



MINORITY BUSINESS DEVELOPMENT AGENCY  
**BUSINESS CENTER**  
 U.S. DEPARTMENT OF COMMERCE



in partnership with



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 MBDA Business Center - Chicago		
Demographic Information		
<b>Ethnicity of Majority Business Ownership</b> <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		<b>Gender of Majority Business Ownership</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male/Female (50/50) <b>Is your company a certified Minority Owned Enterprise (MBE) and/or DBE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: CMSDC__ City of Chicago__ CMS__ Cook County__ METRA__ CTA__ IDOT__ PACE__ SBA(8)__
Business Information		
Date Established	Are you Registered with Central Contractor Registration (CCR) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dun and Bradstreet Number		
<b>What is your current business status?</b> <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)		<b>What industry best describes your business?</b> <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
<b>Please check all that apply to you and your business.</b> <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>		
<b>How many employees does your company have (including you)?</b> (Leave blank if not yet in business) _____ Full-time Employees _____ Part-time Employees		<i>Please describe your product or service.</i>
<b>What is your current revenue range?</b> (Leave blank if not yet in business)		<b>What are the dollar amounts of your three largest contracts?</b>
<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	\$ _____ \$ _____ \$ _____

**Questions? Call us at 312 755 8889 or 312 755 8880**

Please fax or e-mail your completed form to the MBDA Business Center – Chicago at 312 755 8891 or [gjones@chicagombdcenter.com](mailto:gjones@chicagombdcenter.com)



### PHOENIX DATABASE MINORITY ENTERPRISE CERTIFICATION

"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."

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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.

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Signature Print Name Date

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**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 to contract opportunities and capital sources (i.e., loans, equity, bonding, etc.). In addition, MBDA assists 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; \_\_business match-making; \_\_contract opportunity sourcing; \_\_capital sourcing; \_\_ and/or other services \_\_\_\_\_.

**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 outcomes(s) based on the services provided to the client by MBDA and/or MBDA Business Centers, (d) provide documentary verification to MBDA and/or MBDA Business Centers for transactions resulting from services provided pursuant to this engagement.

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, Hispanics, Asian and Pacific Islander Americans, Native Americans (including Alaska Natives, Alaska Native Corporations and Tribal entities), Asian Indians and Hasidic Jews. See 15 CFR § 1400.1. Information provided by the client to MBDA and MBDA Business Centers will remain confidential. MBDA and MBDA Business Centers will take reasonable action to restrict access to such information by non-government entities. All information will remain confidential to the fullest extent of the law. In providing services to clients, MBDA does not guarantee any particular outcome or business decision on behalf of third parties and is not liable for any outcomes or business decisions made by third parties.

Print Name: \_\_\_\_\_  
Authorized Client Representative

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

Print Name: \_\_\_\_\_  
MBDA and/or MBDA Business Center Representative

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

COMPANY CONTACT INFORMATION:

Company	_____
Contact, Title	_____
Address	_____
City, State, Zip	_____
Telephone	_____
Email	_____