

## Application Instructions

Please fill out the application completely.

If you are not yet in business but seeking information to establish a business, complete the '**Entrepreneur**' section. If you are currently running a business, complete the '**Microenterprise/Operating Business**' section. Please complete the section that applies to you.

Please note that demographic information is collected for the purpose of documenting services provided under the auspices of the LA BusinessSource Center. Information collected 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 leave the signature line blank.

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### Application Checklist

#### Please:

- Fill out all areas of the application which apply to you.
- Non L.A. RESIDENTS please include a copy of your California identification/driver's license or utility bill with your application.
- L.A. RESIDENTS OR THOSE OPERATING A BUSINESS IN L.A.: To verify your residence, please return your application with:
  - o **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).*
  - o *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.) Refer to Business Registration Documentation listed in the Microenterprise/Operating Business section of this application.*

**Your completed application and supporting documents can be scanned/emailed to [lelliott@vsedc.org](mailto:lelliott@vsedc.org) (preferred) or faxed to 323.789.4524.**

If you have any questions, please visit the Frequently Asked Questions on our website at [http://www.vsedc.org/pages/Entrepreneurial Training Program](http://www.vsedc.org/pages/Entrepreneurial_Training_Program), call (323) 789-4515 or email [lelliott@vsedc.org](mailto:lelliott@vsedc.org). Thank you for your interest in our training and/or business counseling services.



Operated by Vermont Slauson Economic Development Corporation

<b>OFFICIAL USE ONLY</b>	
ETP: _____	
Ssn # _____	Loc. _____
Dates: _____	
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TA: _____	

## 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:** \_\_\_/\_\_\_/\_\_\_    **Social Sec # (last 4 digits digits):** \_\_\_ \_\_\_ \_\_\_ \_\_\_    **Gender:**    **Female**     **Male**

**Ethnic Group**

<input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not Hispanic)  <input type="checkbox"/> Hispanic	<input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Two or More Races <input type="checkbox"/> Multiple Race Combinations – Please select American Indian or Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black or African American & White <input type="checkbox"/> American Indian or Alaska Native & White <input type="checkbox"/> <input type="checkbox"/> Other
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**Educational Level (please check highest level completed)**

<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree	<input type="checkbox"/> Vocational <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____
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**Employment Status (please check the option that best applies)**

<input type="checkbox"/>	Full Time Self-Employed	<input type="checkbox"/>	Part Time Employed
<input type="checkbox"/>	Full Time Employed	<input type="checkbox"/>	Seasonal Unemployment
<input type="checkbox"/>	Part Time Self-Employed	<input type="checkbox"/>	Unemployed less than 6 months
<input type="checkbox"/>	Unemployed more than 6 months	<input type="checkbox"/>	Veteran:
			Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/>
			Other: Please note:
			_____

**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.*

<b>Family Size</b>	1	2	3	4	5	6	7	8
<b>Family Income</b>	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

Number in Your Household \_\_\_\_\_ Annual Income in 2012 : \_\_\_\_\_

**Business Information**

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

Proposed Business Name: \_\_\_\_\_

Type of business (product or service): \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Business Partner? \_\_\_\_\_

Planned business location: Home-based  Office/storefront  Online

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

**MICROENTERPRISE/OPERATING BUSINESS: If you are currently in business, complete this section and attach a copy of all the business registration documentation you presently hold with your application.**

Business Name: \_\_\_\_\_

Type of business (product or service): \_\_\_\_\_

Business start date: \_\_\_\_\_ Business Partner: \_\_\_\_\_

Business Form:

- Sole Proprietorship
- Partnership
- Limited Liability Company
- Other:

- Corporation
- S-Corporation
- Non-profit corporation

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

- |   |  |
|---|--|
| <input type="checkbox"/> LA Tax Registration Cert. (business license) | <input type="checkbox"/> 8a, CCR, M/W/DBE, SBE, CBE, SLB |
| <input type="checkbox"/> Seller's Permit/Resale Number                | <input type="checkbox"/> Trademark/Copyright/Patent      |
| <input type="checkbox"/> Registered DBA                               | <input type="checkbox"/> Completed business plan         |
| <input type="checkbox"/> Disabled-owned business                      | <input type="checkbox"/> Certified woman-owned           |
| <input type="checkbox"/> Certified minority-owned business            | <input type="checkbox"/> Federal tax ID number: _____    |
| <input type="checkbox"/> Veteran-owned business                       | <input type="checkbox"/> Homeless-owned business         |
| <input type="checkbox"/> Other:                                       |  |

Please provide any notes to clarify the options selected above (i.e. date obtained, etc.). Please also indicate any previous management/work experience.

**MICROENTERPRISE/OPERATING BUSINESS (CONTINUED)**

Business location: Home-based  Office/storefront  Online

If office/storefront, business address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email/Website: \_\_\_\_\_

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

How many employees work for your business (including yourself)? Full-time  Part-time

Are you seeking to hire additional employees? Yes  No

Please indicate your revenue (gross receipts) for the following periods. Monthly (current)  Annual revenue for 2012

Have you ever started 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 technical assistance (business counseling)? Yes  No

If yes, please list the specific areas needed (i.e. marketing, business strategic planning, access to capital, etc.)

If you do not have any of the listed business registration documentation, you will be asked to obtain these materials. We can provide assistance (non-financial) with securing certain business registration documents such as a LA Tax Registration Certificate (business license) and Registered DBA.

Check the appropriate box if you need immediate assistance with business documentation:  Yes  No

**Referral Information**

**How did you hear about this program?**

Friend _____	Newspaper (specify) _____
Online advertisement (specify) _____	WorkSource Center (specify) _____
ETP Alumni _____	Other (specify) _____

**I certify that my answers are true and correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the application via postal mail, fax, or email to:**  
LA BusinessSource – South Los Angeles Region  
6109 South Western Ave., L. A., CA 90047 Fax 323-789-4524

*For questions, please call  
323.789.4515*

**REMEMBER TO ATTACH**

- Copy of ID:**  
Select one: California license/identification/ Utility bill with your name and address
- Copies of any business registration documentation-if currently operating a business**
- Signed copy of the Customer Complaint Resolution Forms**





## 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 consists 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 a 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 provide to compile materials for loan applications and referrals are made to loan programs sponsored by VSEDC's partners





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

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VSEDC Customer Complaint Resolution Procedures (Form 2)

I, \_\_\_\_\_, have received a copy of the VSEDC Customer  
(PLEASE PRINT NAME)  
Complaint Resolution Procedures and I understand them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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? \_\_\_\_\_





## 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, Businesssource, South Region 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  
 LA Businesssource, South Region  
 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 2weeks 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**)



**Form 2**

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:

**Marva Smith Battle-Bey, 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 LA Businesssource , South Region

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



ANTONIO R. VILLARAIGOSA  
MAYOR

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.

DATE:

TO: All Participants in the City of Los Angeles Workforce Investment Act Grant Funded Programs

FROM: Jaime H. Pacheco-Orozco, Acting Director  
Workforce Development Division  
Community Development DepartmentMichael Bolokowicz, Personnel Director  
Human Resources Division  
Community Development Department

## SUMMARY OF THE CITY OF LOS ANGELES LOCAL WORKFORCE INVESTMENT AREA (LWIA) COMPLAINT RESOLUTION PROCEDURES

Welcome to the City's Workforce Investment Act program. We hope your participation in the program will be both enjoyable and rewarding. As part of the program, it is important that you understand your rights and responsibilities as well as how to resolve a complaint or disagreement.

## GENERAL RULES

You should receive a copy of the WIA Complaint Resolution Procedure when you attend the orientation at the WorkSource/OneSource Center. You will be asked to sign that you have received a copy of the procedure. A copy of the receipt will be placed in your file.

- If you feel that you did not receive the services you are eligible for, you may file a complaint. Complaints must be filed within one (1) year from when the incident occurred. All complaints, additional complaint issues, and withdrawals must be in writing. You will not be retaliated or discriminated against because you file a complaint. The City of Los Angeles has 90 days from the date you filed your complaint to resolve a program complaint and 90 days to resolve a discrimination

## 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.

City of Los Angeles  
Community Development Department  
1200 West 7<sup>th</sup> Street, 4<sup>th</sup> Floor  
Los Angeles, CA 90017  
Attn: Eileen Scally, EO Compliance Officer

Telephone Number: (213) 744-7277  
TDD: (213) 744-7290  
FAX: (213) 744-7289  
Email: Eileen.Scally@city.org

- 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; and  
How you want the complaint to be resolved.

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

- If you need help in filling out the complaint form, you should first contact the EO Complaints Officer at the WorkSource/OneSource Center. You may also contact the City of Los Angeles Community Development EO Compliance Unit at (213) 744-7277. The EO Compliance Unit will help you file a complaint, including assistance writing the complaint; provide copies of documents such as WIA regulations, local rules, contracts, etc.; and provide information about relevant regulations and rules.

- You may seek representation or legal counsel at your own expense.

Note: The EO Compliance Unit does not provide legal advice or represent either party to the complaint.

## What are the steps that take place after I have filed my complaint?

- Once the WorkSource/OneSource Center EO Complaints Officer receives your complaint, he/she will schedule an Informal Resolution Meeting. You, the EO Complaints Officer and the representatives from the agency will attend the meeting. 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 an agreement to resolve your complaint issue(s), a settlement agreement will be prepared. All the parties that attend the meeting will sign the settlement agreement. A copy of the settlement agreement will be mailed to the EO Compliance Unit, Community Development Department.
- If there is no agreement, then EO Complaints Officer must provide you with written notice of your right to request an administrative hearing before a hearing officer. The request for hearing should be mailed within three (3) days and sent to:

City of Los Angeles  
Community Development Department  
1200 West 7<sup>th</sup> Street, 4<sup>th</sup> Floor  
Los Angeles, CA 90017  
Attn: Eileen Scally, EO Compliance Officer

The request for hearing should include the following information:

- Your full name, telephone number and mailing address;
- The name, address and telephone number of the WorkSource/OneSource Center
- A copy of the written decision issued by the WorkSource/OneSource Center.

- A statement of why you are requesting a hearing;
- Your solution to the complaint.

- A hearing will be held before an impartial Hearing Officer, and the Hearing Officer will file his/her advisory report with recommendations to the General Manager, Community Development Department.

- The General Manager of Community Development Department will meet you the decision within the 90 calendar days or (90 days for discrimination complaints) from when you file the complaint.

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.

City of Los Angeles  
Community Development Department  
1200 West 7<sup>th</sup> Street, 4<sup>th</sup> Floor  
Los Angeles, CA 90017  
Attn: Eileen Scally, EO Compliance Officer

Telephone Number: (213) 744-7277  
TDD: (213) 744-7290  
FAX: (213) 744-7289  
Email: Eileen.Scally@city.org

OR

