

## **U.S. Small Business Administration Management Training Report**

OMB Approval N	lo.:3245-0324
Expiration Date:	11/30/2009

Expiration Bate: 11/30/2009
Location Code:
Initials of Data Inputter:

1. Name of Office Providing th	ne Service:		Cit	ty/ State _				
2. Organization  SBDC WBC  SBA District Office SCORE, Cha	apter No		3. Date Training Star (m/d/y)	ted	4. No. of Sessions		otal Hours Training	
Other (specify)  6. Title of Training		7. Lo	L cation of Training					
				State	Zin		+4	
		City_			Number of Minori			
8. Total Number Trained					l Number of Minori	ities		
Currently in Business	Total Veterans			RaceAsiansBlacks or Africans AmericansNative Americans or Alaskan NativesNative Hawaiians or other Pacific IslandersWhite				
Not Yet in Business	Service-Disabled Veterans							
People with Disabilities	Members of Reserve or National Guard							
Women	(please complete to the extent information is available)							
	(please complete to tr	ne exten	it information is available)	Ethnicity				
					_Hispanic Origin _Not of Hispanic Origi	n		
10. Training Topic (check primary	topic)							
☐ Business Start-up/Preplanning ☐ Business Plan ☐ Business Financing/Capital Soun ☐ Managing a Business ☐ Human Resources/     Managing Employees ☐ Customer Relations	rces [ C C	Cash Tax I Mark Gove France	ness Accounting/Budget Flow Management Planning teting/Sales rrnment Contracting chising Sell Business		☐ Technology/C☐ eCommerce☐ Legal Issues☐ International ☐ Other (Specif	Trade		
11. Resource Partners Participati	ing (check all that ap	pply)						
SCORE SBDC Women's Business Center VBOC Educational Institution		☐ 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)			
Chamber Of Commerce	r Commerce							
12. Program Format (check only of Seminar (short-term training on be Course (more formal structured to Online Course (a formal structure Teleconference (any training deli	ousiness-related subject raining on business-rel ed training delivered vi	lated sul ia the In	bjects that may be conducted ternet)	d over a nui				
13. Attendee Fee			15. What is the dol	lar amou	nt of fees that your	organiza	tion received?	
Full Fee	= \$		164	_				
No Show Incomex\$x\$				16. Language(s) Used  ☐ English ☐ Spanish ☐ Other (specify)				
	-		English	Spanish	Other (specify)			
14. Total Gross Fo	ee Income \$							
18. Name of Co-sponsors (if applied	cable)							
10. Manie of Co-sponsors (if applie	Caulc)							