Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Thalia Amador</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>1st</u> day of <u>August</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Signature

Thalia Amador

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

(614) 287-2338

SBDC

Signature

Michael Bowers

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and Mike Bowers (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this 1st day of August, 2018 by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

Phone:

(614) 287-5509

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

SBDC

Signature

Signature

Mike Bowers
Printed Name

Michael Bowers
Printed Name

Address:

320 N Grant Ave
Columbus, OH 43215

Columbus, OH 43215

the sales of an

Phone:

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
Wesley Giles (hereinafter the 'STAFF COUNSELOR'.) The agreement is		
made and entered into thisf: of day of November, 2018 by and between the SBDC and		
STAFF COUNSELOR, who agrees to render services for the SBDC.		
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR SBDC		
Signature Signature		
Printed Name Wesley 6:1es Printed Name MicHAEL Bowers		
Address 3738 Bay bridge Ln Address 320 A GRANT		
Dublin OH, 43016 cocomsos, oil		

and the second of the second o

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Kevin Hammond</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>1st</u> day of <u>August</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Signature

Kevin Hammond Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

(614) 287-2553

SBDC

Signature

Michael Bowers
Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Ellen Harvey</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>16th</u> day of <u>April</u>, <u>2019</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.

SBDC

3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

and the same of th

STAFF COUNSELOR

Signature

Signature

Ellen Harvey Michael Bowers
Printed Name Printed Name

Address: Address:

320 N Grant Ave Columbus, OH 43215 Columbus, OH 43215

Phone:

Phone:

<u>(614) 287-5294</u> <u>(614) 287-5509</u>

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Jerome Jones</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>1st</u> day of <u>August</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Signature

Jerome Jones
Printed Name

Address:

320 N Grant Ave Columbus, OH 43215

Phone:

(614) 287-5543

SBDC

Signature

Michael Bowers
Printed Name

Address:

320 N Grant Ave Columbus, OH 43215

and Marchal Phone:

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Jeanne Keenan</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>9th</u> day of <u>October</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

STAFF COUNSELOR

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.

SBDC

3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

Janne Yseenan	25.3
Signature	Signature
<u>Jeanne Keenan</u> Printed Name	Michael Bowers Printed Name
Address: 6559 Wild Rose Ln Westerville, OH 43082	Address; 320 N Grant Ave Columbus, OH 43215
Phone: (740) 502-2999	Phone: (614) 287-5509

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Sianiris Lopez Velazquez</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>16th</u> day of <u>October</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Signature -

Sianiris Lopez Velazquez

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

(614) 287-5294

SBDC

Signature

Michael Bowers

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Barb Parknavy</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>1st</u> day of <u>August</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Signature

Barb Parknavy Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

(614) 287-2553

SBDC

Signature

Michael Bowers

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>David Rivers</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>9th</u> day of <u>October</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Signature

David Rivers

Printed Name

Address:

8443 Kiernan Dr

New Albany, OH 43054

Phone:

<u>(614) 736-5157</u>

SBDC

Signature

Michael Bowers

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

Form 250A

AGREEMENT between the Small Business Development Center (heremafter "SBDC") and <u>Connie Spruill</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>1st</u> day of <u>August</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- Accept fees or commissions from the SBDC client for my services as STAFF COUNSLLOR.
- Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSCLOR, understand that I will:

- Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HERLOF, the parties affix their signatures on the day above written.

STAFF-COUNSELOR

Signature

Conne Sproill

Printed Name

Address:

7547 Bruns Ct

Canal Winchester, OH 43110

Phone:

[614] 325-5452

CRO

Signature

Michael Bowers

ś

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

Form, 250A:

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and Nancy Stoll (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this 1st day of August, 2018 by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR SBDC Signature Signature Nancy Stoll Michael Bowers Printed Name Printed Name Address: Address: 320 N Grant Ave 320 N Grant Ave Columbus, OH 43215 Columbus, OH 43215 Phone: Phone: (614) 287-5530 (614) 287-5509

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Bruce Walters</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>1st</u> day of <u>August</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR	SBDC
Buallalter	73
Signature	Signature
Bruce Walters Printed Name	Michael Bowers Printed Name
Address: 320 N Grant Ave Columbus, OH 43215	Address: 320 N Grant Ave Columbus, OH 43215
Phone: (614) 287-5294	Phone: (614) 287-5509

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and <u>Tonya Wilson</u> (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this <u>1st</u> day of <u>August</u>, <u>2018</u> by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

ing which o

STAFF COUNSELOR

Signature

Tonya Wilson Printed Name

Address:

320 N Grant Ave Columbus, OH 43215

Phone:

(614) 287-5335

SBDC

Signature

Michael Bowers

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and Roberta Winch (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this 1st day of August, 2018 by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Signature

Roberta Winch

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

(614) 287-3850

SBDC

Signature

Michael Bowers

Printed Name

Address:

320 N Grant Ave

Columbus, OH 43215

Phone:

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and _____

_____(hereinafter the 'STAFF COUNSELOR'.) The agreement is

Charles R. Chambers

made and entered into this 31 day of JANUARY, 2019 by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for the SBDC.	
I as STAFF COUNSELOR, understand that I will not	
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 	
I as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. IN WITNESS HEREOF, the parties affix their signatures on the day above written.	
Signature Charles R. Chamber Signature Signatu	
Phone (1 0 0 0 0 1)	

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and _____

_____(hereinafter the 'STAFF COUNSELOR'.) The agreement is

Charles R. Chambers

made and entered into this 31 day of JANUARY, 2019 by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for the SBDC.	
I as STAFF COUNSELOR, understand that I will not	
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 	
I as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. IN WITNESS HEREOF, the parties affix their signatures on the day above written.	
Signature Charles R. Chamber Signature Signatu	
Phone (1 0 0 0 0 1)	

STAFF COUNSELOR AGREEMENT Form 250A

OLEDO SBOC #21

Phone 419-293-8191

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and (hereinafter the 'STAFF COUNSELOR'.) The agreement is made and entered into this DANUAR, 2019 by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC. I as STAFF COUNSELOR, understand that I will not: Recommend the purchase of goods and/or services, which I have an interest in or represent. 1. Accept fees or commissions from third parties who have supplied goods and/or services on my 2. recommendation to the SBDC client. 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. I as STAFF COUNSELOR, understand that I will: Agree to hold strictly confidential all information obtained during the course of my engagement 1. with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining 3. to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 4. IN WITNESS HEREOF, the parties affix their signatures on the day above written. STAFF COUNSELOR Signature Printed Name 4/14

STAFF COUNSELOR AGREEMENT
Form 250A
TOLEDO SBOC #21

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
William Wersell (hereinafter the 'STAFF COUNSELOR'.) The ag	reement is	
made and entered into this $\frac{97H}{4}$ day of $\frac{34N}{4}$, $\frac{2019}{4}$ by and between the SE	3DC and	
STAFF COUNSELOR, who agrees to render services for the SBDC.		
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining 		
to the business of my client 4. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that	_	
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Signature Signature Signature Signature	Wash.	
Printed Name WILLIAM WENSELL Printed Name THOMAS T. WALSH		
Address 300 MADISON AVE. Address 300 MADIS	604 AVE	
Phone 419-243-8191 Phone 419-243-8	191	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and ______

FORM 250A #21

The state of the s	leur ceurei (Heielliaitel, 2BDC,) aug
Sul which (hereinaft	er the 'STAFF COUNSELOR'.) The agreement is
made and entered into this day of	<u>სიი</u> , <u>2019</u> by and between the SBDC and
STAFF COUNSELOR, who agrees to render services	
I as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or service. Accept fees or commissions from third parties wherecommendation to the SBDC client. Accept fees or commissions from the SBDC client. Accept the private engagement of my services at to, the term of my engagement as STAFF COUN permission of the SBDC subcenter director. 	o have supplied goods and/or services on my for my services as STAFF COUNSELOR.
I as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 	
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.
Signature Gue Swint Printed Name Sul Wincht Address 300 Madison Hul Suite Toledo, Ott 43604 Phone 419-243-8191	Signature Milliam MERSECC Printed Name WILLIAM WERSECC Address 300 MADISON AUS SUITE 30 TOLE DO, 0410 43604 Phone 419-273-8191

made and entered into this _____ day of ______ day of ______ by and between the SBDC and

FORM 250A TOLEDO SBOC 2/

STAFF COUNSELOR, who agrees to render services	for the SBDC.	
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or service. Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client. Accept the private engagement of my services at to, the term of my engagement as STAFF COUN permission of the SBDC subcenter director. 	t for my services as STAFF COUNSELOR.	
l as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
	2	
Signature Printed Name Address 300 Marison Ale	Signature Malleon Messall Printed Name William WESSALC Address 300 MADISON AVESUITE 200	
811+ 200, Tokad Onio 4stollo	TOLEDO, OHIO 43604	
Phone (4(9):243.8(9)	Phone 419-243-8191	

STAFF COUNSELOR AGREEMENT Form 250A

OLENO SBOC AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and (hereinafter the 'STAFF COUNSELOR'.) The agreement is made and entered into this 2019 by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC. I as STAFF COUNSELOR, understand that I will not: Recommend the purchase of goods and/or services, which I have an interest in or represent. 1. Accept fees or commissions from third parties who have supplied goods and/or services on my 2. recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. 3. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. I as STAFF COUNSELOR, understand that I will: Agree to hold strictly confidential all information obtained during the course of my engagement 1. with the client. 3. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client 4. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. IN WITNESS HEREOF, the parties affix their signatures on the day above written. **STAFF COUNSEL** Signature **Printed Name**

Phone 419-243-8191

ACREMENT Is the second of the Park of the		
AGREEMENT between the Small Business Developmer Pam Aldrich (hereinafte	er the "STAFF COUNSELOR"). The agreement is	
made and entered into this 20th day of February		
SBDC and STAFF COUNSELOR, who agrees to render se		
Subject and STATE COUNSELON, who agrees to render se	ervices for the SBDC.	
I, as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or service	es, which I have an interest in or represent.	
2. Accept fees or commissions from third parties who	have supplied goods and/or services on my	
recommendation to the SBDC client.		
3. Accept fees or commissions from the SBDC client f	or my services as STAFF COUNSELOR.	
4. Accept the private engagement of my services at a		
the term of my engagement as STAFF COUNSELOR	with an SBDC client without express permission	
of the SBDC subcenter director.		
I, as STAFF COUNSELOR, understand that I will:		
Agree to hold strictly confidential all information or	btained during the course of my engagement with	
the client.	,	
2. Agree to reveal promptly to the client all significan	t matters that come to my attention pertaining to	
the business of my client.	,	
3. Acknowledge receipt of the SBDC guidelines, and a	gree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.	
STAFF COUNSELOR	SBDC	
Signature Pamelle J. Oldich Signature Welling A.		
Printed Name Pam Aldrich	Printed Name Bill Auxter	
Address 2830 Napoleon Road	Address 2830 Napoleon Road	
Fremont, Ohio 43420	Fremont, Ohio 43420	
Phone 419-559-2411	Phone 419-559-2210	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
William D. Auxter, CBA (hereinat	fter the 'STAFF COUNSELOR'.) The agreement is	
made and entered into this1st day of _October	y, 2017 by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services	for the SBDC.	
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Signature White Signature Signature Signature Signature Signature		
Printed Name William D. Auxter	Printed Name Ellen Wardzala	
Address 2830 Napoleon Road	Address 2830 Napoleon Road	
Fremont, Ohio 43420	Fremont, Ohio 43420	
Phone 419-559-2210	Phone 419-559-2408	

VOLUNTEER FORM 250

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and

The J. Conklin Company, LLC dba J. Conklin Consulting (hereinafter the "VOLUNTEER".) The agreement is

made and entered into this ______ 1st ____ day of __October ______, __2017 ____ by and between the SBDC and

VOLUNTEER, an independent contractor, who agrees to render services as a consultant for the SBDC.

I as VOLUNTEER, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent:
- Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as VOLUNTEER.
- Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as VOLUNTEER with an SBDC client without express permission of the SBDC subcenter director.

I as VOLUNTEER, understand that I will:

- Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- Agree to remain as a contracted vendor of the SBDC on each assigned case until said case is terminated by the SBDC in writing, at which time both client and VOLUNTEER will receive written notice:
- 3. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client
- 4. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

It is agreed that if I desire to terminate this contacted relationship with the client, that intention must be stated in writing to the SBDC administrator whose signature is affixed to this agreement. This written statement of intent must be received and acknowledged by the same SBDC administrator before any further contact is made by client and VOLUNTEER.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

VOLUNTEER Signature	SBDC Signature
Jason S. Conklin	William D. Auxter
Printed Name	Printed Name
1550 North State Route 590	2830 Napoleon Road
Address	Address
Gibsonburg, Ohio 43431	Fremont, Ohio 43420
419-680-4026	419-559-2210
Phone	Phone

	AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and
	and STAFF COUNSELOR, who agrees to render services for the SBDC.
	I, as STAFF COUNSELOR, understand that I will not:
	 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
	3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
	 Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.
	I, as STAFF COUNSELOR, understand that I will:
	 Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 4	2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
3	3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.
I	N WITNESS HEREOF, the parties affix their signatures on the day above written.
1	TAFF COUNSELOR SBDC Center: #
i	ignature Isu Belle signature Isla Selle
r	rinted Name Lisa Decher Printed Name Lisa Becher
C	Telegraph Off 435b Address 2000 ST RT34
1	one 419-980-8340 Phone 419-267. 1361
*	

	AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and
	and STAFF COUNSELOR, who agrees to render services for the SBDC.
	I, as STAFF COUNSELOR, understand that I will not:
	 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
	3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
	 Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.
	I, as STAFF COUNSELOR, understand that I will:
	 Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
	2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
3	3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.
I	N WITNESS HEREOF, the parties affix their signatures on the day above written.
1	TAFF COUNSELOR SBDC Center: #
i	ignature Isu Belle signature Isla Selle
r	rinted Name Lisa Decher Printed Name Lisa Becher
C	Telegraph Off 435b Address 2000 ST RT34
1	one 419-980-8340 Phone 419-267. 1361
*	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.	
STAFF COUNSELOR Signature Ray Lla Brown Printed Name Tray Alan Brown Address 1120-6 6/9 runned Rd. WAPA (Consta, Ohior 40795) Phone 419-301-66/	Signature La recom A Poscon Printed Name Kathleen A. Keller Address 4340 Campus Dr KH 133 Lima, OH 45804	

AGREEMENT between the Small Business Developme		
Todd Fleagle (hereinafi	ter the "STAFF COUNSELOR"). The agreement is	
made and entered into this And day of Jana	2019 by and between the SBDC	
and STAFF COUNSELOR, who agrees to render service	es for the SBDC.	
I, as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or service	es, which I have an interest in or represent.	
Accept fees or commissions from third parties wherecommendation to the SBDC client.	to have supplied goods and/or services on my	
3. Accept fees or commissions from the SBDC client	for my services as STAFF COUNSELOR.	
4. Accept the private engagement of my services at	any time during, or within 90 days subsequent to, the	
term of my engagement as STAFF COUNSELOR wi	th an SBDC client without express permission of the	
SBDC subcenter director.		
I, as STAFF COUNSELOR, understand that I will:		
Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
	at mathers that some to an attention	
the business of my client.	2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client	
3. Acknowledge receipt of the SBDC guidelines, and	agree to abide by all provisions of that policy	
	age of the ablied by an provisions of that pointy.	
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.	
STAFF COUNSELOR	SBDC Center: Rhodes State College #31	
Signature Toda Klenelle	Signature Variation of Joseph	
Printed Name Topo Fleagle	Printed Name Kaller A. Keller	
Address 1001 West. Spaing	Address 4240 Campus Dr	
ST. MATUS, 8410 45885		
Phone <u>419-305-1490</u>	Phone 419-995-8184	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and			
I, as STAFF COUNSELOR, understand that I will not:			
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who recommendation to the SBDC client. 			
 Accept fees or commissions from the SBDC client for Accept the private engagement of my services at an term of my engagement as STAFF COUNSELOR with SBDC subcenter director. 	ny time during, or within 90 days subsequent to, the		
I, as STAFF COUNSELOR, understand that I will:	I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information of the client. 	otained during the course of my engagement with		
Agree to reveal promptly to the client all significant the business of my client.	matters that come to my attention pertaining to		
3. Acknowledge receipt of the SBDC guidelines, and ag	gree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.			
STAFF COUNSELOR	SBDC Center: Phodes State College# 31		
Signature a gleen of Police	Signature James and Asola		
Printed Name Kathleen A. Keller	Printed Name Kathken A Keller		
Address 4240 Campus Dr. KH133	Address 4240 Campus Dr. KH133		
~ ~	Lime Of 45804		
Phone 419-995-8184	Phone 419-995-8184		

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and
I, as STAFF COUNSELOR, understand that I will not:
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.
I, as STAFF COUNSELOR, understand that I will:
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. IN WITNESS HEREOF, the parties affix their signatures on the day above written.
STAFF COUNSELOR Signature Kothy Kull Signature Fair College 31 Signature Fair College 31
Address 4240 Campus Do, KH 143 Address 4240 Campus Do KH 133 Lima, OH 45804 Lima, OH 45804
Phone 419-995-8464 Phone 419-995-8184

AGREEMENT between the Small Business Developm	ent Center (hereinafter "SBDC") and
Lan Sheaffer (hereina)	ter the "STAFF COUNSELOR"). The agreement is
made and entered into this and day ofday	2019 by and between the SRDC
and STAFF COUNSELOR, who agrees to render service	es for the SBDC.
I, as STAFF COUNSELOR, understand that I will not:	
Recommend the purchase of goods and/or service	cas which I have an interest in community
Accept fees or commissions from third parties where the second recommendation to the SBDC client.	no have supplied goods and/or services on my
Accept fees or commissions from the SBDC client	for much land of CTAFF CO. LLOS
4. Accept the private engagement of my samises at	any time during, or within 90 days subsequent to, the
term of my engagement as STAFE COLLINGTI OD	any time during, or within 90 days subsequent to, the
SBDC subcenter director.	ith an SBDC client without express permission of the
I, as STAFF COUNSELOR, understand that I will:	
Agree to hold strictly confidential all information	obtained during the course of my engagement with
tne client.	
2. Agree to reveal promptly to the client all significant	nt matters that come to my attention pertaining to
the business of my client.	
3. Acknowledge receipt of the SBDC guidelines, and	agree to abide by all provisions of that policy
	, , , , , , , , , , , , , , , , , , , ,
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.
STAFF COUNSELOR	SBDC Center: Pholes State College # 31
1/2 5/211	July July July # 31
Signature Man Sheaffs	Signature Sur A Solow
Printed Name Dan Sheaffer	Printed Name Kathlean A Keller
13 6 M 1 C = 1	1
Address 123 E Main Cross St	Address Hato Campus De KH133
Findlay, OH 45840	Lina Of 45804'
Phone 419-422-3313	Phone 49-995-8184

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
Kob Alexander (hereinafter the "STAFF COUNSELOR"). The agreement is		
made and entered into this 4th day of Janua	/	
and STAFF COUNSELOR, who agrees to render services f	or the SBDC.	
I, as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or services,	which I have an interest in or represent.	
2. Accept fees or commissions from third parties who have supplied goods and/or services on my		
recommendation to the SBDC client.		
3. Accept fees or commissions from the SBDC client fo		
4. Accept the private engagement of my services at an		
term of my engagement as STAFF COUNSELOR with	an SBDC client without express permission of the	
SBDC subcenter director.		
I, as STAFF COUNSELOR, understand that I will:		
1. Agree to hold strictly confidential all information ob	tained during the course of my engagement with	
the client.		
2. Agree to reveal promptly to the client all significant	matters that come to my attention pertaining to	
the business of my client.		
3. Acknowledge receipt of the SBDC guidelines, and ag	ree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures o	n the day above written.	
STAFF COUNSELOR	SBDC Center: 043 #	
Ana D.	MAGE	
Signature Signature 700		
Printed Name Rob Alexander Printed Name Richard Valentine		
Address 1140 Meadow Lark Dr.	Address 100 S. Line for St. Svitz 4	
Enon, OH 45323	Springfield Off 45302	
Phone (937) 845-1333 Phone 937-322-787		
1110110		

AGREEMENT between the Small Business Developmen	nt Center (hereinafter "SBDC") and
	er the "STAFF COUNSELOR"). The agreement is
made and entered into this 320 day of VAnue	area, 2019 by and between the SBDC
and STAFF COUNSELOR, who agrees to render service:	s for the SBDC.
1, as STAFF COUNSELOR, understand that I will not:	
1. Recommend the purchase of goods and/or services, which I have an interest in or represent.	
Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.	
3. Accept fees or commissions from the SBDC client	for my services as STAFF COUNSELOR.
Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.	
I, as STAFF COUNSELOR, understand that I will:	
1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.	
2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.	
3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.
STAFF COUNSELOR	SBDC Center: 043 #
Signature Mach Treating	Signature Andrew
Printed Name MARK V. KEATING	Printed Name Rob Alexander
Address 120 DOVER RC	
SpringField Ohio 45504	Spring Ridd, OH 45502
Phone <u>937-671-6811</u>	Phone 937-322-7821

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
Charles Moorman (hereinafter the 'STAFF COUNSELOR'.) The agreement is		
made and entered into this 194 day of 501, 2018 by and between the SBDC and		
STAFF COUNSELOR, who agrees to render services for the SBDC.		
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. 		
2. Accept fees or commissions from third parties who have supplied goods and/or services on my		
recommendation to the SBDC client.		
3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.		
4. Accept the private engagement of my services at any time during, or within 90 days subsequent to,		
the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.		
of the 3550 suscenter director.		
Les STAFF COUNCELOR and device delicated 196		
I as STAFF COUNSELOR, understand that I will:		
1. Agree to hold strictly confidential all information obtained during the course of my engagement		
with the client.		
3. Agree to reveal promptly to the client all significant matters that come to my attention pertaining		
to the business of my client 4. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
4. Acknowledge receipt of the 350c guidelines, and agree to ablue by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
1.17		
404>		
STAFF COUNSELOR SBDC		
Signature Signature Signature		
Signature Signature Signature Signature		
Printed Name Rob Alexander Printed Name Checles L. Mook man		
Address 100 5 Linestone St. #411 Address 3744 Marchella Bal		
Springfield, OH 45502 Spring fital, Ch. 45502		
622 222 2224		
Phone		

A CONTRACTOR AND A SHARE AND A	A Contact (housingfor #EBDC!) and			
AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and				
	made and entered into this 9th day of December, 2018 by and between the SBDC and			
STAFF COUNSELOR, who agrees to render services for	the SBDC.			
I as STAFF COUNSELOR, understand that I will not:				
 Recommend the purchase of goods and/or service Accept fees or commissions from third parties where the purchase of goods and/or service 				
recommendation to the SBDC client. 3. Accept fees or commissions from the SBDC client	for my services as STAFF COUNSELOR.			
4. Accept the private engagement of my services at	any time during, or within 90 days subsequent to, R with an SBDC client without express permission			
I as STAFF COUNSELOR, understand that I will:				
Agree to hold strictly confidential all information with the client.	obtained during the course of my engagement			
 Agree to reveal promptly to the client all significated to the business of my client 	nt matters that come to my attention pertaining			
4. Acknowledge receipt of the SBDC guidelines, and	agree to abide by all provisions of that policy.			
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.			
	·			
	EDDC.			
STAFF COUNSELOR	SBDC			
Signature Packul Both	Signature			
Printed Name <u>Rachael Baker</u>	Printed Name Rob Alexander			
Address 3428 N. Houston Pk South Vienna OH 45369	Address 100 5 Limestane St. Ske 411 Springfield, OH 45802			
Phone <u>431.999-7726</u>	Phone 937-322-782/			
·				

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and			
	Seth Evans (hereinafte	er the 'STAFF COUNSELOR'.) The agreement is	
made	and entered into this <u>11</u> day of <u>Februa</u>	ry, by and between the SBDC and	
STAF	F COUNSELOR, who agrees to render services for	the SBDC.	
I as S	TAFF COUNSELOR, understand that I will not:		
	Recommend the purchase of goods and/or service		
	Accept fees or commissions from third parties wh recommendation to the SBDC client.	no have supplied goods and/or services on my	
	Accept fees or commissions from the SBDC client	for my services as STAFF COUNSELOR.	
	the term of my engagement as STAFF COUNSELO of the SBDC subcenter director.	R with an SBDC client without express permission	
1	of the 35DC subteffice director.		
I as S	TAFF COUNSELOR, understand that I will:		
	Agree to hold strictly confidential all information with the client.	obtained during the course of my engagement	
	. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client		
4.	Acknowledge receipt of the SBDC guidelines, and	agree to abide by all provisions of that policy.	
IN W	IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
, , , , , , , , , , , , , , , , , , ,			
	F COUNSELOR	SBDC Q	
Signa	ature Lith Sin En	Signature	
Print	ed Name <u>Seth Evans</u>	Printed Name Rob Alexander	
Addr	ess <u>3645 Madrid St</u> Springfield, OH 45502	Address 100 S Limestone St. Ste 41 Springfield, OH YSSOZ	
Phon	ne 614-296-1988	Phone 937-322-7824	

AGI	REEMENT between the Small Business Developme	nt Center (hereinafter "SBDC") and	
Ŀ		er the 'STAFF COUNSELOR'.) The agreement is	
mad	de and entered into this <u>19</u> day of <u>Sept</u>	, 2018 by and between the SBDC and	
	AFF COUNSELOR, who agrees to render services for		
l as	STAFF COUNSELOR, understand that I will not:		
1. 2. 3.	Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.		
4.			
l as	STAFF COUNSELOR, understand that I will:		
1.	Agree to hold strictly confidential all information with the client.	obtained during the course of my engagement	
3.	Agree to reveal promptly to the client all significate to the business of my client	ant matters that come to my attention pertaining	
4.	Acknowledge receipt of the SBDC guidelines, and	l agree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures on the day above written.			
STA	AFF COUNSELOR	SBDC	
Sign	nature Alla State	Signature Aller	
Prin	nted Name Kichand G Slark	Printed Name Rob Alexander	
Add <u>\$7</u>	Address 1631 Crestury Dr Address 100 5 Linestone St. #4 SPT. Ohio 45504 Springfield, OH 45502		
Pho	one <u>937- 408-8962</u>	Phone 937-322-782/	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
Kenn Steided (hereinafter the 'STAFF COUNSELOR'.) The agreement is		
(hereinafter the 'STAFF COUNSELOR'.) The agreement is made and entered into this 26 day of 54pt, 2018 by and between the SBDC and		
STAFF COUNSELOR, who agrees to render services for the SBDC.		
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
Las STAFF COUNSELOR, understand that Lwill:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. 		
 Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client 		
4. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR SBDC		
Signature Kuffer Signature Bufes		
Printed Name Kevin 5 Sterdel Printed Name Rob Alexander		
Address 5199 SLATEY HOLOW Address 100 S. Linestone St. Ste 41 Columbus OH 43220 Springfield OH 45502		
Phone 573-331-1919 Phone 937-322-7821		

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
Thomas Miller (hereinafte		
made and entered into this 15 h day of Februa	y 2019 by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for		
I as STAFF COUNSELOR, understand that I will not:		
	o have supplied goods and/or services on my	
I as STAFF COUNSELOR, understand that I will:		
Agree to hold strictly confidential all information with the client.	obtained during the course of my engagement	
 Agree to reveal promptly to the client all significated to the business of my client 	Agree to reveal promptly to the client all significant matters that come to my attention pertaining	
4. Acknowledge receipt of the SBDC guidelines, and	agree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR	SBDC	
Signature 2007	Signature Andrews	
Printed Name Threes Miller	Printed Name Rob Alexander	
Address 602 S Forball Alle Spatianfield, OH, 45506	Address 100 S. Limestone St. Ste 411 Springfield, OH 45502	
Bhana 740 -857-5/22	Phone 937.322-782/	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
Nancy Padra Thibeaul thereinafter		
made and entered into this 19 day of Sept	2018 by and between the SBDC and	
•		
STAFF COUNSELOR, who agrees to render services for t	ne SBDC.	
I as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or service	s, which I have an interest in or represent.	
2. Accept fees or commissions from third parties who	o have supplied goods and/or services on my	
recommendation to the SBDC client. 3. Accept fees or commissions from the SBDC client f	or my services as STAFF COLINSFLOR	
Accept the sol commissions from the Sabe client? Accept the private engagement of my services at a	-	
the term of my engagement as STAFF COUNSELOR	with an SBDC client without express permission	
of the SBDC subcenter director.		
I as STAFF COUNSELOR, understand that I will:		
Agree to hold strictly confidential all information of with the client.	btained during the course of my engagement	
3. Agree to reveal promptly to the client all significan	nt matters that come to my attention pertaining	
to the business of my client4. Acknowledge receipt of the SBDC guidelines, and a	agree to shide by all provisions of that policy	
4. Acknowledge receipt of the 300c guidelines, and a	agree to abide by all provisions of that policy.	
Ave B. Charles of a		
IN WITNESS HEREOF, the parties affix their signatures of	n the day above written.	
S-4-2-		
	# 043	
STAFF COUNSELOR	SBDC	
Signature Co. No.	Signature	
Printed Name Dancy & Ribeault	Printed Name Rob Alexander	
Address 5072 Snyder Doner	Address 100 S Limestone St. #411	
Opting tield OH 45500	Springfield, OH 45502	
Phone 937.206-2618	Phone 937-322-7821	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
I, as STAFF COUNSELOR, understand that I will not:		
	have supplied goods and/or services on my	
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR Signature // Valentine Printed Name Richard Valentine Address 648 Hillerest Dr Fourbarn, 014 45324 Phone 937-671-2026	SBDC Center: 043 # Signature Robert Alexander Printed Name Robert Alexander Address 100 5 Limestone St. Sk 411 Spring Rield, OH 45502 Phone 937-322-782/	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
<u> 人に出身では </u>		
made and entered into this day of	er 9 by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for the SBDC.		
I as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or services, which	•	
Accept fees or commissions from third parties who have supplied goods and/or services on my		
recommendation to the SBDC client. 3. Accept fees or commissions from the SBDC client for my set	rvices as STAFF COLINSFLOR	
the term of my engagement as STAFF COUNSELOR with an		
of the SBDC subcenter director.		
l as STAFF COUNSELOR, understand that I will:		
1. Agree to hold strictly confidential all information obtained	during the course of my engagement	
with the client.		
Agree to reveal promptly to the client all significant matters that come to my attention pertaining		
to the business of my client 4. Acknowledge receipt of the SBDC guidelines, and agree to a	abide by all provisions of that policy.	
4. Acknowledge receipt of the 3000 galacinias, and agree to ablae by an provisions of that pointy.		
IN WITNESS HEREOF, the parties affix their signatures on the day	y above written.	
STAFF COLLARSELOD SPDC		
STAFF COUNSELOR SBDC		
Signature Richard in Lolin Signature	re gree	
Printed Name Rob Alexander		
Address 1922 W. MILE RURD Address 100 5 Linestone St.		
SPRINCFIELD, OHIO 45503	iring Bield, OH CONYSSOZ	
Phone 937 - 536 - 1/98 Phone 937 - 322 - 7821		

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and
I, as STAFF COUNSELOR, understand that I will not:
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.
I, as STAFF COUNSELOR, understand that I will:
1. Agree to hold strictly confidential all information obtained during the course of my engagement wit the client.
2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.
IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR Kathy May halek

Printed Name

Kathy Marshalek 714 E Monument Ave Dayton, OH 45402 937-531-6612

Signature

Printed Name

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and ARCETTE

7. GAUND DRA-CLOYAND STAN (hereinafter the 'STAFF COUNSELOR'.) The agreement is

made and entered into this ____ day of __OCTOFFE_, __OIB_ by and between the SBDC and

STAFF COUNSELOR, who agrees to render services for the SBDC.		
Las STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who have recommendation to the SBDC client. Accept fees or commissions from the SBDC client for the Accept the private engagement of my services at an to, the term of my engagement as STAFF COUNSI permission of the SBDC subcenter director. 	or my services as STAFF COUNSELOR. by time during, or within 90 days subsequent	
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Signature Address 1310 CRETCHEON DIE Diepon, OH 45420	Signature K.K. W. Printed Name Kim Woodburg Address 714 2. Wonwhert Au Dayton Oh 45402	
Phone <u>937-809-7488</u>	Phone 937 · 531 · 6615	

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and
Lekeish Grant (hereinafter the "STAFF COUNSELOR"). The agreement is
made and entered into this day of
SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR

Printed Name

Signature

LeKeisha Grant 714 E Monument Ave Dayton, OH 45402 937-281-0118 **SBDC**

Signature

Printed Name

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. 		
 Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I will:		
1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
 Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. 		
3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR SBDC		
Signature While Signature Khul		
Printed Name Printed Name		

Cynthia A Green

714 E Monument Ave Dayton, OH 45402

937-281-0118

Form 250A

¥ ma	REEMENT between the Small Business Development Center (hereinafter "SBDC") and		
l, a	as STAFF COUNSELOR, understand that I will not:		
1. 2.	Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.		
3. 4.	CTAFF COUNCELOR		
I, a	s STAFF COUNSELOR, understand that I will:		
1.	Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
2.	 Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. 		
3.	Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN	WITNESS HEREOF, the parties affix their signatures on the day above written.		
ST	AFF COUNSELOR SBDC		
(inted Name Signature Signature Printed Name		

Adrienne Heard 714 E Monument Ave Dayton, OH 45402 937-281-0118

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission 		
of the SBDC subcenter director. I, as STAFF COUNSELOR, understand that I will: 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client. 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written. STAFF COUNSELOR Signature Signature		

Printed Name

Mark Lankford 714 E Monument Ave Dayton, OH 45402 937-281-0118 Printed Name

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and Kim Person
of Designed to Organize, LLC (hereinafter the 'STAFF COUNSELOR'.) The agreement is
made and entered into this 5th day of January, 2019 by and between the SBDC and
STAFF COUNSELOR, who agrees to render services for the SBDC.

I as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3 Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I as STAFF COUNSELOR, understand that I will:

- Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 3 Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client
- 4. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

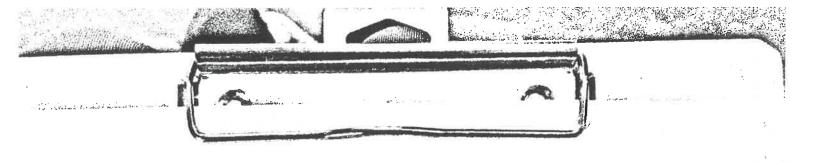
IN WITNESS HEREOF, the parties affix their signatures on the day above written.

STAFF COUNSELOR	SBDC
Signature Kim Potrat	Signature
Printed Name Kim Perro	Printed Name Kimberry K. Woodburg
Address 513 Nordale Avenue	Address 714 G. Monument
Dayton, Oh' 0 45420	Day m On 45322
Phone (937) 778-2953	Phone 957 531 6615

AGREEMENT between the Small	Business Development Center (hereinafter "SBDC') and		
Frank Pitts Jr	(hereinafter the 'STAFF COUNSELOR'.) The agreement is		
made and entered into this 28tl	h_day of November, 2018 by and between the SBDC and		
STAFF COUNSELOR, who agrees			
I as STAFF COUNSELOR, unders	stand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 			
I as STAFF COUNSELOR, unders	stand that I will:		
with the client. 3. Agree to reveal promptly to the business of my client	ntial all information obtained during the course of my engagement he client all significant matters that come to my attention pertaining SBDC guidelines, and agree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties	s affix their signatures on the day above written.		
Signature Signature	Signature Signature		
Printed Name Frank Pitts	Jr Printed Name Kimberly K., Woodbu		
Address 753 Hidden Vall Fairborn, Oh 45			
Phone(937) 818-0493	Phone 937-531-6615		

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Developmen	nt Center (hereinafter "SBDC") and HR Insiders LLC	
(hereinafter the 'STAFF COUNSELOR'.) The agreement is		
made and entered into this day of	6 20 18 by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for	r the SBDC.	
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Signature Cashing Condail	Signature Signature	
Printed Name Catherine Randall	Printed Name Kimberly K. Woodburn	
Address PC 80x 29221/ Address 714 E. Monument Ave		
Kolleing CH 45429	Dayton OH 45402	
Phone (937) 396-8000	Phone 937 531 6615	



STAFF COUNSELOR AGREEMEN* Form 2504

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
hereinafter th	e 'STAFF COUNSELOR'.) The agreement is	
made and entered into this day of		
STAFF COUNSELOR, who agrees to render services for the SBDC.		
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. 		
 Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
l as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obta with the client. 		
3 Agree to reveal promptly to the client all significant re	natters that come to my attention pertaining	
in a book and my diapt		
4. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures of	n the day above written.	
a /.		
STAFF COUNSELOR	SBDC 1111/	
Signature	Signature /	
Printed Name Emerging Spures	Printed Name <u>Fimberty K. Woodbury</u>	
Address 7/3 Vancouver of Address 7/4 & Minusel		
Middletown, OH 45044	Dayton On 45403	
Phone 5/32758535 Phone 937 531 6615		

Form 250A

1 1/2

AGREEMENT between the Small Business Development	Center (hereinafter "SBDC') and		
Kimberly Woodburg (hereinafter the 'STAFF COUNSELOR'.) The agreement is			
made and entered into this day of	E 208 by and between the SBDC and		
STAFF COUNSELOR, who agrees to render services for	the SBDC.		
l as STAFF COUNSELOR, understand that I will not:			
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 			
I as STAFF COUNSELOR, understand that I will:			
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 			
IN WITNESS HEREOF, the parties affix their signatures on the day above written.			
Signature Printed Name Address Kimberly Woodbury 714 E Monument Ave Dayton, OH 45402 937-281-0118	Signature White Address 714 & Hongament Ave Doyton, OH 45402		
Phone	Phone 937-281-0118		

VOLUNTEER FORM 250

	AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and			
	JAMES DANCHWER	_ (hereinafter the 'VOLUNTEER'.) The agreement is		
	made and entered into this, 544 day of /	by and between the SBDC and		
		agrees to render services as a consultant for the SBDC.		
		s agreed to remain dervices as a sembaltant for the GBB of		
	I as VOLUNTEER, understand that I will not:			
		or services, which I have an interest in or represent: I parties who have supplied goods and/or services on my		
	3. Accept fees or commissions from the SBI	DC client for my services as VOLUNTEER.		
	 Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as VOLUNTEER with an SBDC client without express permission of the SBDC subcenter director. 			
	I as VOLUNTEER, understand that I will:			
	Agree to hold strictly confidential all information the client.	rmation obtained during the course of my engagement with		
	2. Agree to remain as a contracted vend	lor of the SBDC on each assigned case until said case is		
	terminated by the SBDC in writing, at w notice;	hich time both client and VOLUNTEER will receive written		
	 Agree to reveal promptly to the client all the business of my client 	I significant matters that come to my attention pertaining to		
	Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.			
It is agreed that if I desire to terminate this contacted relationship with the client, that intention must be stated in writing to the SBDC administrator whose signature is affixed to this agreement. This written statement of intent must be received and acknowledged by the same SBDC administrator before any further contact is made by client and VOLUNTEER.				
IN WITNESS HEREOF, the parties affix their signatures on the day above written.				
<	VOLUNTEER	SBDC		
\	girif Runns			
	Signature S N/3 P S O	Signature		
_	Printed Name	Printed Name		
	4355 FENGOV DP			
	Address	Address		
Cirl LIVKY (how 45396				
	13-18 CHO-SONT			

Phone

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and			
I, as STAFF COUNSELOR, understand that I will not:			
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 			
I, as STAFF COUNSELOR, understand that I will:			
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 			
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.		
STAFF COUNSELOR Signature Man. Symbacher Printed Name Aimee Limbacher Address 4355 FERGUSON DR STE 150 CINCINNATI, OH 45245 Phone 513-576-5014	SBDC Center: CLERMONT COUNTY 51 # Signature WHATHEN D. VAN SANT Printed Name AMATHEN D. VAN SANT Address 4355 FERGUSON DR STE 150 CINCINNATI 1 OH 45245 Phone 513-576-5000		

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
made and entered into this 27 hday of DECEMBER 2018 by and between the SBDC		
and STAFF COUNSELOR, who agrees to render services for the SBDC.		
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. 		
3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.		
4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.		
i, as STAFF COUNSELOR, understand that I will:		
1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.		
3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR Signature John Meli Signature		
Printed Name TOHN MELVIN Printed Name MATTHEN D. VAN SANC		
Address 490 SHELLEY DR Address 4355 FERGUSON DR STEISO BATAVIA, OH 45163 CINCINNATI, OH 45245		
Phone 513-325-3842 (c) Phone 513-576-5000		

Confirmation of Confidentiality & Conflict of Interest SBDC STAFF

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
Joseph R Schieslee (hereinafter the 'STAFF'.) The agreement is		
made and entered into this		
STAFF COUNSELOR, an independent contractor, who agrees to render services as a consultant or volunteer for the SBDC.		
I as CONSULTANT understand that I will NOT:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent: Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. 		
 Accept fees or commissions from the SBDC client for my services as STAFF. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF with an SBDC client without express permission of the SBDC service center director. 		
as CONSULATANT understand that I will:		
1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client, as required by the Small Business Act and Criteria of the SBDC program.		
2. Agree to remain as a STAFF COUNSELOR of the SBDC on each assigned case until said case is terminated by the SBDC in writing, at which time both client and STAFF will receive written		
 notice; Agree to reveal promptly to the client and my service center director all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
It is agreed that if I desire to terminate this with the SBDC and the client, that intention must be stated in writing to the SBDC service center director whose signature is affixed to this agreement. This written statement of intent must be received and acknowledged by the same SBDC service center director before any further contact is made by client and Staff.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
TITLE SBOC WHAT WOOD		
Joseph R. Schiesler WHILEW VAN SAUT		
7333 HANSEN CT Printed Name Pri		
Maineville, OH 45039 CIUM OHI 45245		
513-582.5305 513-576-6003		
Phone Phone		

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Signature Maylald Saldarf Printed Name Loy (4 C Bolden) Address 17 Talley Sall (4 Florence V4 (104) Phone S13 - 549 - 7750	SBDC Center: UI Hamilton County 52 # Signature Charolette D. Harris Charolette D. Harris Printed Name Address 3458 Reading Road Cincinnati, Ohio 45229 Phone 513-487-1274	

 I, as STAFF COUNSELOR, understand that I will not: Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
 Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the 		
4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR SBDC Center: ULHamilton County # 52		
Signature Charolette D. Harris		
Printed Name LARRYR BROWN Printed Name Charolette D. Harris		
Address 1753 DANA AVE. Address 3458 Reading Road		
Address 1753 DANA AVE. CINCINNATI OH 45207 Cincinnati, Ohio 45229		
Phone 513 315, 3304 Phone 513-487-1274		

Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and Jilson R Daniels (hereinafter the "STAFF COUNSELOR"). The agreement is made and entered into this 19th day of October, 2018by and between the SBDC and STAFF COUNSELOR, who agrees to render services for the SBDC.

I, as STAFF COUNSELOR, understand that I will not:

- 1. Recommend the purchase of goods and/or services, which I have an interest in or represent.
- 2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.
- 3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.
- 4. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.

I, as STAFF COUNSELOR, understand that I will:

- 1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.
- 2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.
- 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.

IN WITNESS HEREOF, the parties affix their signatures on the day above written.

Signature

Signature

Signature

Signature

Signature

Charolette D. Harris

Printed Name

Charolette D. Harris

Address

Address

Address

Address

Address

Cincinnati, Ohio 45229

Phone

(513) 549 3076

Phone

SBDC Center: ULHamilton County 52 #

Signature

Charolette D. Harris

Charolette D. Harris

Address

Charolette D. Harris

Address

Address

Address

SBDC Center: ULHamilton County 52 #

Signature

Charolette D. Harris

Printed Name

Charolette D. Harris

Address

Address

Address

SBDC Center: ULHamilton County 52 #

Signature

Charolette D. Harris

Printed Name

Charolette D. Harris

Address

Address

Address

SHOC Center: ULHamilton County 52 #

Signature

Charolette D. Harris

Printed Name

Charolette D. Harris

Address

Address

Address

S458 Reading Road

Cincinnati, Ohio 45229

Phone

513-487-1274

Form 250A		
AGREEMENT between the Small Business Developmen Charolette D. Harris (hereinafte made and entered into this 19 day of October and STAFF COUNSELOR, who agrees to render services	r the "STAFF COUNSELOR"). The agreement is, 2018 by and between the SBDC	
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR Signature Charolette D. Harris Printed Name Charolette D. Harris Address 3458 Reading Road Cincinnati, Ohio 45229 Phone 513-487-1274	Signature Charolette D. Harris, Director Printed Name Charolette D. Harris, Director Address 3458 Reading Road Cincinnati, Ohio 45229 Phone 513-487-1155	
Phone 513-487-1274	Phone 513-487-1155	

AGREEMENT between the Small Business Development of the Small Business Dev	er the "STAFF COUNSELOR"). The agreement is
I, as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or services. Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client of the Accept the private engagement of my services at a term of my engagement as STAFF COUNSELOR with SBDC subcenter director. 	o have supplied goods and/or services on my
I, as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information of the client. Agree to reveal promptly to the client all significant the business of my client. Acknowledge receipt of the SBDC guidelines, and a 	t matters that come to my attention pertaining to
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.
STAFF COUNSELOR	SBDC Center: ULHamilton County 52
Signature All	Signature Charolette D. Harris
Printed Name Niurka Vanessa Sanches	Charolette D. Harris Printed Name
Address 440 E. Mc Millan St.	Address 3458 Reading Road
Cincinnati, OH 45206	Cincinnati, Ohio 45229
Phone <u>513-487-1155</u>	Phone513-487-1274

made and entered into this 15th day of april	er the "STAFF COUNSELOR"). The agree	
		een the SBDC
and STAFF COUNSELOR, who agrees to render services	s for the SBDC.	
l, as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or service	es, which I have an interest in or repres	ent.
 Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. 		
3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.		
4. Accept the private engagement of my services at a		equent to, the
term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the		
SBDC subcenter director.		
I, as STAFF COUNSELOR, understand that I will:		
1. Agree to hold strictly confidential all information of	obtained during the course of my engag	gement with
the client.		
2. Agree to reveal promptly to the client all significar	nt matters that come to my attention p	ertaining to
the business of my client. 3. Acknowledge receipt of the SBDC guidelines, and a	agree to abide by all provisions of that	policy.
y. Mentio Dicage (Coolp. o. the Doo generally and		•
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.	
,		
STAFF COUNSELOR	SBDC Center:	#
(Men)	Charaletta Da	# Harris
(Men)	Signature Charolette D. 1	-
Signature Lina R. MACOT Printed Name Tina R. MACOT	Charaletta Da	-
Signature Lina R. MACOT Address 1867 Crest No	Signature Charolette D. 9 Charolette D. Harr	is, Director
Printed Name TING R. MACOT	Signature Charolette D. 9 Charolette D. Harr Printed Name	is, Director
Signature Lina R. MACOT Printed Name Tina R. MACOT Address 1867 Crest No	Charolette D. Printed Name Address 3458 Reading Roa	is, Director

AG	REEMENT between the Small Business Development Center (hereinafter "SBDC") and		
ڪ ma	inde and entered into this day of cfob_er , Zoi8 by and between the SBDC		
	d STAFF COUNSELOR, who agrees to render services for the SBDC.		
I, a	s STAFF COUNSELOR, understand that I will not:		
1.	Recommend the purchase of goods and/or services, which I have an interest in or represent.		
2.	• • • • • • • • • • • • • • • • • • • •		
	recommendation to the SBDC client.		
	Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.		
4.	 Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
l, a	s STAFF COUNSELOR, understand that I will:		
1.	L. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
2.	 Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. 		
3.	Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN	WITNESS HEREOF, the parties affix their signatures on the day above written.		
<u>ST/</u>	AFF COUNSELOR SBDC Center: Mill 53 #		
Sig	nature Signature Color		
Pri	nted Name David Riggs Printed Name David Riggs		
Ad	dress 37 Jestry Dr Address 34 Jestray Dr		
_	Desard a 45056 Desard De. 45056		
Ph	one 513-289-1316 Phone 513-289-1316		

7.57		
AGREEMENT between the Small Business Developmen		
	er the "STAFF COUNSELOR"). The agreement is	
made and entered into this day of Octo		
and STAFF COUNSELOR, who agrees to render service	s for the SBDC.	
I, as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or service	es, which I have an interest in or represent.	
Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.		
3. Accept fees or commissions from the SBDC client	for my services as STAFF COUNSELOR.	
 Accept the private engagement of my services at a 	·	
	th an SBDC client without express permission of the	
SBDC subcenter director.	, ,	
I, as STAFF COUNSELOR, understand that I will:		
Agree to hold strictly confidential all information (obtained during the course of my engagement with	
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. 		
2. Agree to reveal promptly to the client all significan	nt matters that come to my attention pertaining to	
the business of my client.		
3. Acknowledge receipt of the SBDC guidelines, and	agree to abide by all provisions of that policy.	
IN WITNESS HEDEOE the nortice office their signatures	on the day chave written	
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.	
STAFF COUNSELOR	SBDC Center: / / (1/ 33 #	
Signature Sammu	Signature Val Right	
Printed Name Sangmi Kim	Printed Name David Riggs	
Carlo Hammarch 111		
Address Address		
Mouen 124 45040	0x50x & UL. 45056	
Phone 513-378-3415	Phone 513-289-1316	

AG	REEMENT between the Small Business Development Center (hereinafter "SBDC") and		
ڪ ma	inde and entered into this day of cfob_er , Zoi8 by and between the SBDC		
	d STAFF COUNSELOR, who agrees to render services for the SBDC.		
I, a	s STAFF COUNSELOR, understand that I will not:		
1.	Recommend the purchase of goods and/or services, which I have an interest in or represent.		
2.	• • • • • • • • • • • • • • • • • • • •		
	recommendation to the SBDC client.		
	Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.		
4.	 Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
l, a	s STAFF COUNSELOR, understand that I will:		
1.	L. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
2.	 Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. 		
3.	Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN	WITNESS HEREOF, the parties affix their signatures on the day above written.		
<u>ST/</u>	AFF COUNSELOR SBDC Center: Mill 53 #		
Sig	nature Signature Color		
Pri	nted Name David Riggs Printed Name David Riggs		
Ad	dress 37 Jestry Dr Address 34 Jestray Dr		
_	Desard a 45056 Desard De. 45056		
Ph	one 513-289-1316 Phone 513-289-1316		

7.57		
AGREEMENT between the Small Business Developmen		
	er the "STAFF COUNSELOR"). The agreement is	
made and entered into this day of Octo		
and STAFF COUNSELOR, who agrees to render service	s for the SBDC.	
I, as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or service	es, which I have an interest in or represent.	
Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.		
3. Accept fees or commissions from the SBDC client	for my services as STAFF COUNSELOR.	
 Accept the private engagement of my services at a 	·	
	th an SBDC client without express permission of the	
SBDC subcenter director.	, ,	
I, as STAFF COUNSELOR, understand that I will:		
Agree to hold strictly confidential all information (obtained during the course of my engagement with	
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. 		
2. Agree to reveal promptly to the client all significan	nt matters that come to my attention pertaining to	
the business of my client.		
3. Acknowledge receipt of the SBDC guidelines, and	agree to abide by all provisions of that policy.	
IN WITNESS HEDEOE the nortice office their signatures	on the day chave written	
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.	
STAFF COUNSELOR	SBDC Center: / / (1/ 33 #	
Signature Sammu	Signature Val Right	
Printed Name Sangmi Kim	Printed Name David Riggs	
Carlo Hammarch 111		
Address Address		
Mouen 124 45040	0x50x & UL. 45056	
Phone 513-378-3415	Phone 513-289-1316	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures of STAFF COUNSELOR Signature Printed Name Rebekah Brigano Address Warren Co (OH) SBDC 3525 N. State Route 48 Lebanon, OH 45036 Phone (513) 695-2090	Signature Michael States Printed Name Michael States Address Warren Co (OH) SBDC 3525 N. State Rowte 48 Phone Lebanon. OH 45036 513-934-4793	

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and			
(hereinafter the 'STAFF COUNSELOR'.) The agreement is			
made and entered into this 3 day of DEC: , 2018 by and between the SBDC and			
STAFF COUNSELOR, who agrees to render services for the SBDC.			
I as STAFF COUNSELOR, understand that I will not:			
Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.			
I as STAFF COUNSELOR, understand that I will:			
Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.			
IN WITNESS HEREOF, the parties affix their signatures on the day above written.			
Signature Signature Signature Muchau States			
Printed Name SILL SHULLER Printed Name Mchael Stater			
Address 10822 LAKEHURST CT. Address 3525 N. State Rt. 4 CINCINNATT, OHIO 45242 LEDANDN. DH 45036			
Phone 513. 225. 2400 Phone 513 - 934-4792			

STAFF COUNSELOR AGREEMENT Form 250A

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR Signature Live have State Signature Signature Signature		
Printed Name Michael Stater Printed Name Martin Russoll		
Address 3525 N. St. Rovte 48 Address 406 Justice Drive Le Danon, OH 45036 Le banon, OH 45036 Phone Phone Phone	.011	

513-695-2090

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR	SBDC Center: 5BDC @ AU #	
Signature Wichalm have	Signature Michalu Lang	
Printed Name Michalina Lacy	Printed Name Michalina Lacy	
Address 401 College Ave. Ashland of 44805	Address 401 College Ave. Ashland OH 44805	
Phone 419-631-8772	Phone 419-631-8772	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client for Accept the private engagement of my services at an term of my engagement as STAFF COUNSELOR with SBDC subcenter director. 	have supplied goods and/or services on my or my services as STAFF COUNSELOR. By time during, or within 90 days subsequent to, the	
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.	
	SBDC Center: 74 OSU Piketon # Signature Bal Bal Printed Name Brad Bapst Address 1864 Shyville Road Piketon OH 45661 Phone 740-289-2071	

AGREEMENT between the Small Business Development Cent BRAD BAPST (hereinafter the made and entered into this 4th day of January and STAFF COUNSELOR, who agrees to render services for the	'STAFF COUNSELOR"). The agreement is, _2019_by and between the SBDC
I, as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or services, white Accept fees or commissions from third parties who have recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my Accept the private engagement of my services at any time term of my engagement as STAFF COUNSELOR with an SSBDC subcenter director. 	supplied goods and/or services on my services as STAFF COUNSELOR. ne during, or within 90 days subsequent to, the
I, as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information obtains the client. Agree to reveal promptly to the client all significant mat the business of my client. Acknowledge receipt of the SBDC guidelines, and agree 	ters that come to my attention pertaining to
IN WITNESS HEREOF, the parties affix their signatures on the	e day above written.
Printed Name Brad Bapst Printed Name 1864 Shyville Rel. Piketon, OH 45661	nature Bal Bal Bapst Inted Name Brad Bapst Illustration OH 45661 The property of the proper

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.
I, as STAFF COUNSELOR, understand that I will:
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.
IN WITNESS HEREOF, the parties affix their signatures on the day above written.
STAFF COUNSELOR Signature Melissa Couter Printed Name Melissa Couter Address 1864 Shyville Rd. Piketon, OH 45661 Phone 740-289-2071 ext. 222 Phone 740-289-2071

AGREEMENT between the Small Business Development ASIEN PATRICE DONGET (hereinafter made and entered into this 44 day of Januar and STAFF COUNSELOR, who agrees to render services	the "STAFF COUNSELOR"). The agreement is,	
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client for the Accept the private engagement of my services at all term of my engagement as STAFF COUNSELOR with SBDC subcenter director. 	have supplied goods and/or services on my or my services as STAFF COUNSELOR. The ny time during, or within 90 days subsequent to, the	
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written	
STAFF COUNSELOR Signature Allew Parrier Denger Address	Signature Brad Bapst Printed Name Brad Bapst Address 1864 Shyville Road Piketon OH 45661	
Phone:	Phone	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client for Accept the private engagement of my services at an term of my engagement as STAFF COUNSELOR with SBDC subcenter director. 	have supplied goods and/or services on my or my services as STAFF COUNSELOR. By time during, or within 90 days subsequent to, the	
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.	
	SBDC Center: 74 OSU Piketon # Signature Bal Bal Printed Name Brad Bapst Address 1864 Shyville Road Piketon OH 45661 Phone 740-289-2071	

AGREEMENT between the Small Business Development Centures (hereinafter the made and entered into this 4th day of January and STAFF COUNSELOR, who agrees to render services for the	"STAFF COUNSELOR"). The agreement is,,by and between the SBDC
I, as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or services, wh Accept fees or commissions from third parties who have recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my Accept the private engagement of my services at any tir term of my engagement as STAFF COUNSELOR with an SBDC subcenter director. 	e supplied goods and/or services on my services as STAFF COUNSELOR. me during, or within 90 days subsequent to, the
I, as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 	
IN WITNESS HEREOF, the parties affix their signatures on th	e day above written.
Printed Name SRyan Mages Address Blaz Shyan Mages Address	nature Bal Bal nature Brad Bapst nted Name Brad Bapst dress 1864 Shyville Road Piketon OH 45661 740-289-2071

made and entered into this 4 day of and STAFF COUNSELOR, who agrees to render	er services for the SBDC.	
I, as STAFF COUNSELOR, understand that I w	ill not:	
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. 		
 Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I w	vill:	
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their s	signatures on the day above written.	
STAFF COUNSELOR Signature Ally Many A Printed Name Kully O'Bryan A Address 1864 Myulle Rd Pikhy Ut 45661 Phone 740 289 - 2071 ext 23	SBDC Center: 74 OSU Piketon # Signature Bal Bal Printed Name Brad Bapst Address 1864 Shyville Road Piketon OH 45661 Phone 740-289-2071	

AGREEMENT between the Small Business Development	the "STAFF COUNSELOR"). The agreement is	
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client for Accept the private engagement of my services at an term of my engagement as STAFF COUNSELOR with SBDC subcenter director. 	have supplied goods and/or services on my or my services as STAFF COUNSELOR. By time during, or within 90 days subsequent to, the	
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.	
STAFF COUNSELOR	SBDC Center: 74 OSU Piketon #	
Printed Name Chris Smalley Address 1864 Shyville Rd Pikcton of 45661 Phone 740-289-2071	Printed Name Brad Bapst Address 1864 Shyville Road Piketon OH 45661 Phone 740-289-2071	

AGREEMENT between the Small Business Development Mick Whitt (hereinafter	Center (hereinafter "SBDC") and the "STAFF COUNSELOR"). The agreement is	
made and entered into this 4 the day of Januar and STAFF COUNSELOR, who agrees to render services	by and between the SBDC	
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client for Accept the private engagement of my services at an experience of the private engagement of the services at an experience of the private engagement of the services at an experience of the private engagement of the services at an experience of the services at a service of the services at a service of the services at a servic	have supplied goods and/or services on my or my services as STAFF COUNSELOR. By time during, or within 90 days subsequent to, the	
term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.		
1, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.	
STAFF COUNSELOR	SBDC Center: 74 OSU Piketon #	
Signature Mil Little	Signature Bal By	
Printed Name Mick Whitt	Printed Name Brad BapSt	
Address 1864 Shywille Rd.	Address 1864 Shyville Road Piketon OH 45661	
Piketon, OH 45661 Phone 740-289-2071	Phone 740-289-2071	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, 		
the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Signature Terry L. Botions Printed Name Terry L. Botions Address 7700 Clocktower Kirtland, Oh 44094 Phone 440-525-7708 SBDC Signature Cathy Walsh Printed Name Cashy walsh Address Too Clocktower Kirtland, Ch 44094 Phone 440-525-7707		

ma	the state of the small Business Development Center (hereinafter "SBDC") and (hereinafter the "STAFF COUNSELOR"). The agreement is de and entered into this day of 2018_ by and between the DC and STAFF COUNSELOR, who agrees to render services for the SBDC.	
I, a	s STAFF COUNSELOR, understand that I will not:	
1. 2.	Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.	
	Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.	
I, a	STAFF COUNSELOR, understand that I will:	
1.	Agree to hold strictly confidential all information obtained during the course of my engagement with the client.	
2.	Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.	
3.	Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STA	SBDC SBDC	
Sigr	nature Chale Count (attell Signature Cathy Walsh	
	nature Angle Count (attell Signature Cathy Walsh Printed Name Cathy Walsh	
	Kintland, Oh 44094	
Pho	Phone 440-525-7706 Phone 440-525-7707	

ma	the state of the small Business Development Center (hereinafter "SBDC") and (hereinafter the "STAFF COUNSELOR"). The agreement is de and entered into this day of 2018_ by and between the DC and STAFF COUNSELOR, who agrees to render services for the SBDC.	
I, a	s STAFF COUNSELOR, understand that I will not:	
1. 2.	Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.	
	Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.	
I, a	STAFF COUNSELOR, understand that I will:	
1.	Agree to hold strictly confidential all information obtained during the course of my engagement with the client.	
2.	Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client.	
3.	Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STA	SBDC SBDC	
Sigr	nature Chale Count (attell Signature Cathy Walsh	
	nature Angle Count (attell Signature Cathy Walsh Printed Name Cathy Walsh	
	Kintland, Oh 44094	
Pho	Phone 440-525-7706 Phone 440-525-7707	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and		
made and entered into this day of	_	
SBDC and STAFF COUNSELOR, who agrees to render se	rvices for the SBDC.	
I, as STAFF COUNSELOR, understand that I will not:		
1. Recommend the purchase of goods and/or services, which I have an interest in or represent.		
2. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client.		
3. Accept fees or commissions from the SBDC client for	3. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR.	
4. Accept the private engagement of my services at a		
the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.		
I, as STAFF COUNSELOR, understand that I will:		
Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
2. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to		
•	the business of my client. 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.	
3. Acknowledge receipt of the 355e galdelines, and agree to ablde by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR	SBDC	
Signature J. G. G. A. Y. Printed Name J. W. G. L. A. Y.	Signature CathyWalsh Printed Name Couthy Walsh	
Printed Name II w GIZAT	Printed Name Couthy Walsh	
Address Rox 224	Address 7700 Clock tower Dr Kirtland, OH 44094	
CHESTELLAND, OH49026	Kirtland, OH 44094	
Phone (120 C)202	Phone 440-525-7707	
(216)409-8392		

AGREEMENT between the Small Business Development Randy Horst (hereinafter made and entered into this	tr the "STAFF COUNSELOR"). The agreement is 2018 by and between the
1. Recommend the purchase of goods and/or service	s, which I have an interest in or represent.
Accept fees or commissions from third parties who recommendation to the SBDC client.	
3. Accept fees or commissions from the SBDC client for	
 Accept the private engagement of my services at a the term of my engagement as STAFF COUNSELOR of the SBDC subcenter director. 	
I, as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information of the client. 	otained during the course of my engagement with
Agree to reveal promptly to the client all significant the business of my client.	: matters that come to my attention pertaining to
3. Acknowledge receipt of the SBDC guidelines, and a	gree to abide by all provisions of that policy.
IN WITNESS HEREOF, the parties affix their signatures o	n the day above written.
STAFF COUNSELOR	SBDC
Printed Name Randy Horst	Printed Name (athy Walsh
Printed Name Randy Horst	Printed Name Cathy Walsh
Address 7700 Clocktower Dr.	Address 7700 Clocktoner Dr.
Kirtland, OH 94094	Kirtland, OH 94094
Phone 440-525-7705	Phone 440-525-7707

sbdc and Staff Counselor, who agrees to render se	r the "STAFF COUNSELOR"). The agreement is y, 2019 by and between the	
I, as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or service Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client f 	have supplied goods and/or services on my	
 Accept the private engagement of my services at a the term of my engagement as STAFF COUNSELOR of the SBDC subcenter director. 	ny time during, or within 90 days subsequent to,	
I, as STAFF COUNSELOR, understand that I will:		
1. Agree to hold strictly confidential all information obtained during the course of my engagement with the client.		
2. Agree to reveal promptly to the client all significan the business of my client.	t matters that come to my attention pertaining to	
3. Acknowledge receipt of the SBDC guidelines, and a	gree to abide by all provisions of that policy.	
IN WITNESS HEREOF, the parties affix their signatures of	on the day above written.	
STAFF COUNSELOR	SBDC	
Signature C.	Signature Cathyllalsh	
Printed Name Eyn C. Mldvld	Printed Name Cathy Walsh	
Address 10150 S. Hampton Ct. Concard Tup., OH 44060	Address 7700 Clocktower Dr Kirtland, OH 44094	
Phone 440 263.0758	Phone 1440-525-7707	

AGREEMENT between the Small Business Development Getches Company (hereinafter made and entered into this day of Company SBDC and STAFF COUNSELOR, who agrees to render ser	the "STAFF COUNSELOR"). The agreement is $\frac{20(8)}{20}$ by and between the
I, as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or services. Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client for the Accept the private engagement of my services at an the term of my engagement as STAFF COUNSELOR variables. 	nave supplied goods and/or services on my my services as STAFF COUNSELOR. y time during, or within 90 days subsequent to,
of the SBDC subcenter director. I, as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information ob the client. Agree to reveal promptly to the client all significant the business of my client. Acknowledge receipt of the SBDC guidelines, and ag 	matters that come to my attention pertaining to
IN WITNESS HEREOF, the parties affix their signatures or	the day above written.
Printed Name Gretche SKUK Di Sarto	Signature Cathy Walsh Printed Name Cathy Walsh
KirHandoH	Address 7700 Clocktower Dr. Kitland, DH 44094 Phone 440-525-7707

AGREEMENT between the Small Business Development Getches Company (hereinafter made and entered into this day of Company SBDC and STAFF COUNSELOR, who agrees to render ser	the "STAFF COUNSELOR"). The agreement is $\frac{20(8)}{20}$ by and between the
I, as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or services. Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client for the Accept the private engagement of my services at an the term of my engagement as STAFF COUNSELOR variables. 	nave supplied goods and/or services on my my services as STAFF COUNSELOR. y time during, or within 90 days subsequent to,
of the SBDC subcenter director. I, as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information ob the client. Agree to reveal promptly to the client all significant the business of my client. Acknowledge receipt of the SBDC guidelines, and ag 	matters that come to my attention pertaining to
IN WITNESS HEREOF, the parties affix their signatures or	the day above written.
Printed Name Gretche SKUK Di Sarto	Signature Cathy Walsh Printed Name Cathy Walsh
KirHandoH	Address 7700 Clocktower Dr. Kitland, DH 44094 Phone 440-525-7707

made and entered into thisday of day of day of day of	inafter the "STAFF COUNSELOR"). The agreement is (Ltaber) , 2018 by and between the der services for the SBDC.	
I, as STAFF COUNSELOR, understand that I will no	t:	
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. 		
 Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I, as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to 		
the business of my client. 3. Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR	SBDC	
Signature CathyWalsh Printed Name Cathy Walsh	Signature Vathellalsh	
Printed Name Cathy Walsh	Printed Name	
Address 7700 Clocktower Dr Kirtland, OH 4409	Address Same	
Phone 440-525-7707	Phone	

AGREEMENT between the Small Business Developme	ent Center (hereinafter "SBDC") and	
MaR.Badillo (hereinafte	or the 'STAFF COUNSELOR'.) The agreement is	
made and entered into this 15 day of 000	by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for	or the SBDC.	
l as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.	
STAFF COUNSELOR	SBDC	
Signature Canal Tool	Signature Spa Sultion	
Printed Name Mac R 13ad 1110	Printed Name Lisa Hutson	
Address 151 Innovation Da	Address 151 Innovation Dr	
Elyria, OH	Elyria, Ohio	
Phone 440-366-4370	Phone 440-366-4370	

AGREEMENT between the Small Business Developmen	t Center (hereinafter "SBDC') and
Lori Baulcus (hereinafter	the 'STAFF COUNSELOR'.) The agreement is
made and entered into this 8th day of Octube	1, 2016 by and between the SBDC and
STAFF COUNSELOR, who agrees to render services for	the SBDC.
I as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who is recommendation to the SBDC client. Accept fees or commissions from the SBDC client fees. Accept the private engagement of my services at an to, the term of my engagement as STAFF COUNS permission of the SBDC subcenter director. 	nave supplied goods and/or services on my or my services as STAFF COUNSELOR. by time during, or within 90 days subsequent
I as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information obtwith the client. Agree to reveal promptly to the client all significant to the business of my client Acknowledge receipt of the SBDC guidelines, and and an arrival arri	matters that come to my attention pertaining
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.
Signature Mubaulus Printed Name Lori Baukus Address 34920 Summerhill Dr Avon AH 44011	Signature Swa Hutsun Printed Name Lisa Hutson Address 15 I Innovation Dr Elyvia, On 44037
Phone 440-822-6924	Phone 440 3Lele 4370

AGREEMENT between the Small Business Developme	nt Center (hereinafter "SBDC") and
Suzanne DIIS (hereinafte	r the 'STAFF COUNSELOR'.) The agreement is
made and entered into this day of	№
STAFF COUNSELOR, who agrees to render services for	or the SBDC.
I as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or service Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client of Accept the private engagement of my services at a to, the term of my engagement as STAFF COUNS permission of the SBDC subcenter director. 	have supplied goods and/or services on my for my services as STAFF COUNSELOR. ny time during, or within 90 days subsequent
I as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information ob with the client. Agree to reveal promptly to the client all significant to the business of my client Acknowledge receipt of the SBDC guidelines, and 	matters that come to my attention pertaining
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.
STAFF COUNSELOR Signature Suzanne Dills Printed Name Suzanne Dills Address 32331 Lake Poad Avon Lake, Oh 44012	Signature Sund Statem Printed Name LISA Hutzon Address 151 Innovation Dr Quita, Onio 44035
Phone 440 - 670 -1442	Phone 440 366 4370

AGREEMENT between the Small Business Developme	ent Center (hereinafter "SBDC') and
(hereinafte	or the 'STAFF COUNSELOR'.) The agreement is
made and entered into this day of	シピレ, 2018 by and between the SBDC and
STAFF COUNSELOR, who agrees to render services for	or the SBDC.
I as STAFF COUNSELOR, understand that I will not:	
 Recommend the purchase of goods and/or services. Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client. Accept the private engagement of my services at a to, the term of my engagement as STAFF COUNS permission of the SBDC subcenter director. 	have supplied goods and/or services on my for my services as STAFF COUNSELOR. The supplied by time during, or within 90 days subsequent
I as STAFF COUNSELOR, understand that I will:	
 Agree to hold strictly confidential all information ob with the client. Agree to reveal promptly to the client all significant to the business of my client Acknowledge receipt of the SBDC guidelines, and 	t matters that come to my attention pertaining
IN WITNESS HEREOF, the parties affix their signatures	on the day above written.
STAFF COUNSELOR Signature Printed Name Deth (Tunt) Address 151 Innovation Address 151 Innovation Address 151 Innovation	Signature Swa Litan Printed Name Lisa Hutson Address 151 Innovation Dr Elyria, OH 44035
Phone 4570	Phone 440/31clo-4370

AGREEMENT between the Small Business Develop	ment Center (hereinafter "SBDC") and
Lisa Hutson (hereina	after the 'STAFF COUNSELOR'.) The agreement is
made and entered into this day of Oct	Obur, 2018 by and between the SBDC and
STAFF COUNSELOR, who agrees to render service	s for the SBDC.
I as STAFF COUNSELOR, understand that I will not:	
	rho have supplied goods and/or services on my
I as STAFF COUNSELOR, understand that I will:	
to the business of my client	obtained during the course of my engagement ant matters that come to my attention pertaining and agree to abide by all provisions of that policy.
IN WITNESS HEREOF, the parties affix their signature	res on the day above written.
STAFF COUNSELOR Signature Gloa Stution Printed Name Lisa Hutson Address 151 Innovation Dr Elyria, Ohio 44035	SBDC Signature Printed Name Address
Phone 440 366 4370	Phone

AGREEMENT between the Small Business Development Center (hereinafter "SBDC") and
K. Multin (hereinafter the 'STAFF COUNSELOR'.) The agreement is
made and entered into this 22 day of October , 2018 by and between the SBDC and
STAFF COUNSELOR, who agrees to render services for the SBDC.
I as STAFF COUNSELOR, understand that I will not:
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director.
I as STAFF COUNSELOR, understand that I will:
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy.
IN WITNESS HEREOF, the parties affix their signatures on the day above written.
Signature Guench, Mell Signature Susa Gutan Printed Name Essence K. Melter Printed Name Usa Hutson Address 1916 William shurg Pr. Address 157 Innovation Dr. Avon Lake, Off 44012 Elyria, Orl 44035
Phone 614-893-1832 Phone 440 366 4370

AGREEMENT between the Small Business Developmen	t Center (hereinafter "SBDC") and	
Lindsay Sims (hereinafter	the 'STAFF COUNSELOR'.) The agreement is	
made and entered into this 19 day of Oct	, <u>2018</u> by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for	r the SBDC.	
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client fees. Accept the private engagement of my services at arto, the term of my engagement as STAFF COUNS permission of the SBDC subcenter director. 	have supplied goods and/or services on my or my services as STAFF COUNSELOR. ny time during, or within 90 days subsequent	
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtwith the client. Agree to reveal promptly to the client all significant to the business of my client Acknowledge receipt of the SBDC guidelines, and a 	matters that come to my attention pertaining	
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Staff counselor Signature Printed Name Lindsay Sims Address 1273 b. 111 h St Clarent 644602	Signature Spa Hulson Printed Name Lisa Hulson Address 151 Innovation Dr Elyria Onio 44035	
Phone <u>216.374.2436</u>	Phone 440-310-4370	

VOLUNTEER FORM 250

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
Nicholas Smith (hereinafter the 'VOLUNTEER'.) The agreement is		
made and entered into this 30 day of January , 20/9 by and between the SBDC and		
VOLUNTEER, an independent contractor, who agrees to render services as a consultant for the SBDC.		
I as VOLUNTEER, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent: Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as VOLUNTEER. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as VOLUNTEER with an SBDC client without express permission of the SBDC subcenter director. 		
I as VOLUNTEER, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to remain as a contracted vendor of the SBDC on each assigned case until said case is terminated by the SBDC in writing, at which time both client and VOLUNTEER will receive written notice; Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines and agree to abide by all provisions of that policy. It is agreed that if I desire to terminate this contacted relationship with the client, that intention must be stated in writing to the SBDC administrator whose signature is affixed to this agreement. This written statement of intent must be received and acknowledged by the same SBDC administrator before any further contact is made by client and VOLUNTEER. 		
VOLUNTEER That Smith Signature Signature Signature Liso Hutson Printed Name 12 Benedict Ave. Address Norwalk, 014 44857 Elyria, 04 44955 419-668-9858 Liso Hutson Printed Name Liso Hutson Address		
9/9-668-9858 Phone Phone		

AGREEMENT between the Small Business Development	nt Center (hereinafter "SBDC") and	
Sharon Whitmore (hereinafter	r the 'STAFF COUNSELOR'.) The agreement is	
made and entered into this 11th day of Octoba	c_,2018 by and between the SBDC and	
STAFF COUNSELOR, who agrees to render services for	or the SBDC.	
l as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or service. Accept fees or commissions from third parties who recommendation to the SBDC client. Accept fees or commissions from the SBDC client of the Accept the private engagement of my services at a to, the term of my engagement as STAFF COUNS permission of the SBDC subcenter director. 	have supplied goods and/or services on my for my services as STAFF COUNSELOR. ny time during, or within 90 days subsequent	
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information ob with the client. Agree to reveal promptly to the client all significant to the business of my client Acknowledge receipt of the SBDC guidelines, and 	matters that come to my attention pertaining	
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
STAFF COUNSELOR	SBDC 1	
Signature Many Unitruing	Signature The Dullow	
Printed Name Sharon Whitmore	Printed Name LISO HUTSON	
Elyna, OH 44035	Address 151 Innovation Dr Elyrva, Ohio 44035	
Phone 440-366-4370	Phone 440-366-4370	

AGREEMENT between the Small Business Development Center (hereinafter "SBDC') and		
made and entered into this day of,,,		
STAFF COUNSELOR, who agrees to render services for the SBDC.		
I as STAFF COUNSELOR, understand that I will not:		
 Recommend the purchase of goods and/or services, which I have an interest in or represent. Accept fees or commissions from third parties who have supplied goods and/or services on my recommendation to the SBDC client. Accept fees or commissions from the SBDC client for my services as STAFF COUNSELOR. Accept the private engagement of my services at any time during, or within 90 days subsequent to, the term of my engagement as STAFF COUNSELOR with an SBDC client without express permission of the SBDC subcenter director. 		
I as STAFF COUNSELOR, understand that I will:		
 Agree to hold strictly confidential all information obtained during the course of my engagement with the client. Agree to reveal promptly to the client all significant matters that come to my attention pertaining to the business of my client Acknowledge receipt of the SBDC guidelines, and agree to abide by all provisions of that policy. 		
IN WITNESS HEREOF, the parties affix their signatures on the day above written.		
Signature Signature		
Phone 440. 906.7456 Phone 216.321.1633		