



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:

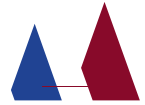
Job Opportunities Created

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 non-governmental 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:

_Title_____

Signature: _____

Date: _____