



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** _____

2. Training Title	3. Training Start Date (MM/DD/YYYY)	4. No. of Sessions	5. Total Training Hours																											
6. Location of Training Country _____ City _____ State _____ Zip _____			+4																											
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"/> LGBTQ		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 <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 Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino																											
8. Primary Training Topic <table border="0"><tr><td>Business Start-up/Preplanning</td><td>Business Accounting/Budget</td><td>eCommerce</td></tr><tr><td>Business Plan</td><td>Business Financial/Cash Flow</td><td>Legal Issues</td></tr><tr><td>Business Financing/Capital Sources</td><td>Tax Planning</td><td>International Trade</td></tr><tr><td>Business Operations/Management</td><td>Marketing/Sales</td><td>Intellectual Property Training</td></tr><tr><td>Human Resources/</td><td>Government Contracting</td><td>Disaster Planning/Recovery</td></tr><tr><td>Managing Employees</td><td>Franchising</td><td>Other</td></tr><tr><td>Customer Relations</td><td>Buy/Sell Business</td><td></td></tr><tr><td>Credit Counseling</td><td>Technology</td><td></td></tr><tr><td></td><td>Cyber Security/Cyber Awareness</td><td></td></tr></table>				Business Start-up/Preplanning	Business Accounting/Budget	eCommerce	Business Plan	Business Financial/Cash Flow	Legal Issues	Business Financing/Capital Sources	Tax Planning	International Trade	Business Operations/Management	Marketing/Sales	Intellectual Property Training	Human Resources/	Government Contracting	Disaster Planning/Recovery	Managing Employees	Franchising	Other	Customer Relations	Buy/Sell Business		Credit Counseling	Technology			Cyber Security/Cyber Awareness	
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9. Training Partners (check all that apply) <table border="0"><tr><td>SCORE</td><td>Trade or Professional Association</td><td>Other Government Agency</td></tr><tr><td>SBDC</td><td>For-Profit Organization</td><td></td></tr><tr><td>Women's Business Center</td><td>Online Training Resource</td><td></td></tr><tr><td>VBOC</td><td>SBA District Office</td><td></td></tr><tr><td>Educational Institution</td><td>Native American Center</td><td>Other</td></tr><tr><td>Chamber Of Commerce</td><td>SBA (specify office) _____</td><td></td></tr></table>				SCORE	Trade or Professional Association	Other Government Agency	SBDC	For-Profit Organization		Women's Business Center	Online Training Resource		VBOC	SBA District Office		Educational Institution	Native American Center	Other	Chamber Of Commerce	SBA (specify office) _____										
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10. Program Format Type (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)		11. Dollar amount of the fees that organization received 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.