



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. Organization: _____ **Organization City/State** _____

2. Training Title	3. Training Start Date (MM/DD/YYYY)	4. No. of Sessions	5. Total Training Hours
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6. Location of Training Country _____ City _____ State _____ Zip _____	+4
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7. Total Trained _____	Total Underserved Trained _____	(please complete to the extent information is available)
<input type="checkbox"/> Currently in Business <input type="checkbox"/> Not Yet in Business <input type="checkbox"/> Person with Disability <input type="checkbox"/> Woman <input type="checkbox"/> LGBQ	Military Status <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> Spouse of Military Member	Race and Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

8. Primary Training Topic		
Business Start-up/Preplanning Business Plan Business Financing/Capital Sources Business Operations/Management Human Resources/ Managing Employees Customer Relations Credit Counseling	Business Accounting/Budget Business Financial/Cash Flow Tax Planning Marketing/Sales Government Contracting Franchising Buy/Sell Business Technology Cyber Security/Cyber Awareness	eCommerce Legal Issues International Trade Intellectual Property Training Disaster Planning/Recovery Other _____

9. Training Partners (check all that apply)		
SCORE SBDC Women's Business Center VBOC Educational Institution Chamber Of Commerce	Trade or Professional Association For-Profit Organization Online Training Resource SBA District Office Native American Center SBA (specify office) _____	Other Government Agency _____ Other _____

10. Program Format Type (check only one)	11. Dollar amount of the fees that organization received
<input type="checkbox"/> In Person (formal instructor led training conducted in-person, at a physical location) <input type="checkbox"/> Online (formal instructor led training conducted virtually) <input type="checkbox"/> On Demand (training on business-related subjects that is conducted virtually) <input type="checkbox"/> Hybrid (training on business-related subjects that is conducted both in person and virtually)	
	12. Language Used to Conduct Training
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____

13. Name of Sponsor

14. 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 current valid OMB approval number. Comments on the burden should be sent to: Nexus@SBA.gov. Alternatively, inquiries can be sent to U.S. Small Business Administration, 409 3rd Street SQW, Washington, DC 20416, and to: Desk Officer SBA Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503.