U.S. Small Business Administration

U.S. Small Business Administration
Management Training Report

OMB Approval No.:3245-0324
Expiration Date: 09/30/2006

Location Code:
Initials of Data Inputter:

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

2. Organization	**3. Date Training Started (m/d/y)**	**4. No. of Sessions**	**5. Total Hours of Training**
☐ SBDC ☐ WBC ☐ SBA District Office ☐ SCORE, Chapter No._____ ☐ Other (specify) _____			

6. Title of Training	**7. Location of Training**	
	City _____ State_____ Zip _____	+4 _____

8. Total Number Trained _____

_____ Currently in Business
_____ Not Yet in Business
_____ People with Disabilities
_____ Women

_____ Total Veterans
_____ Service-Disabled Veterans
_____Members of Reserve or National Guard

(please complete to the extent information is available)

9. Total Number of Minorities Trained _____

Race
_____ Asians
_____ Blacks or Africans Americans
_____ Native Americans or Alaskan Natives
_____ Native Hawaiians or other Pacific Islanders
_____ White

Ethnicity
_____Hispanic Origin
_____Not of Hispanic Origin

10. Training Topic (check primary topic)

☐ Business Start-up/Preplanning
☐ Business Plan
☐ Business Financing/Capital Sources
☐ Managing a Business
☐ Human Resources/ Managing Employees
☐ Customer Relations
☐ Business Accounting/Budget
☐ Cash Flow Management
☐ Tax Planning
☐ Marketing/Sales
☐ Government Contracting
☐ Franchising
☐ Buy/Sell Business
☐ Technology/Computers
☐ eCommerce
☐ Legal Issues
☐ International Trade
☐ Other (Specify) _____

11. Resource Partners Participating (check all that apply)

☐ SCORE
☐ SBDC
☐ Women's Business Center
☐ VBOC
☐ Educational Institution
☐ Chamber Of Commerce
☐ Trade Or Professional Assoc.
☐ For-Profit Organization
☐ Online Training Resource
☐ SBA District Office
☐ Native American Center
☐ SBA (specify office) _____
☐ Other Govt. Agency (specify) _____
☐ Other (specify) _____

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)

_____ _____

_____ _____