



U.S. Small Business Administration Management Training Report

OMB Control Number: 3245-0324

Exp. Date: _____

* Location Code: _____

* 2-digit initials of Trainer: _____

* Funding Source: _____

The information in this form is to be provided by an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. Resource Partners should fill out the form at the site of service.

Asterisk (*) denotes a required field

*1. Name of the Office Providing the Service: _____		* City/State: _____				
*2. Organization: <input type="checkbox"/> SBDC <input type="checkbox"/> WBC <input type="checkbox"/> SCORE, Chapter No. _____ <input type="checkbox"/> SBA District Office <input type="checkbox"/> VBOC <input type="checkbox"/> Cluster <input type="checkbox"/> Other (specify) _____ _____		*3. Program Format (Check only one) <input type="checkbox"/> Workshop/Seminar (short-term training on business-related subjects that is conducted as a single, stand alone program - no identifiable clients) <input type="checkbox"/> Stand-Alone Course (more formal structured training on business-related subjects as a stand-alone course) <input type="checkbox"/> Online Course (a formal structured training delivered via the Internet) <input type="checkbox"/> Teleconference (any training delivered via electronic communications, except Online Course) <input type="checkbox"/> Multi-Session Course (more formal structured training on business-related subjects that is conducted over a number of sessions)				
*4a. Date Training Started: (mm/dd/yyyy)		*4b. Time Training Started: (HH:MM)				
*5. No. of Sessions:		*6. Total Hours of Training:				
*7. Title of Training: _____						
*8. Location of Training: City _____ State _____ Zip _____ +4 _____						
*9. Total Number Trained: _____						
10. SBA Initiative Supporting: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Encore Entrepreneurship <input type="checkbox"/> Start Young <input type="checkbox"/> Affordable Care Act (ACA) <input type="checkbox"/> Emerging Leaders <input type="checkbox"/> Clusters </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Economy, Energy and Environment <input type="checkbox"/> Transition Assistance Program Entrepreneurship Track (Boots to Business) <input type="checkbox"/> Other (specify) _____ </td> </tr> </table>				<input type="checkbox"/> Encore Entrepreneurship <input type="checkbox"/> Start Young <input type="checkbox"/> Affordable Care Act (ACA) <input type="checkbox"/> Emerging Leaders <input type="checkbox"/> Clusters	<input type="checkbox"/> Economy, Energy and Environment <input type="checkbox"/> Transition Assistance Program Entrepreneurship Track (Boots to Business) <input type="checkbox"/> Other (specify) _____	
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*11. Training Topic: (Check Primary Topic) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Business Start-up/Preplanning <input type="checkbox"/> Business Plan <input type="checkbox"/> Business Financing/Capital Sources <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Social Media </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Government Contracting <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Other (specify) _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce <input type="checkbox"/> Legal issues <input type="checkbox"/> Importing <input type="checkbox"/> Exporting <input type="checkbox"/> Risk Management <input type="checkbox"/> Disaster Planning <input type="checkbox"/> Disaster Recovery </td> </tr> </table>				<input type="checkbox"/> Business Start-up/Preplanning <input type="checkbox"/> Business Plan <input type="checkbox"/> Business Financing/Capital Sources <input type="checkbox"/> Managing a Business <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Social Media	<input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Government Contracting <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce <input type="checkbox"/> Legal issues <input type="checkbox"/> Importing <input type="checkbox"/> Exporting <input type="checkbox"/> Risk Management <input type="checkbox"/> Disaster Planning <input type="checkbox"/> Disaster Recovery
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***12. Partners Participating (Check all that apply).**

Please do not mark any organization that you marked in Field 2.

- | | | |
|--|---|--|
| <input type="checkbox"/> SCORE | <input type="checkbox"/> Trade or Professional Association | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> SBDC | <input type="checkbox"/> For-Profit Organization | <input type="checkbox"/> SBA (specify office) _____ |
| <input type="checkbox"/> WBC | <input type="checkbox"/> Online Training | _____ |
| <input type="checkbox"/> VBOC | <input type="checkbox"/> SBA District Office | <input type="checkbox"/> Other Government Agency (specify) _____ |
| <input type="checkbox"/> Cluster | <input type="checkbox"/> Minority Serving Institution(i.e. _____) | _____ |
| <input type="checkbox"/> Educational Institution | HBCU, etc.) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chamber of Commerce | | _____ |

***13. Are you charging a fee for this course?**

- Yes (Go to Field 14)
 No (Go to Field 16)

14. Attendee Fee

Full Fee	_____	x \$	_____	= \$	_____
	(# of attendees)		(fee per attendee)		
Discounted fee	_____	x \$	_____	= \$	_____
No Fee	_____	x \$	0	= \$	0
No Show Income	_____	x \$	_____	= \$	_____
Other Income		x \$	_____	= \$	_____
15. Total Gross Fee Income				\$	_____

***16. Language(s) used**

- English Spanish
 Other (specify) _____

17. Name of the Sponsor

18. Name of Co-Sponsors (if applicable)

Please note: The estimated burden for completing this form is 10 minutes. You are not to respond to any collection information unless it displays a current valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street SW, Washington, DC 20416, and to: Desk Officer SBA Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245 - 0324). PLEASE DO NOT SEND FORMS TO OMB