



U.S. Small Business Administration Management Training Report

OMB Approval No.:3245-0324
Expiration Date: XX/XX/XXXX

Location Code: _____
Initials of Data Inputter: _____
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 and report to SBA as directed on the notice of award.

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

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/yy) _____	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 <p style="text-align: center;">(please complete to the extent information is available)</p>	9. Total Number of Minorities Trained _____ Race _____ Asians _____ Blacks or African 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)

Please note: The estimated burden for completing this form is 10 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, Attn: Director, Records Management Division, 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.