

I. AGENCY NAME: NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS
(C5)

ADDRESS: 553 South Lake Avenue
TELEPHONE #: 818-795-2905 CITY: Pasadena
STATE/ZIP: California, 91101
CONTACT/STAFF PERSON: Sylvia Fogelman

II. AGENCY STATUS (Please indicate one or more of the following:)

- A. FOR PROFIT CORPORATION: _____
- B. GOVERNMENT (Local, state, U.S.?): _____
- C. NON PROFIT: _____ X

IF NON-PROFIT,
ASSOCIATED WITH:

- 1. UNIVERSITY/COLLEGE: _____
- 2. CHAMBER OF COMMERCE: _____
- 3. BUSINESS ASSOCIATION: _____
- 4. OTHER: _____

III. FEE? _____
YES X NO _____ IF YES, COST \$150.00 (per year) per month, per program?

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:
Ownership of a business -- may be partial ownership.

V. YEARS AGENCY HAS OPERATED: 13

VI. SERVICES OFFERED (please describe briefly):

- A. FINANCIAL ASSISTANCE: _____
- B. TECHNICAL ASSISTANCE: _____
- C. MANAGERIAL ASSISTANCE: _____
- D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____
- E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: Contacts with other women business owners.

F. OTHER: Monthly meetings with speakers, business seminar series, annual corporate dinners, special events.

G. MULTILINGUAL CAPABILITY: None

1. VENDOR ASSISTANCE: _____
2. BROKERAGE ASSISTANCE: _____
3. CREDIT PROGRAMS: _____
4. QUALIFIED EMPLOYEES: related to bus
5. ASSISTANCE IN LOCATING: _____
6. MANAGERIAL ASSISTANCE: related to water
7. TECHNICAL ASSISTANCE: _____
8. FINANCIAL ASSISTANCE: _____
9. SERVICES OFFERED (please describe briefly): _____
10. YEARS AGENCY HAS OPERATED: 13 to 15

I. AGENCY NAME: NATIONAL CONFERENCE OF CHRISTIANS & JEWS (C6)
ADDRESS: 635 S. Harvard Boulevard

TELEPHONE #: 213-385-0491 CITY: Los Angeles
STATE/ZIP: California, 90005

CONTACT/STAFF PERSON: Jerry Freedman Habush

II. AGENCY STATUS (please indicate one or more of the following:)
ASSOCIATED WITH:

- A. FOR PROFIT CORPORATION: _____
- B. GOVERNMENT (Local, state, U.S.?): _____
- C. NON PROFIT: X

IF NON-PROFIT,
ASSOCIATED WITH:

- 1. UNIVERSITY/COLLEGE: _____
- 2. CHAMBER OF COMMERCE: _____
- 3. BUSINESS ASSOCIATION: _____
- 4. OTHER: X

III. FEE? YES NO X IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Appropriate Business Sector for Employment or Economic Development Seminar Offered (e.g. Retail, Financial, etc.)

V. YEARS AGENCY HAS OPERATED: 40 in L.A.

VI. SERVICES OFFERED (please describe briefly):

- A. FINANCIAL ASSISTANCE: _____
- B. TECHNICAL ASSISTANCE: _____
- C. MANAGERIAL ASSISTANCE: Periodic Asian/Pac. Econ. Sem.
- D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: Referred to Pace
- E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Referral assistance in responding to discrimination in Employment or Economic Development.

G. MULTILINGUAL CAPABILITY: English, Spanish Only

I. AGENCY NAME: PACIFIC ASIAN CONSORTIUM IN EMPLOYMENT (C7)

ADDRESS: 2525 W. 8th Street

TELEPHONE #: 213-389-2373 CITY: Los Angeles

STATE/ZIP: California, 90057

CONTACT/STAFF PERSON: Kerry Doi, Executive Director

II. AGENCY STATUS (Please indicate one or more of the following:)
ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____ X

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____

3. BUSINESS ASSOCIATION: _____ X

4. OTHER: _____

III. FEE?

YES _____ NO X IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Geographical: Depending on Program by Program Service

Boundary: _____

V. YEARS AGENCY HAS OPERATED: _____ 11

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: Loan Packaging Services for City of L.A. in the Koreatown Area.

B. TECHNICAL ASSISTANCE: All facets of Small Bus. Develop.

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING CONTACTED by the City & County of L.A. to provide job-train. & placement services.

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Economic Development: Real Estate and Business Development

Development Venture Analysis, Planning and Venture Development.

G. MULTILINGUAL CAPABILITY: All Asian Languages

I. AGENCY NAME: SO. CALIF. REGIONAL PURCHASING COUNCIL, INC.
(C8) _____

ADDRESS: 650 So. Spring Street, Suite 1209

TELEPHONE #: 213-622-6123 CITY: Los Angeles

STATE/ZIP: California, 90014

CONTACT/STAFF PERSON: Hollis Smith, Executive Director

II. AGENCY STATUS (Please indicate one or more of the following:)
ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____ X _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____ X _____

III. FEE?

YES X NO _____ IF YES, COST \$1,500
\$3,000 (per year) per
month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

To participate in our program a corporation must have a minority purchasing program, must provide data on their programs and must be willing to participate and support the programs of the Council.
To participate in our program minority-owned business must be 51% owned and controlled by minority individuals. There is no fee to become a part of our data base.

V. YEARS AGENCY HAS OPERATED: 11

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: We describe minority-owned none yet/Loans are available at Natl.

B. TECHNICAL ASSISTANCE: Marketing/Marketing Education

C. MANAGERIAL ASSISTANCE: None

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: None

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: We conduct outreach program to bring corporate buyers and minority business owner representation together.

F. OTHER: We also offer market programs to minority business owners.

G. MULTILINGUAL CAPABILITY: _____

I. AGENCY NAME: ASIAN/AMERICAN ECON. DEV. ENTERPRISES, INC.

(C9)

ADDRESS: 1400 South Goodrich Boulevard

TELEPHONE #: 213-721-9368 CITY: Los Angeles

STATE/ZIP: California, 90040

CONTACT/STAFF PERSON: Chih Hsing Pei

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____ X

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____

3. BUSINESS ASSOCIATION: _____ X

4. OTHER: _____

III. FEE?

YES NO IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Depend, case by case.

V. YEARS AGENCY HAS OPERATED: 9

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: Yes will assist in identify var. government & non-government loan

B. TECHNICAL ASSISTANCE: Will assist in site location, Marketing studies, etc.

C. MANAGERIAL ASSISTANCE: Yes will assist in labor relation Government regulation negotiation

D. ASSISTANCE IN LOCATING EMPLOYEES: Yes will identify cost saving programs for company, job training

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: Will assist in certification process for various business agencies and identify opportunities per request.

F. OTHER: _____

G. MULTILINGUAL CAPABILITY: Chin., Viet Nam., Korean

AGENCY RESPONSE FORM FOR DIRECTORY (D)

I. AGENCY NAME: BELL GARDENS CHAMBER OF COMMERCE (D1)

ADDRESS: 7113 S. Eastern Avenue, Suite 201

TELEPHONE #: 213-560-6791 CITY: Bell Gardens

STATE/ZIP: California, 90201

CONTACT/STAFF PERSON: Jim Sands, Executive Director

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: XX

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____ City _____

III. FEE?

YES X NO _____ IF YES, COST month, per program? (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Membership Investment

V. YEARS AGENCY HAS OPERATED: 53

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: Small Business Government Funding

B. TECHNICAL ASSISTANCE: Provide Demographics and Redeve.

C. MANAGERIAL ASSISTANCE: Small Business Assistance Center

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: Work with West San Gabriel Valley Consortium and JTPA

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Work with Service Organizations Civic Groups and Clubs in the promotion of programs and positive information regarding our community.

G. MULTILINGUAL CAPABILITY: No

I. AGENCY NAME: CANYON COUNTRY CHAMBER OF COMMERCE (D2)
ADDRESS: 17956 Sierra Highway Suite B

TELEPHONE #: 805-252-4131 CITY: Canyon Country

STATE/ZIP: California, 91351

CONTACT/STAFF PERSON: Bonnie Barnard

II. AGENCY STATUS (Please indicate one or more of the following:)
ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: X

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES X NO _____ IF YES, COST \$ 35.00
\$150.00 (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Membership Application - Approval by Board of Directors

V. YEARS AGENCY HAS OPERATED: 29

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: X

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Small Business Resource Center, County and Area Information, Visitor Info., Seminars, Etc.

G. MULTILINGUAL CAPABILITY: We have multilingual members.

I. AGENCY NAME: CHANNEL ISLANDS CHAMBER OF COMMERCE (D3)

ADDRESS: 3886 West Channel Island Boulevard

TELEPHONE #: 805-985-2244 CITY: Oxnard

STATE/ZIP: California, 93035

CONTACT/STAFF PERSON: Art Leone

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.): _____

C. NON PROFIT: _____ X

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES _____ NO X IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

V. YEARS AGENCY HAS OPERATED: 40

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: Small Business Information in Future

F. OTHER: Information of Area - Hotels - Motels - Tourist Activities - Business aid in getting settled.

G. MULTILINGUAL CAPABILITY: No - English Only - 1 Person.

I. AGENCY NAME: GARDENA VALLEY CHAMBER OF COMMERCE (D4)

ADDRESS: 1204 W. Gardena Boulevard

TELEPHONE #: 213-532-9905 CITY: Gardena

STATE/ZIP: California, 90247

CONTACT/STAFF PERSON: Tom H. Parks, Exec. Vice-President

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: X

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: X

3. BUSINESS ASSOCIATION: _____

4. OTHER: X

III. FEE?

YES X NO _____ IF YES, COST \$125.00 (per year) per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Member in good standing of Chamber. Otherwise fees are charged for such things as directories, certificates of origin, maps, etc.

V. YEARS AGENCY HAS OPERATED: 50

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: Economic Development Corporation

B. TECHNICAL ASSISTANCE: Provide Contacts

C. MANAGERIAL ASSISTANCE: Small Business Counseling

D. ASSISTANCE IN LOCATING: Can help with local realtors, QUALIFIED EMPLOYEES: also have program on local TV for finding employees.

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Can supply city profile, publications, site locations, etc.

G. MULTILINGUAL CAPABILITY: _____

I. AGENCY NAME: GLENDALE CHAMBER OF COMMERCE (D5)

ADDRESS: 200 So. Louise Street, P.O. Box 112

TELEPHONE #: 818-240-7870 CITY: Glendale

STATE/ZIP: California, 91209-0112

CONTACT/STAFF PERSON: Aulden Schlatter

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES X NO _____ IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Any reputable business or professional firm, individual, corporation partnership or estate having common interest in the purpose and objectives of the organization shall be eligible for membership.

V. YEARS AGENCY HAS OPERATED: _____

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: To develop, advance and promote the economic, industrial, commercial, professional, cultural and civic welfare of Glendale. To improve the business climate and to make this community more prosperous and more desirable as a place to work and to live.

G. MULTILINGUAL CAPABILITY: None

I. AGENCY NAME: GOLETA VALLEY CHAMBER OF COMMERCE (D6)

ADDRESS: 300 N. Los Carneros Road

TELEPHONE #: 805-967-4618 CITY: Goleta

STATE/ZIP: California, 93117

CONTRACT/STAFF PERSON: Anna Dato

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.): _____

C. NON PROFIT: _____ X

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES _____ NO _____ IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

V. YEARS AGENCY HAS OPERATED: 37

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Tourism inquiries, relocation information, brochures, publications (both free and for a charge)

G. MULTILINGUAL CAPABILITY: _____

I. AGENCY NAME: LOS ALAMITOS CHAMBER OF COMMERCE (D7)

ADDRESS: 3243 Katella, P.O. Box 111

TELEPHONE #: 213-598-2809 CITY: Los Alamitos

STATE/ZIP: California, 90720

CONTACT/STAFF PERSON: Lori Fast

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION:

B. GOVERNMENT (Local, state, U.S.):

C. NON PROFIT: X

IF NON-PROFIT, ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE:

2. CHAMBER OF COMMERCE: X

3. BUSINESS ASSOCIATION:

4. OTHER:

III. FEE?

YES X NO IF YES, COST month, per year, per program?

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Blank lines for criteria input.

V. YEARS AGENCY HAS OPERATED:

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE:

B. TECHNICAL ASSISTANCE:

C. MANAGERIAL ASSISTANCE:

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES:

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE:

F. OTHER:

G. MULTILINGUAL CAPABILITY:

Blank lines for service descriptions.

I. AGENCY NAME: LOS ANGELES AREA CHAMBER OF COMMERCE (DB)

ADDRESS: 404 So. Bixel Street

TELEPHONE #: 213-629-0711 CITY: Los Angeles

STATE/ZIP: California, 90017

CONTACT/STAFF PERSON: Bill McCallmont

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES X NO _____ IF YES, COST \$350.00 (per year) per

month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY

Agency:

Chamber Membership

V. YEARS AGENCY HAS OPERATED: 98

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: Business Information and Seminars

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING
QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT
PROCEDURES INFORMATION
AND/OR ASSISTANCE: _____

F. OTHER: _____

G. MULTILINGUAL CAPABILITY: _____

I. AGENCY NAME: OJAI VALLEY CHAMBER OF COMMERCE (D9)

ADDRESS: P.O. Box 1134

TELEPHONE #: 805-646-8126 CITY: Ojai

STATE/ZIP: California, 93023

CONTACT/STAFF PERSON: Herb Bedolfe, Executive Director

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES X NO _____ IF YES, COST \$75.00 (per year) per
month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY
AGENCY:

Any person, corporation, association, partnership or estate
having an interest in the objective of the organization
(economic development of the area) shall be eligible for
membership in the organization.

V. YEARS AGENCY HAS OPERATED: 35

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING
QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT
PROCEDURES INFORMATION
AND/OR ASSISTANCE: _____

Information and Assistance

F. OTHER: _____

G. MULTILINGUAL CAPABILITY: Spanish, English, Portuguese,
French, Japanese

I. AGENCY NAME: OXNARD CHAMBER OF COMMERCE (D10)

ADDRESS: P.O. Box 867

TELEPHONE #: 805-487-6305 CITY: Oxnard

STATE/ZIP: California, 93032

CONTACT/STAFF PERSON: Barbara Avery, President

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

X

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____

X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEES?

YES X NO _____ IF YES, COST \$105.00 (per year) per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Must be interested in Chamber and support our stated purpose.

V. YEARS AGENCY HAS OPERATED: _____

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: We host var. wrkshps. & seminars

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: We are a group of businesses who work to make Oxnard a better place to work and live.

G. MULTILINGUAL CAPABILITY: Spanish, English, French

I. AGENCY NAME: SAN PEDRO PENINSULA CHAMBER OF COMMERCE
(D11)

ADDRESS: 390 W. 7th Street

TELEPHONE #: 213-832-7272 CITY: San Pedro

STATE/ZIP: California, 90731

CONTACT/STAFF PERSON: Leron Gubler

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES X NO _____ IF YES, COST _____ (per year, per
month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Certain information and programs available to members at reduced fee or free. General Information about community provided at no charge.

V. YEARS AGENCY HAS OPERATED: 80

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Business Promotion, Community Marketing, Information Resource.

G. MULTILINGUAL CAPABILITY: No

I. AGENCY NAME: SAN PEDRO PENINSULA CHAMBER OF COMMERCE

(D11) _____

ADDRESS: 390 W. 7th Street

TELEPHONE #: 213-832-7272 CITY: San Pedro

STATE/ZIP: California, 90731

CONTACT/STAFF PERSON: Leron Gubler

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES X NO _____ IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Certain information and programs available to members at reduced fee or free. General Information about community provided at no charge.

V. YEARS AGENCY HAS OPERATED: 80

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Business Promotion, Community Marketing, Information Resource.

G. MULTILINGUAL CAPABILITY: No

I. AGENCY NAME: SANTA MONICA AREA CHAMBER OF COMMERCE (D12)

ADDRESS: 1460 Fourth Street

TELEPHONE #: 213-393-9825 CITY: Santa Monica

STATE/ZIP: California, 90401

CONTACT/STAFF PERSON: Dave Paradis

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____ X _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X _____

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES NO IF YES, COST \$300.00 (per year) per month, per program?

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Membership in Chamber

V. YEARS AGENCY HAS OPERATED: _____

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____ X _____

C. MANAGERIAL ASSISTANCE: _____ X _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Business Exposure _____

G. MULTILINGUAL CAPABILITY: _____

I. AGENCY NAME: WALNUT VALLEY AREA CHAMBER OF COMMERCE
(D13)

ADDRESS: 374 So. Lemon Avenue

TELEPHONE #: 714-595-6138 CITY: Walnut

STATE/ZIP: California, 917

CONTACT/STAFF PERSON: Nadine Brown, Executive Vice Pres.

II. AGENCY STATUS (Please indicate one or more of the following:)
ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____ X _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X _____

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE? YES X NO _____ IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:
May be a business, professional or resident interested in the promotion of business and civic affairs.

V. YEARS AGENCY HAS OPERATED: 41

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: N/A

B. TECHNICAL ASSISTANCE: N/A

C. MANAGERIAL ASSISTANCE: N/A

D. ASSISTANCE IN LOCATING We try to do this through our QUALIFIED EMPLOYEES: networking of monthly events.

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: Same as Above.

F. OTHER: _____

G. MULTILINGUAL CAPABILITY: _____

I. AGENCY NAME: WESTCHESTER/LAX CHAMBER OF COMMERCE (D14)

ADDRESS: 8833 So. Sepulveda Boulevard

TELEPHONE #: 213-645-5151 CITY: Los Angeles

STATE/ZIP: California, 90045

CONTACT/STAFF PERSON: Jan K. Baird

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____

2. CHAMBER OF COMMERCE: _____ X _____

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES NO IF YES, COST \$150.00 (per year) per month, per program?

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Business with operations or clients in greater Los Angeles Airport Area.

V. YEARS AGENCY HAS OPERATED: 34

VI. SERVICES OFFERED (Please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____ X _____

C. MANAGERIAL ASSISTANCE: _____ X _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____ X _____

F. OTHER: Introduction to businesses which may be helpful links to other businesses.

G. MULTILINGUAL CAPABILITY: _____

I. AGENCY NAME: WESTMINSTER CHAMBER OF COMMERCE (D15)

ADDRESS: 14491 Beach Boulevard

TELEPHONE #: 714-898-9648 CITY: Westminster

STATE/ZIP: California, 92683

CONTACT/STAFF PERSON: Joan Warner, Executive Manager

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION:

B. GOVERNMENT (Local, state, U.S.?):

C. NON PROFIT:

IF NON-PROFIT, ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE:

2. CHAMBER OF COMMERCE: X

3. BUSINESS ASSOCIATION:

4. OTHER:

III. FEE?

YES X NO IF YES, COST \$125.00 (per year) per month, per program?

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

Business Person in Westminster Area.

V. YEARS AGENCY HAS OPERATED:

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE:

B. TECHNICAL ASSISTANCE:

C. MANAGERIAL ASSISTANCE:

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES:

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE:

F. OTHER:

G. MULTILINGUAL CAPABILITY:

COLLEGE AND UNIVERSITY-RELATED TECHNICAL ASSISTANCE CENTERS

I. AGENCY NAME: Asian American Studies Center (EI)

ADDRESS: 3232 Campbell Hall, UCLA, Los Angeles, CA 90024

TELEPHONE #: (213) 825-2974 CITY: Los Angeles

STATE/ZIP: CA 90024

CONTACT/STAFF PERSON: Prof. Lucie Cheng

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____ X

2. CHAMBER OF COMMERCE: _____

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE?

YES _____ NO X IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

V. YEARS AGENCY HAS OPERATED: 18 years

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: _____

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: Demographic & other library resources

available through Asian American Studies Reading Room.

Also have an active publications program. _____

G. MULTILINGUAL CAPABILITY: _____

Please attach all relevant information that you consider important

COLLEGE AND UNIVERSITY-RELATED TECHNICAL ASSISTANCE CENTERS

I. AGENCY NAME: Center for Business & Economic Development (E2)

ADDRESS: University of Hawaii at Hilo
TELEPHONE #: 961-9459/ CITY: Hilo
STATE/ZIP: HI/96720-4091
CONTACT/STAFF PERSON: Dr. Youngki Hah, Director

II. AGENCY STATUS (Please indicate one or more of the following:)

- ASSOCIATED WITH:
- A. FOR PROFIT CORPORATION: _____
 - B. GOVERNMENT (Local, state, U.S.?): _____ X
 - C. NON PROFIT: _____ X

IF NON-PROFIT,
ASSOCIATED WITH:

- 1. UNIVERSITY/COLLEGE: _____ X
- 2. CHAMBER OF COMMERCE: _____
- 3. BUSINESS ASSOCIATION: _____
- 4. OTHER: _____

III. FEES?

YES X NO _____ IF YES, COST X (per year, per month, per program?)
(Cost is dependent on program.)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

All profit and non-profit organizations including local municipal governments are eligible.

V. YEARS AGENCY HAS OPERATED: Since July 1, 1986 = 7 mos.

VI. SERVICES OFFERED (please describe briefly):

- A. FINANCIAL ASSISTANCE: Available to qualified firms in the form of fee waiver.
- B. TECHNICAL ASSISTANCE: To the extent the University has resources in particular technical areas, e.g. engineering, etc.
- C. MANAGERIAL ASSISTANCE: Wide range of managerial consulting services
- D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: Yes, Student Placement Services
- E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: Some
- F. OTHER: _____
- G. MULTILINGUAL CAPABILITY: English, Japanese, Chinese, Korean, Filipino (Ilokano, Tagalog), several South Pacific National languages.

COLLEGE AND UNIVERSITY-RELATED TECHNICAL ASSISTANCE CENTERS

I. AGENCY NAME: Center for Business & Economic Research (E3)

ADDRESS: University of Nevada, Las Vegas

TELEPHONE #: (702) 739-3191 CITY: Los Angeles

STATE/ZIP: NV 89154

CONTACT/STAFF PERSON: R. Keith Schwer

II. AGENCY STATUS (Please indicate one or more of the following:)

ASSOCIATED WITH:

A. FOR PROFIT CORPORATION: _____

B. GOVERNMENT (Local, state, U.S.?): _____

C. NON PROFIT: _____

IF NON-PROFIT,
ASSOCIATED WITH:

1. UNIVERSITY/COLLEGE: _____ X

2. CHAMBER OF COMMERCE: _____

3. BUSINESS ASSOCIATION: _____

4. OTHER: _____

III. FEE? Fee for service

YES _____ NO _____ IF YES, COST _____ (per year, per month, per program?)

IV. CRITERIA FOR ELIGIBILITY OF CLIENT FOR SERVICES OFFERED BY AGENCY:

None

V. YEARS AGENCY HAS OPERATED: 1975

VI. SERVICES OFFERED (please describe briefly):

A. FINANCIAL ASSISTANCE: _____ X

B. TECHNICAL ASSISTANCE: _____

C. MANAGERIAL ASSISTANCE: _____ X

D. ASSISTANCE IN LOCATING QUALIFIED EMPLOYEES: _____

E. CONTRACT/PROCUREMENT PROCEDURES INFORMATION AND/OR ASSISTANCE: _____

F. OTHER: _____

G. MULTILINGUAL CAPABILITY: _____