

Business Center Internal/External Client Engagement Form

Acknowledgement of Client Relationship

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of the identity of the individual as a member of a group, without regard to any individual quality of the individual that is unrelated to that identity. 15 U.S.C. § 9501(15). An **economically disadvantaged individual** is an individual whose ability to compete in the free enterprise system been impaired due to diminished capital and credit opportunities, as compared to others in the same line of business and competitive market areas, because of the identity of the individual as a member of a group, without regard to any individual quality of the individual that is unrelated to that identity. 15 U.S.C. § 9501(15). An individual that identifies as a member of one or more of the following groups is **presumed to be** socially or economically disadvantaged: Black or African American; Hispanic or Latino; American Indian or Alaska Native; Asian (including South Asian); Native Hawaiian or other Pacific Islander; and Hasidic Jews. 15 U.S.C. § 9501(15). An individual does not need to identify as a member of one of these groups to be a socially or economically disadvantaged individual eligible to receive Business Center services under the MBDA Act.

Privacy Disclosure and Information Use

By submitting this form, your company agrees to allow the Business Center and/or MBDA 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 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 Business Centers for the purposes of conducting research, studies, and analysis consistent with the MBDA mission as stated in the MBDA Act. 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 MBDA 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

OMB Control No. _____

Expiration Date: _____

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: