



U.S. Small Business Administration Management Training Report

OMB Approval No.:3245-0324
Expiration Date: 07/31/2011

Location Code: _____
Initials of Data Inputter: _____

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

Funding Source: _____

2. Organization <input type="checkbox"/> SBDC <input type="checkbox"/> WBC <input type="checkbox"/> SBA District Office <input type="checkbox"/> SCORE, Chapter No. _____ <input type="checkbox"/> Other (specify) _____	3. Date Training Started (m/d/y) _____	4. No. of Sessions _____	5. Total Hours of Training _____
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6. Title of Training _____	7. Location of Training City _____ State _____ Zip _____	+4 _____
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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 _____ Asians _____ Blacks or Africans Americans _____ Native Americans or Alaskan Natives _____ Native Hawaiians or other Pacific Islanders _____ White Ethnicity _____ Hispanic Origin _____ Not of Hispanic Origin
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10. Training Topic (check primary topic)

<input type="checkbox"/> Business Start-up/Preplanning	<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Technology/Computers
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> eCommerce
<input type="checkbox"/> Business Financing/Capital Sources	<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Legal Issues
<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> International Trade
<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Franchising	
	<input type="checkbox"/> Buy/Sell Business	

11. Resource Partners Participating (check all that apply)

<input type="checkbox"/> SCORE	<input type="checkbox"/> Trade Or Professional Assoc.	<input type="checkbox"/> Other Govt. Agency (specify) _____
<input type="checkbox"/> SBDC	<input type="checkbox"/> For-Profit Organization	
<input type="checkbox"/> Women's Business Center	<input type="checkbox"/> Online Training Resource	
<input type="checkbox"/> VBOC	<input type="checkbox"/> SBA District Office	
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Native American Center	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Chamber Of Commerce	<input type="checkbox"/> SBA (specify office) _____	

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

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)



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