



# 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.

<b>1. Training Title</b>	<b>2. Training Start Date (MM/DD/YYYY)</b>	<b>3. No. of Sessions</b>	<b>4. Total Training Hours</b>			
<b>5. Location of Training</b> City _____ State/Territory _____ Zip _____			+4			
<b>8.'Total Trained</b> _____ (please complete to the extent information is available) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">           _____ Currently in Business            _____ Not Yet in Business            _____ Person with Disability            _____ Female            _____ Male         </td> <td style="width: 40%; border: none;"> <b>Military Status</b>            _____ Active Duty            _____ Veteran            _____ Service-Disabled Veteran            _____ Member of Reserve or National Guard            _____ Military Spouse         </td> </tr> </table>				_____ Currently in Business _____ Not Yet in Business _____ Person with Disability _____ Female _____ Male	<b>Military Status</b> _____ Active Duty _____ Veteran _____ Service-Disabled Veteran _____ Member of Reserve or National Guard _____ Military Spouse	
_____ Currently in Business _____ Not Yet in Business _____ Person with Disability _____ Female _____ Male	<b>Military Status</b> _____ Active Duty _____ Veteran _____ Service-Disabled Veteran _____ Member of Reserve or National Guard _____ Military Spouse					
<b>9.'Primary Training Topic</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">           Business Start-up/Preplanning            Financial/Cash Flow            Financing/Capital Sources            Cyber Security         </td> <td style="width: 33%; border: none;">           Business Planning/Growth            Government Contracting            Disaster Planning/Recovery            Artificial Intelligence (AI)         </td> <td style="width: 33%; border: none;">           Marketing            Human Resources            Operations/Supply Chain            CMMC            e-Commerce         </td> </tr> </table>				Business Start-up/Preplanning Financial/Cash Flow Financing/Capital Sources Cyber Security	Business Planning/Growth Government Contracting Disaster Planning/Recovery Artificial Intelligence (AI)	Marketing Human Resources Operations/Supply Chain CMMC e-Commerce
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<b>:. 'Training Partners</b> (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">           SCORE            SBDC            Women's Business Center            VBOC            Educational Institution            Chamber Of Commerce         </td> <td style="width: 33%; border: none;">           Trade or Professional Association            For-Profit Organization            Online Training Resource            SBA District Office            Native American Center            SBA (specify office) _____         </td> <td style="width: 33%; border: none;">           Other Government Agency            _____            Other            _____         </td> </tr> </table>				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 _____
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>;. 'Program Format Type</b> (check only one)  <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."Dollar amount of the fees that organization received</b>					
<b>13.'Name of Sponsor</b>						
<b>14.'Name of Co-sponsors</b> (if applicable)  _____ _____						

Please note: The estimated burden for completing this form is 7 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: OED@sba.gov. Alternatively, inquiries can 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.