

**Minority Business Development Agency Program Services**  
*MBDA Internal/External Client Engagement Form*

The U.S. Department of Commerce Minority Business Development Agency’s (MBDA) mission is to foster the growth and global competitiveness of U.S. businesses that are minority-owned. MBDA accomplishes its mission by facilitating transactions through referrals, business consulting, contract bid/proposal preparation, loan packaging, and/or matching contract opportunities and capital sources (i.e. loans, equity, bonding, etc.). In addition, MBDA helps clients to achieve their growth objectives by connecting them with prospective strategic partners through business-to-business matching, teaming arrangements, joint ventures, or other strategic advisory services.

**Acknowledgement of Client Relationship**

\_\_\_\_\_ (“client”) has engaged with MBDA for business consulting or other services. The services provided by MBDA and/or MBDA Business Centers to the client are subsidized through Federal appropriations. MBDA agrees to provide one or more of the following services:

- |   |  |
|---|--|
| <input type="checkbox"/> business consulting              | <input type="checkbox"/> business match-making |
| <input type="checkbox"/> contract opportunity sourcing    | <input type="checkbox"/> capital sourcing      |
| <input type="checkbox"/> other services (describe) _____. |  |

MBDA does not guarantee any particular outcome or business result on behalf of the client or associated third parties and is not liable for any outcomes or business decisions made by the client or associated third parties.

**Acceptance of Client Relationship**

The client agrees to: (a) acknowledge the relationship with MBDA (as demonstrated in this agreement); (b) provide firm contact and profile information; (c) disclose outcome(s) based on the services provided to the client by MBDA and/or MBDA business centers to MBDA and/or MBDA business centers; and (d) provide documentary verification to MBDA and/or MBDA business centers for transactions resulting from services provided pursuant to this engagement.

**Certification**

Under this agreement, the client certifies that it is a minority-owned business enterprise (MBE). An MBE is defined as a business that is owned or controlled (greater than 50 percent) by the following persons or groups of persons that are also U.S. citizens or resident aliens admitted for lawful admission to the United States: African Americans, Hispanic-Americans, Asian and Pacific Islander Americans, Native Americans (including, Alaska Natives, Alaska Native Corporations, and Tribal entities), Asian Indians, and Hasidic Jews. See 15 C.F.R. § 1400.1.

**Privacy Disclosure and Information Use**

By submitting this form, your company agrees to allow the Minority Business Development Agency (MBDA) in Washington, D.C. to share this document, information contained therein, and any supplementary material provided by your company (collectively “Client Engagement Form”) on an as needed basis, with other United States Government agencies to carry out appropriate due diligence and more effectively advocate for your interests. The Client Engagement Form also may be used by MBDA and MBDA Business Centers for the purposes of conducting research, studies, and analysis consistent with the MBDA mission as stated in Executive Order 11625. The Client Engagement Form is considered business confidential and will not be shared with any other person or organization outside the U.S. Government unless the MBDA Headquarters is given permission to do so by your company. All business confidential information will be protected from disclosure to the extent permitted by law.

\_\_\_\_\_  
Signature of Authorized Client Representative

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Print Name of Authorized Client Representative

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Signature of MBDA Business Center Representative

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Print Name of MBDA Business Center Representative

**For Internal Use Only**

**Business Center Location:** \_\_\_\_\_

**MBDA Business Center Staff:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**MBDA Staff Referral Name:** \_\_\_\_\_

**Referral Date:** \_\_\_\_\_

**CRM Certified Date:** \_\_\_\_\_