, age, or religion political affiliation or belief, retaliation and citizenship, or his or her participation in a WIA Title I financially assisted program activity.
  - Complaints that allege that employees were laid off or fired in order to hire WIA participants.
  - Complaints that allege that the employer failed to follow health and safety rules.

HOW DO I FILE A PROGRAM COMPLAINT?

- You must first file your complaint with the WorkSource/OneSource Center’s EO Complaints Officer. If you need information about your agency’s EO Complaints Officer, you may contact the City’s EO Compliance Officer at the address and telephone number below.

All WIA complaints must be in writing and include the following:

- Your full name, telephone number, and mailing address;
- The agency’s full name, telephone number, and mailing address;
- The facts and dates describing the alleged violation(s); and
- How you want the complaint to be resolved.

The written decision will contain the following information:

- The names of the parties involved;
- Complaint issues;
- A statement of the facts;
- The Hearing Officer’s recommended decision and the reasons for the decision;
- The General Manager’s decision;
- A list of solutions;
- Your right to request an appeal to the State Review Panel, within 10 days of the receipt of the decision.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

- Any complaint involving discrimination should be filed with either the City of Los Angeles, EO Compliance Unit or Department of Labor, Civil Rights Center (CRC). You may file a complaint within 180 days from the incident.
Acknowledgements

Orientation (Form1)

The signature appearing below verifies that I, ____________________________, have received Information pertaining to the ETP vision and mission, and VSEDC’s supportive services.

________________________________                                     _____________
Signature             Date

VSEDC Customer Complaint Resolution Procedures (Form 2)

I, _________________________, have received a copy of the VSEDC Customer Complaint Resolution Procedures and I understand them.

Signature: ______________________________      Date: _____________

City of Los Angeles Customer Complaint Resolution Procedures (Form 3)

I have received a copy of the City of Los Angeles WIA Summary of the Complaints Resolution Procedures and I understand them.

_____________________________________________________________________________________
Name
_____________________________________________________________________________________
Date

Was notice given in another language? ______________________________________

Was notice accessed in an alternate format? _________________________________

05-19-2016 A.D.
Information on annual family income is required to determine client eligibility for certain services funded by the City of Los Angeles through the Community Development Block Grant (CDBG) program. Each applicant for assistance must find the row with the number of persons in their family and circle the family income range in that row.

NOTE: “Income” is the total annual income of all family members as of the date that federal-funded assistance is provided. Additional expected sources of income and the amount expected during the period of federal assistance must be included in this calculation of annual family income. All income for all persons in the family must be included in calculating family income whether or not the family member receives assistance. Types of income to be included are: wages, tips, self-employment income, interest/dividends, SSI or other public assistance, social security or other income received on a regular basis such as VA payments, retirement benefits, unemployment compensation, etc.

2016 CDBG Income Guidelines– Circle the appropriate box:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Extremely Low-Income</th>
<th>Very Low-Income “Low”</th>
<th>Low-Income “Mod”</th>
<th>Above 80% of Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$0 - $18,250</td>
<td>$18,251 - $30,400</td>
<td>$30,401 - $48,650</td>
<td>$48,651 +</td>
</tr>
<tr>
<td>2 Person</td>
<td>$0 - $20,850</td>
<td>$20,851 - $34,750</td>
<td>$34,751 - $55,600</td>
<td>$55,601 +</td>
</tr>
<tr>
<td>4 Person</td>
<td>$0 - $26,050</td>
<td>$26,051 - $43,400</td>
<td>$43,401 - $69,450</td>
<td>$69,451 +</td>
</tr>
<tr>
<td>5 Person</td>
<td>$0 - $28,440</td>
<td>$28,441 - $46,900</td>
<td>$46,901 - $75,050</td>
<td>$75,051 +</td>
</tr>
<tr>
<td>6 Person</td>
<td>$0 - $32,580</td>
<td>$32,581 - $50,350</td>
<td>$50,351 - $80,600</td>
<td>$80,601 +</td>
</tr>
<tr>
<td>7 Person</td>
<td>$0 - $36,730</td>
<td>$36,731 - $53,850</td>
<td>$53,851 - $86,150</td>
<td>$86,151 +</td>
</tr>
<tr>
<td>8 Person</td>
<td>$0 - $40,890</td>
<td>$40,891 - $57,300</td>
<td>$57,301 - $91,700</td>
<td>$91,701 +</td>
</tr>
</tbody>
</table>

Presumed Low- and Moderate-Income Persons
In some cases, a funded program may generally presume that an individual meets the federal income requirements because the funded activity(ies) exclusively serve a group of persons in any one or a combination of the following 8 categories. If using this method to certify eligibility, a client must check the box next to the category(ies) of which they are a member:

- “Severely disabled” Adult
- Elderly Persons (62 and older)
- Battered Spouse
- Homeless Persons
- Persons Living with AIDS
- Illiterate Adults
- Migrant Farm Workers
- Abused Children

Race (check one of the following 10 categories):
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- American Indian or Alaskan Native AND White
- Asian AND White
- Black/African American AND White
- American Indian/Alaskan Native AND Black/African-American
- Balance / Other
- Hispanic / Latino
- Not Hispanic / Latino

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low- or moderate- income, and that the income levels and/or status I have indicated in this self-certification may be subject to further verification by the agency providing services, the City of Los Angeles and/or the U.S. Department of Housing and Urban Development (HUD).

I therefore authorize such verification, and will provide supporting documents if requested. I acknowledge providing false information shall be grounds for termination from the program / services.

Applicant’s Name (Please Print): ____________________________________________ Date ________________

Applicant’s Signature __________________________________________________________ Date ________________

(Signature of a parent or guardian person to receive services is a minor)

Applicant’s Address ____________________________________________________________

Agency Staff Name (Please Print): ____________________________________________ Date ________________

Agency Staff Signature __________________________________________________------
HUD JOB CREATION AND RETENTION CERTIFICATION FORM

This is a confidential form to be used for reporting job creation and retention for monitoring purposes only for the City of Los Angeles, Economic and Workforce Development Department, Economic Development Division.

EMPLOYEE SECTION - This section is to be completed by the employee for each new job created or retained.

Ethnic Origin. Please check one or more as it applies to you.
- White (not Hispanic Origin)
- Hispanic
- Black (not Hispanic Origin)
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other: ____________

Certification of Low to Moderate Income Status. Please check one of the following boxes:
- My household’s yearly income is less than or equal to the income shown below for my family size.
- My household’s yearly income is more than the income shown below for my family size.

<table>
<thead>
<tr>
<th>Family Size</th>
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<td>$75,050</td>
<td>$80,600</td>
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<td>$91,700</td>
</tr>
</tbody>
</table>

Employee Name: __________________________ Street Address: __________________________
Position Title: __________________________ City, State & Zip: __________________________
Telephone #: __________________________ Employee Signature: __________________________

EMPLOYER SECTION (FOR JOB CREATION AND JOB RETENTION) - This section is to be completed by the employer. Complete one form for each job created or retained.

Employer’s Name: __________________________
Company Name: __________________________
Address & Telephone: __________________________ ( _________)

Employee Information:
- Full Time
- Part Time
- # of Hours/Week __________
- Was this person hired to fill a new position?
- Yes
- No
- Was this position retained?
- Yes
- No

The employee signing this certificate was hired for employment starting (Date): __________________________
Rate (Hourly Pay): __________________________

Mark and initial only for job retention: In accordance with CFR 570.506(b)(5) I certify that this position was □ threatened by business downsizing or closure, layoff, out of area relocation or it was □ a vacant position that our business could not fill if it wasn’t for Community Development Block Grant (CDBG) funded business assistance services. I hereby also certify that □ the job is held by a low or moderate income person, or □ it will be turn over within the following two years, and steps will be taken to ensure that the job will be filled by or made available to a low or moderate income person.
Initial: __________

Initial for job creation and retention: In accordance with CFR 570.506(b)(5) if this job is not held by a low or moderate income person, I certify that I took reasonable action to ensure that low to moderate income persons received first consideration for filling this position. I also certify that this job is reasonably expected to turn over to a low or moderate income person within two years.
Initial: __________

Signature of Company Representative: __________________________ Date Signed: __________________________

BSC STAFF SECTION

I certify that the above information is accurate and is subject to verification by government officials.

BSC Name: __________________________ Print Staff Name: __________________________
Signature of the Staff: __________________________ Date Signed: __________________________

Rev 5/19/16 A.D.