U.S. Small Business Administration
Management Training Report

Location Code:
Initials of Data Inputter:

1. Name of Office Providing the Service: _____ City/ State _____

2. Organization ☐ SBDC ☐ WBC ☐ SBA District Office ☐ SCORE, Chapter No._____ ☐ Other (specify) _____	3. Date Training Started (m/d/y)	4. No. of Sessions	5. Total Hours of Training

6. Title of Training

7. Location of Training

City _____ State_____ Zip _____   +4 _____

8. Total Number Trained _____

_____ Currently in Business   _____ Total Veterans

_____ Not Yet in Business   _____ Service-Disabled Veterans

_____ People with Disabilities   _____ Members of Reserve or National Guard

_____ Women

(please complete to the extent information is available)

9. Total Number of Minorities Trained _____

Race (mark one or more)
_____ Asian
_____ Black or African American
_____ Native American or Alaskan Native
_____ Native Hawaiian or Other Pacific Islander
_____ White

Ethnicity

_____ Hispanic Origin
_____ Not of Hispanic Origin

10. Training Topic (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 apply)

☐ SCORE
☐ SBDC
☐ Women's Business Center
☐ VBOC
☐ Educational Institution
☐ Chamber Of Commerce

☐ Trade Or Professional Assoc.
☐ For-Profit Organization
☐ Online Training Resource
☐ SBA District Office
☐ Native American Center
☐ SBA (specify office)

_____

☐ Other Govt. Agency (specify)

_____

☐ Other (specify)

_____

12. Program Format (check only one)
☐ Seminar/Workshop (short-term training on business-related subjects that is conducted as a single, stand alone program)
☐ Course (more formal structured training on business-related subjects that may be conducted over a number of sessions)
☐ Online Course (a formal structured training delivered via the Internet)
☐ Teleconference (any training delivered via electronic communications, except Online Course)

13. Attendee Fee

Full Fee   _____ x $_____ = $_____
                       (no. of attendees)   (fee per attendee)
Discounted Fee _____ x $_____ = $_____
No Fee   _____ x $ 0   = $ 0
No Show Income_____ x$_____ = $_____
Other Income   =$_____

14. Total Gross Fee Income $_____

15. What is the dollar amount of fees that your organization received?

16. Language(s) Used
☐ English   ☐ Spanish   ☐ Other (specify) _____

17. Name of Sponsor

18. Name of Co-sponsors (if applicable)

_____   _____

SBA Form 888 (7/07) Previous Editions are Obsolete

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OMB Approval No.:3245-0324
Expiration Date: 11/30/2010

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