

## U.S. Small Business Administration Management Training Report

OMB Approval No.:3245-0324 Expiration Date: 09/30/2006

Location Code:

Initials of Data Inputter:

1. Name of Office Providing the Service: City/ State							
SBDC WBC SBA District Office SCORE, Chapter No		3. Date Training Started (m/d/y)		4. No. of Sessions	5. Total Hours of Training		
Other (specify)  6. Title of Training	tion of Training						
or fraction framing			J				
City			State_	Zip			
8. Total Number Trained				Number of Minor	rities		
Currently in Business Total Vet	Total Veterans		Race				
Not Yet in Business Service-D	Service-Disabled Veterans			Asians Blacks or Africans Americans Native Americans or Alaskan Natives			
People with DisabilitiesMembers	Members of Reserve or Nationa			Native Hawaiians or other Pacific Islanders White			
Women (please complete to	(please complete to the extent information is availal			Ethnicity			
(preuse comprete to	mornation is available)	Lumerty					
				Hispanic OriginNot of Hispanic Origin			
<b>10. Training Topic</b> (check primary topic)							
Business Start-up/Preplanning Business Plan Business Financing/Capital Sources Managing a Business Human Resources/ Managing Employees Customer Relations	Business Accounting/Budget Cash Flow Management Tax Planning Marketing/Sales Government Contracting Franchising Buy/Sell Business			Technology/Computers eCommerce Legal Issues International Trade Other (Specify)			
11. Resource Partners Participating (check all that a	ipply)						
SCORE	Trade Or Professional Assoc.			Other Govt. Agency (specify)			
SBDC Women's Business Center VBOC Educational Institution	For-Profit Organization Online Training Resource SBA District Office Native American Center SBA (specify office)			Other (specify)			
Chamber Of Commerce			_				
12. Program Format (check only one)  Seminar (short-term training on business-related subje Course (more formal structured training on business-re Online Course (a formal structured training delivered of Teleconference (any training delivered via electronic course)	elated subj via the Inte	ects that may be conducted ernet) ations, except Online Cours	l over a nur se)	nber of sessions)			
13. Attendee Fee		15. What is the dol	lar amou	nt of fees that your	r organizat	ion received?	
		16. Language(s) Uso	ed				
No Show Incomex\$= \$	Δ <u> </u>		English Spanish Other (specify)				
·			1				
14. Total Gross Fee Income \$							
<b>18. Name of Co-sponsors</b> (if applicable)							



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