

Process Plan for the Community Development Commission of Los Angeles County
LA-BOOST Program



LA-BOOST Program Application

1. GENERAL REQUIREMENTS

Name of Firm: _____
Established: _____ Where: _____
Type of Firm: _____
Contact Name: _____
Position and Title: _____
Address: _____
City: _____ State: ___ Zip Code: _____ County: _____
Phone: _____
Fax: _____
Email: _____
Website: _____

2. ELIGIBILITY REQUIREMENTS:

Please check the appropriate space below that represents your company's small or minority business status: (Check all areas that apply)

- _____ An Individual
- _____ A Small Business
- _____ A Second District Resident (please submit confirmation of this)
- _____ A Minority Owned Business
- _____ A Woman Owned Business
- _____ A Disabled Owned Business
- _____ A firm that is certified as an MBE (please specify type)
- _____ An SBA 8(A) firm

3. BUSINESS CONCEPT:

Please provide a sufficient narrative concerning your company's perceived business concept or opportunity. This information may be provided as a separate attachment limited to one page.

4. PROGRAM REQUIREMENTS:

Please submit up to two pages of narrative describing your business experience including long term and short term goals as well as expected benefit from the program.

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5. PROGRAM ASSISTANCE:

Please specify the types of assistance you wish to receive from the program. Suggested types of assistance areas are listed below:

<input type="checkbox"/> Marketing & Public Relations	<input type="checkbox"/> Bank Documentation Preparation
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Legal
<input type="checkbox"/> Business Development	<input type="checkbox"/> Accounting
<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> General Management
<input type="checkbox"/> Capitalization	<input type="checkbox"/> Commercial Leases
<input type="checkbox"/> Leadership	<input type="checkbox"/> Technology
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Business Plans
<input type="checkbox"/> Operational Management	<input type="checkbox"/> Opportunity Recognition

Please include this information on a separate attachment limited to one page in length.

6. PROGRAM COMMITMENT:

The LA-BOOST Program provides emerging small businesses with professional training, outreach, counseling, and advisory services. The BOOST Camp and workshop components provide you with the tools to successfully and effectively manage your business. The Program participants are provided the opportunity to network with similarly situated business owners through roundtable meetings and workshops. The Program provides for subject matter experts to guide you and your business through the many challenges and issues you will face as a small business owner. Through these services, the LA-BOOST Program provides small business participants with valuable tools and resources to enable their growth and ultimate success.

To ensure that each participant receives the complete benefits of the Program, an initial one-year commitment is required. You are also asked to commit to a four-year follow-up that allows the CDC to monitor the Program's progress. In return for the investments in funds and resources, Program members are required to attend all regularly scheduled events including boot camps, monthly training sessions, one-on-one consulting sessions and round table meetings. Between events and meetings, members are required to make every reasonable effort to implement the **mutually agreed** upon recommendations and suggestions that arise from program events and individual sessions.

Failure to attend sessions without valid explanations or the failure to complete tasks assigned to each participant may be grounds for dismissal from the Program. The Program Director of the LA-BOOST Program, Mark Lieberman, is authorized to determine whether or not participants should be removed from the Program.

Please provide your initials indicating your understanding of the program requirements.

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Initials Date

7. REQUIRED ATTACHMENTS:

Please include the following with your application:

1. Balance sheet and income statement for the past two fiscal years.
2. If applicable, business tax return for the past two fiscal years (or personal tax returns if applicable).
3. List of references from three clients (where applicable).
4. Fee of \$300.00 (\$150.00 due with application).

Printed Name of Company

Printed Name of Contact

Title

Signature

Date

Applications must be returned to:

Community Development Commission of the County of Los Angeles
Economic/Redevelopment Division
Attention: Mark Lieberman, Manager
2 Coral Circle
Monterey Park, CA 91755-7425

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Participation Agreement

All accepted candidates will be required to sign a Participation Agreement indicating their commitment to the Program. This Participation Agreement will require your attendance and reasonable efforts to implement the recommendations for your business.

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By signing below, you acknowledge your understanding of the requirements above and commit to meet these standards.

Name of Firm: _____

Contact Name: _____

Position and Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

_____ Date: _____

(COMPANY REPRESENTATIVE NAME & TITLE)

Signed agreement must be returned to:

Community Development Commission of the County of Los Angeles
Economic/Redevelopment Division
Attention: Mark Lieberman, Manager
2 Coral Circle
Monterey Park, CA 91755-7425

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**The Los Angeles-Business Owner Outreach Support & Training (LA-BOOST)
Program Application Directions**

1. General requirements

Completely fill out the general requirements section of the application. Make sure that you provide a contact name, phone number and email where you may be reached. If anything in this section does not apply to you, please put “not applicable” in that space.

2. Eligibility requirements

Please check each category that applies to you. If you live or work in the Second District, please submit proof of this such as a copy of the front page of your utility or phone bill or pay stub with your employers address. If you do not live in the Second District, you are still encouraged to apply, but those that live or work in the Second District will receive priority. If you are a Minority Business Enterprise, please indicate the specific group.

3. Business Concept

Provide a sufficient narrative concerning your business concept or opportunity. In addition, describe why you feel that you would benefit from this program. This information may be provided as a separate attachment limited to one page. In this outline summarize your plan to develop this concept into a viable business.

4. Program requirements

Submit no more than a one page narrative that describes your business experience. Explain your long term and short term goals as well as expected benefits from the program.

5. Program Assistance

Please specify the types of assistance you wish to receive from the program. Suggested types of assistance areas are listed on the application but they are provided only as a guideline. State your most pressing needs and concerns that you are facing; what assistance would be most helpful. Please include this information on a separate attachment limited to two pages in length.

6. Program Commitment

Participants that commit to the one year program will receive the biggest benefit. Please read the commitment agreement paragraph under section 6, and initial and date it. You are also required to sign the Participant Agreement.

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7. Required Attachments

1. Please include a balance sheet and income statement for the past two fiscal years, if applicable. If your company has not been in business for two years, please provide the balance sheet and income statement for the available period.
2. Please include business tax returns for the past two fiscal years. If your company has not been in business for two years, please include the tax returns you have available. If you are a sole proprietorship please include personal tax returns in lieu of business tax returns.
3. Please include a list of references from three clients (where applicable) or three references that can attest to your commitment to entrepreneurship.
4. The cost for the program is \$300 of which \$150 is due with the application and the remaining \$150 is due prior to the boot camp. Please include a check for \$150 with this application. Make the check payable to the Community Development Commission of the County of Los Angeles.

Participant Agreement

Please read and sign the participant agreement at the end of the application.

Please fill out the application completely and attach the checklist to the front of the application making sure that all necessary documents on the checklist are included. Mail or email your completed application package to the following address:

Community Development Commission of the County of Los Angeles
Economic/Redevelopment Division
Attention: Mark Lieberman, Manager
2 Coral Circle
Monterey Park, CA 91755-7425

Email: Mark.Lieberman@lacdc.org

Phone: (323) 890-7110

Fax: (323) 890-8575

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LA-BOOST Program Application Checklist

- _____ Signed and completed application
- _____ Business concept narrative (up to one page in length)
- _____ Business experience narrative (up to one page in length)
- _____ Program assistance narrative (up to two pages in length)
- _____ Second District resident verification (if applicable)
- _____ Financials for the last two years
- _____ Business or personal tax returns for the last two years
- _____ Registration check for \$150
- _____ Signed participant agreement
- _____ References from three clients