



The Long Beach Economic Development Department's Level Up LB Program Application (2025)

The Level Up LB: Extreme Small Business Makeover and Grant Program aims to propel small businesses towards success and sustainability. This initiative offers entrepreneurs a unique opportunity to connect with essential support resources and participate in a 12-week series of comprehensive workshops aimed at crafting new business and marketing plans. Upon completion of the program, participants become eligible to apply for \$10k grants, empowering them to expand their business capacity and enhance resilience.

20 businesses will be selected to participate in this program and receive grant awards upon completion. 10 additional businesses will be selected to participate in the workshop series only, and may be eligible for grant awards if funds become available.

Program selection and awards will be determined by a selection committee based on the following criteria:

- Representation of businesses across all parts of the city with priority for businesses located in low-to-moderate income areas
- Representation of businesses across multiple sectors
- Business readiness and potential impact of program participation

This application will close on March 20th at 5pm. No late applications will be accepted. Applicants will be notified of selection decisions by May 2025.

For assistance with this application, please contact BizCare at 562-570-4249 or 4Biz@longbeach.gov.

* Required

Section A: Business Contact Information

Please tell us who you are and how to contact you.

1. First Name *

2. Last Name *

3. What is your relationship to the applying business? *

- I am completing the application on behalf of the business (employee, CPA, other)
- I am the business owner

4. Email Address *

5. Phone Number *

6. Business Name *

7. DBA (if applicable)

8. Business License Number (City of Long Beach) *

9. Business Website

10. Business Address *

11. Business Suite#

12. City *

13. State *

14. Zip Code *

Section B: Business Eligibility and Data

Your responses to these questions will help us determine your eligibility for the program and understand the size and types of businesses in the applicant pool.

15. Is your business located in Long Beach? *

- Yes
- No

16. What date did your business start operating in Long Beach? *

MM/YYYY

17. Does your business have a store front accessible to the public? *

- Yes
- No
- Other

18. Select the type of business you operate: *

- Sole proprietorship
- Partnership
- Limited Liability Company
- Corporation (S Corp, C Corp, etc.)
- Independent Contractor
- Other

19. Provide a description of your business. (For example, describe your primary products and services and other details important for us to understand the nature of your business). *

20. Select your primary industry (select one). *

- Advertising/Public relations/Communications
- Aerospace
- Agriculture
- Automotive
- Banking
- Bars and Restaurants
- Cannabis
- Construction
- Dentistry
- Entertainment/Music
- Fashion
- Finance
- Food and Beverage (e.g. grocery stores)
- Healthcare services
- Hotels, Motels, and Tourism
- Manufacturing
- News/Media
- Nonprofits/Foundations/Philanthropies
- Personal Services (e.g. barber shops, salons, spas)
- Pharmaceuticals
- Retail services
- School/Education
- Technology
- Trash/Waste Collection
- Other

21. How many full-time employees (minimum of 35 hours per week worked), including yourself, does the business currently employ? *

- 0
- 1-2
- 3-5
- 5-10
- 10-20
- More than 20

22. Select the one that best describes your business location: *

- I own commercial property
- I lease/rent a commercial space for my business
- I operate my business out of my home
- I operate a mobile business (e.g., street vendor, food truck, etc.)
- Other

23. Is the business publicly traded? *

- Yes
- No

24. Is the business part of a national franchise? *

- Yes
- No

25. Select the gross revenue that your business generated in the last calendar year you filed tax returns (2022 or 2023): *

- Less than \$10,000
- \$10,001 to \$100,000
- \$100,001 to \$500,000
- \$500,001 to \$2 million
- \$2 million - \$5 million
- Greater than \$5 million
- My organization did not exist or report revenue in calendar year 2022 or 2023

26. Do you have any active and unresolved code enforcement, health permit, or COVID-19 Health Order Violations? *

- Yes
- No
- I don't know

Section C: Evaluation

Your responses to these questions will help us understand your business's needs and fit for the program. These questions will be used by the selection committee when selecting businesses for program participation.

27. If awarded, how would you invest the \$10,000 grant into your business? *

- Equipment upgrades
- Technology upgrades
- Employee training/retention
- Facility improvements
- Marketing
- Other

28. Briefly describe the type of improvement you want to achieve with this grant funding and why it's important for your business. (Short Response) *

29. What training topics most interest you? *

Business Planning

Legal/HR Compliance

Digital Tools and Technology

Procurement and Government Contracting

Marketing and Sales

Talent Attraction and Retention

Business Finance

Small Business Loans/Financing

30. Do you have a written business plan? *

- Yes
- No
- Still a work in progress

31. How confident are you in your business plan? *

- I don't have a business plan
- Not confident
- Somewhat confident
- Fairly confident
- Very confident

32. How confident are you in your business system for accounting/book-keeping? *

- Not confident
- Somewhat confident
- Fairly confident
- Very confident

33. How confident are you in your business marketing? *

- Not confident
- Somewhat confident
- Fairly confident
- Very confident

34. How would you describe your business? (Explain) *

- Struggling
- Surviving
- Growing
- Thriving

35. What are your business's strengths? *

36. What aspects of your business could use support or growth in? *

37. Why is your business ready to level up? Please share what motivated you to apply for this program, what you hope to gain from participation, and why your business is ready to get to the next level of growth. *

Section D: Program Outreach & Coordination

Please share how you heard about this program, your availability, and any support you may need to participate!

38. How many hours per week are you able to commit for training and/or coaching through this program?

- 1-2 hours
- 3-5 hours
- 6-8 hours
- More than 8 hours

39. What team members from your business would engage in the trainings and grant implementation? (Please provide names and job titles, including yourself if you plan to participate). *

[Empty text box for team member names and job titles]

40. What days and times of the week are you most available? Please select all that apply. *

	Morning	Noon	Afternoon	Evening	Not Available
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. How did you learn about this program? *

- City of Long Beach website
- City of Long Beach social media channels
- Local media outlets
- Friends and family
- City of Long Beach BizCare or Business Navigators
- Local community-based organization
- Other

42. Would you like to receive our Business Brief Newsletter for regular updates on additional small business programs and resources? *

Yes

No

43. If a local community-based organization or business association helped you complete this grant application, enter their name. *

April Parker Foundation

Centro CHA

RightSource Services

United Cambodian Community

Other

44. Will you need interpretation or translation services? *

No.

Yes, in Spanish.

Yes, in Khmer.

Yes, in Tagalog.

Yes, in another language not listed

45. Do you need any other reasonable accommodation? *

Section E: Demographics

This data will not be used in the evaluation of applications and is for data collection purposes only to understand the demographics this program is reaching and serving.

46. Select any, and/or, all of the following that apply to your business. (Majority-owned refers to over 50% ownership).

- Majority person(s) of color-owned
- Majority White-owned
- Majority Woman-owned
- Prefer not to answer

47. What is the primary language you speak at home?

- English
- Spanish
- Tagalog
- Khmer
- Other

48. I identify as (select all that apply):

- Asian/Pacific Islander
- Black/African American
- White
- Hispanic
- Middle Eastern/North African
- Native American/Indigenous
- Prefer not to answer

49. Gender at Birth:

- Woman
- Man
- Nonbinary
- Prefer not to answer
- Other

Section Z: Self Attestation Declarations

50. I hereby declare and agree that I am authorized to submit this application as the business owner and/or on behalf of the business entity that has a City of Long Beach business license.

I acknowledge and agree that any promise, representation, or any other statement made to me by any agent or employee of the City that is not contained in this application is null, void, and unenforceable and that I am not relying on such promise, representation, or statement.

I acknowledge and agree that this application will be reviewed for compliance with the eligibility requirements for the program and that my application may be denied if my business is deemed ineligible for grant funding or if all available grant funding is exhausted.

I acknowledge and agree that this application does not confer an entitlement or a vested right to receive grant funding.

I hereby declare and agree that I have read this acknowledgement and advisement and that I am knowingly and voluntarily submitting my application in compliance with this acknowledgement and advisement.

I hereby declare and agree that the information contained within and attached to this application is complete, true, and accurate. I understand any false, misleading or fraudulent statement of material fact is cause for rejection of this application and may result in recoupment of any award dispersed in reliance on any misrepresentation and City reserves the right to pursue legal remedies as a result.

I consent for the City of Long Beach, or its designee, to contact me to request data or other related information for the purposes of complying with the eligibility requirements for this program.

I declare under penalty of perjury that all of the information provided in this application and provided in all submitted documentation are true and correct.

By checking "I agree," I am signing this application electronically. I agree that my electronic signature is the legal equivalent of my manual signature on this application. *

I Agree

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