

U.S. Small Business Administration Management Training Report

OMB Approval No.:3245-0324 Expiration Date: 10/31/2020

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 SBDC			3. Date Training Start (m/d/yy)	ted	4. No. of Sessions 5. Total H		tal Hours Training	
6. Title of Training			7. Location of Training		+4		+4	
		City		State_	Zip			
8. Total Number Trained 9. Total Number of Minorities Trained							•	
Currently in Business Total Veteran			rans		Race			
Not Yet in Business	Service-Disabled Veterans			Asians Blacks or African Americans Native Americans or Alaskan Natives Native Hawaiians or other Pacific Islanders				
People with Disabilities	Members of Reserve or National Guard							
Women	(-1			White				
	(please complete to the extent information is available) Ethnicity							
				Hispanic Origin Not of Hispanic Origin				
10. Training Topic (check primary)	copic)							
□ Business Start-up/Preplanning □ Business Plan □ Business Plan □ Casl □ Business Financing/Capital Sources □ Tax □ Managing a Business □ Mar □ Human Resources/ □ Gov Managing Employees □ Fran		Cash land Tax Panal Market Gover France	usiness Accounting/Budget ash Flow Management ax Planning larketing/Sales overnment Contracting ranchising uy/Sell Business		☐ Technology/Computers ☐ eCommerce ☐ Legal Issues ☐ International Trade ☐ Other (Specify)			
11. Resource Partners Participating (check all that apply)								
□ SCORE □ SBDC		☐ Trade Or Professional Assoc. ☐ For-Profit Organization ☐ Online Training Resource		Other Govt. Agency (specify)				
		SBA District Office Native American Center SBA (specify office)			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			15. What is the dol	lar amou	nt of fees that your	organiza	tion received?	
Full Fee x \$ \\ (no. of attendees) (fee \) Discounted Fee x \$ \\ No Fee x \$	= \$ per attendee) = \$ 0 = \$ 0	_						
No Show Income			16. Language(s) Uso					
17. Name of Sponsor	. Income ф							
18. Name of Co-sponsors (if applicable)								
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Please note: The estimated burden for completing this form is 10 minutes. You are not to respond to any collection information unless it displays a current valid OMB approval number. Comments on the burden should 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.