

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:

___Access to Network ___Access to Capital __Capacity Building ___ Other

For transactions in which the services provided by MBDA, either directly or indirectly, 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:

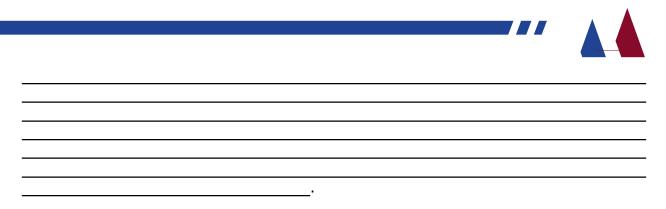
Capital Award (loan, bonding, equity, or other) Did you receive a capital award? Yes___ No___ If yes, what was/were the Dollar Amount(s) of the capital obtained? Date: _____ \$____ From Whom:

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 Capital Readiness Program Awardee as evidence of the above transaction(s). All documentation will be kept on file and confidential within the MBDA. MBDA and MBDA Capital Readiness Program will take reasonable action to restrict access to such information by nongovernmental entities. All information will remain confidential to the fullest extent of the law.

Please provide a brief narrative description of the MBDA CRP 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:_____

Authorized Client Representative Print Name:

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Signature:

Date:	