

U.S. Small Business AdministrationManagement Training Report

OMB Approval No.:3245-0324	1
Expiration Date: 11/30/2013	

Location Code:
Initials of Data Inputter:

1. Name of Office Provid	City/ Sta	te	Funding So	urce:					
2. Organization SBDC WBC SBA District Office SCORE, Chapter No Other (specify)		3. Date Training Start (m/d/y)		4. No. of Sessions 5. Total Ho of Traini					
			tion of Training						
City			State Zip				+4		
8. Total Number Trained				9. Total Num Trained	ber of Minorit	ies			
Currently in Business	Total Vete	rans		Race					
Not Yet in Business	Service-Di	isabled V	eterans	Asians Blacks or Africans Americans					
People with Disabilities	Members	of Reserv	ve or National Guard		Native Americans or Alaskan Natives Native Hawaiians or other Pacific Islanders				
Women			information is available)		White				
	(preuse complete to u	ic extent	information is available)	Hispa	ispanic Origin ot of Hispanic Origin				
10. Training Topic (check primary	topic)								
Business Start-up/Preplanning Business Plan Business Financing/Capital Sourc Managing a Business Human Resources/ Managing Employees Customer Relations	Cash Florencing/Capital Sources Dusiness Marketing Government Go			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 SCORE For-Pro Online SBA Di Native A			Or Professional Assoc. rofit Organization Training Resource District Office American Center specify office)	Other Govt. Agency (specify) Other (specify)					
12. Program Format (check only one) Seminar (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			15. What is the doll	ar amount of f	fees that your o	rganizat	tion received?		
Full Fee	= \$ 0 = \$0	— — —	16. Language(s) Use		er (specify)				
14. Total Gross Fee Income \$									
17. Name of Sponsor									
18. Name of Co-sponsors (if application)	able)								



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