**Minority Business Development Agency**

**Client Transaction Verification Form**

Pursuant to the mutually agreed upon terms of the Minority Business Development Agency (MBDA) Internal/External Client Engagement Form, your firm contracted with MBDA to provide one or more of the following services:

\_\_Contract Assistance \_\_Financing Assistance \_\_Business Consulting \_\_ Other

For transactions in which the services provided by MBDA, either directly or indirectly, by providing business consulting, referrals or other services, resulted in either a contract or capital award, please answer the following questions:

Contract Award

Did you receive a contract award? Yes\_\_\_ No\_\_\_

What type of contract? \_\_\_ Standard \_\_\_ Multiple/Multi-Year \_\_\_ IDIQ

If yes, what was/were the Dollar Amount(s) of the award(s)?

Date: \_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ From Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_ From Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_ From Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capital Award (loan, bonding, equity, or other)

Did you receive a capital award? Yes\_\_\_ No\_\_\_

If yes, what was/were the Dollar Amount(s) of the capital obtained?

Date: \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ From Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_ From Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_ From Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Opportunities Created

New Jobs Created: \_\_\_\_\_\_\_ b. Jobs Retained: \_\_\_\_\_\_\_

Pursuant to the client responsibilities outlined in Section (d) of the MBDA Internal/External Client Engagement Form, please provide any and all documentary evidence (contract award documents, agreements, etc.) to your servicing MBDA Business Center Program or MBDA Business Development Specialist as evidence of the above transaction(s). All documentation will be kept on file and confidential within the MBDA Business Center. MBDA and MBDA Business Center Programs will take reasonable action to restrict access to such information by non-governmental entities. All information will remain confidential to the fullest extent of the law.

Please provide a brief narrative description of the MBDA services provided to your firm:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby certify that the information and statements provided in this document are truthful and accurate representations of the transaction(s) that occurred as a result of MBDA’s services. I also certify that all verifying documents are authentic and accurately represent the transaction(s) referenced above.

Client Firm Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Client Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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