



# U.S. Small Business Administration Management Training Report

OMB Approval No.:3245-0324

Expiration Date: 05/31/2027

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 \_\_\_\_\_

<b>2. Training Title</b>	<b>3. Training Start Date (MM/DD/YYYY)</b>	<b>4. No. of Sessions</b>	<b>5. Total Training Hours</b>
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<b>6. Location of Training</b> Country _____ City _____ State _____ Zip _____	+4
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<b>7. Total Trained</b> _____	<b>Total Underserved Trained</b> _____	(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"/> Female <input type="checkbox"/> Male	<b>Military Status</b> <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	<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> North African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White  <b>Ethnicity</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino

<b>8. Primary Training Topic</b>		
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 _____

<b>9. Training Partners (check all that apply)</b>		
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 _____

<b>10. Program Format Type (check only one)</b>	<b>11. Dollar amount of the fees that organization received</b>
<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)	
	<b>12. Language Used to Conduct Training</b>
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____

<b>13. Name of Sponsor</b>
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<b>14. Name of Co-sponsors (if applicable)</b>
_____ _____ _____

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.