



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:

- business consulting
- contract opportunity sourcing
- other services (describe) _____.
- business match-making
- capital sourcing

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.

Questions? Call us at 314 - 391 - 4477
Please e-mail your completed form to the Missouri MBDA Business Center at
info@missourimbdacenter.com



Contact Information		
Company Name	Telephone Number	Ext.
Contact Name & Title	Fax Number	
Mailing Address	Mobile Phone	
Address Line 2	E-mail Address	
City/State/Zip	Website	
Who is your point of contact? (Leave blank if not applicable)		
How did you hear about the Missouri MBDA Business Center?		
Demographic Information		
Ethnicity of Majority Business Ownership <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and Pacific Islander <input type="checkbox"/> Latino <input type="checkbox"/> Native American, Eskimo and Aleut <input type="checkbox"/> Other	Gender of Majority Business Ownership <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50) Is your company a <u>certified</u> Minority Owned Enterprise (MBE) and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No AGENCY: <input type="checkbox"/> MidStatesMSDC <input type="checkbox"/> ChicagoMSDC <input type="checkbox"/> City of St. Louis <input type="checkbox"/> State of MO OEO <input type="checkbox"/> MoDOT <input type="checkbox"/> SBA(8) <input type="checkbox"/> Other	
Business Information		
Date Established	Are you Registered with System for Award Management (SAM) (Formerly CCR) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dun and Bradstreet Number		
What is your current business status? <input type="checkbox"/> Pre-venture <input type="checkbox"/> Start-up (generated revenue for 3 years or less) <input type="checkbox"/> Established (generated revenue for more than 3 years)	What industry best describes your business? <input type="checkbox"/> Bio-Tech <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Service – Daycare <input type="checkbox"/> Entertainment <input type="checkbox"/> Service – Financial, Insurance <input type="checkbox"/> Environmental <input type="checkbox"/> Service – Food Prep, Catering, Restaurant <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Service – Healthcare <input type="checkbox"/> Manufacturer – Food Products <input type="checkbox"/> Service – Real Estate <input type="checkbox"/> Media/Publishing <input type="checkbox"/> Service – Salon, Spa <input type="checkbox"/> Research & Development <input type="checkbox"/> Technology <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale/Distributor <input type="checkbox"/> Other	
Please check all that apply to you and your business. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability <input type="checkbox"/> Family-Owned <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Privately-Held <input type="checkbox"/> Corporation <input type="checkbox"/> Publicly-Held <i>In what state is your company incorporated?</i> _____	How many employees does your company have (including you)? (Leave blank if not yet in business) _____ Full-time Employees _____ Part-time Employees <i>Please describe your product or service.</i> _____ _____ _____	
NAICS codes: _____ <i>For help visit: http://www.naics.com/search.htm</i>		
What is your current annual revenue? \$ _____		What are the dollar amounts of your three largest contracts?
<input type="checkbox"/> \$1 - \$1,000,000 <input type="checkbox"/> \$1,000,000- \$5,000,000 <input type="checkbox"/> \$5,000,000 - \$10,000,000	<input type="checkbox"/> \$10,000,000 - \$20,000,000 <input type="checkbox"/> \$20,000,000 - \$50,000,000 <input type="checkbox"/> Over \$50,000,000	\$ _____ \$ _____ \$ _____

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NEW CLIENT VETTING FORM

The purpose of this questionnaire is to better understand your business goals and how MBDA can better serve your Company's needs.

1. What is your purpose for working with the MBDA Business Center? (your business needs)
2. What are the 3 largest contracts obtained by your company in the past three years?
3. Please provide the company yearly revenue for the past three years.
4. Please provide the number of employees currently employed by your company?
5. If your Company is certified please provide documentation that indicate your standing with your certifying body.
6. If your company has produced a product in which you would like MBDA Business to help you either manufacture the product or to introduce to corporations; please provide the following documentation:
 1. The product has been tested, provide the results of the testing.
 2. If the product is a Patent, please provide the documentation.
 3. If the product has FDA approval, please provide the documentation with the batch number.

Finance Section

7. What type of financing are you looking for? Select all that apply
 1. Bank Loan
 2. Line of Credit
 3. Investors
 4. Bonding
 5. Alternative Financing



Please note that CMSDC will not sell your information to other companies. However, in order for us to offer low or no cost services we are required to report to our funding sources general information about the companies we serve. We do not give them proprietary information, details pertaining to operations, and/or trade secrets.

MINORITY ENTERPRISE SELF-CERTIFICATION

(This is a Self-certification only and is for the purpose of the MBDA Business Center only)

"I certify that I represent a Minority Business Enterprise. MBDA defines a Minority Business Enterprise as a business which is owned or controlled by socially or economically disadvantaged persons who are members of one of the following eligible groups: African Americans, Aleuts, Asian Indians, Asian Pacific Americans, Eskimos, Hasidic Jews, Native Americans, Puerto Ricans, and other Spanish-Speaking Americans. I understand that false certification may result in a fine or imprisonment under applicable Federal law."

Signature

Print Name

Date

PRIVACY NOTICE

The information entered in this database will be used to assist your firm with marketing and procurement opportunity matching services. The purpose for collecting this information is to track the development of the minority business for use in statistical surveys and other research. In that regard, the information entered into the form will be available to the general public. In addition, information collected on this form will be made available to federal, state and local agencies for use in statistical surveys and other research to track the development of minority businesses. By entering data in this form you certify that you are authorized to make this information available to the public and agree to all the terms and conditions as specified herein.

Signature

Print Name

Date

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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

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For Internal Use Only

Business Center Location:

Missouri MBDA Business Center

MBDA Business Center Staff:

Interview Date:

MBDA Staff Referral Name:

Referral Date:

CRM Certified Date:

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