



U.S. Small Business Administration Management Training Report

Form **888**

OMB Approval No: _____ * Location Code: _____
 Expiration Date: _____ * 2-digit Initials of Trainer : _____
 * Funding Source: _____

Asterisk (*) denotes a required field

* 1. Name of the Office Providing the Service: _____		* City/ State: _____																									
* 2. Organization: <input type="checkbox"/> SBDC <input type="checkbox"/> WBC <input type="checkbox"/> SCORE, Chapter No. _____ <input type="checkbox"/> SBA District Office <input type="checkbox"/> VBOC <input type="checkbox"/> Cluster <input type="checkbox"/> Other (specify) _____ _____		* 3. Program Format (Check only one) <input type="checkbox"/> Workshop/Seminar (short-term training on business-related subjects that is conducted as a single, stand alone program - no identifiable clients) <input type="checkbox"/> Stand-Alone Course (more formal structured training on business-related subjects as a stand-alone course) <input type="checkbox"/> Online Course (a formal structured training delivered via the Internet) <input type="checkbox"/> Teleconference (any training delivered via electronic communications, except Online Course) <input type="checkbox"/> Multi-Session Course (more formal structured training on business-related subjects that is conducted over a number of sessions)																									
* 4a. Date Training Started: (mm/dd/yyyy)		* 4b. Time Training Started: (HH:MM)																									
* 5. No. of Sessions:		* 6. Total Hours of Training:																									
* 7. Title of Training:																											
* 8. Location of Training: City _____ State _____ Zip _____ + 4 _____																											
* 9. Total Number Trained:																											
10. SBA Initiative Supporting: (Check all that apply) <input type="checkbox"/> Encore Entrepreneurship <input type="checkbox"/> Economy, Energy and Environment <input type="checkbox"/> Start Young <input type="checkbox"/> Transition Assistance Program Entrepreneurship Track (Boots to Business) <input type="checkbox"/> Affordable Care Act (ACA) <input type="checkbox"/> Emerging Leaders <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Clusters																											
* 11. Training Topic: (Check Primary Topic) <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Business Start-up/Preplanning</td> <td style="width:33%;"><input type="checkbox"/> Business Accounting/Budget</td> <td style="width:33%;"><input type="checkbox"/> Technology/Computers</td> </tr> <tr> <td><input type="checkbox"/> Business Plan</td> <td><input type="checkbox"/> Cash Flow Management</td> <td><input type="checkbox"/> eCommerce</td> </tr> <tr> <td><input type="checkbox"/> Business Financing/Capital Sources</td> <td><input type="checkbox"/> Tax Planning</td> <td><input type="checkbox"/> Legal issues</td> </tr> <tr> <td><input type="checkbox"/> Managing a Business</td> <td><input type="checkbox"/> Marketing/Sales</td> <td><input type="checkbox"/> Importing</td> </tr> <tr> <td><input type="checkbox"/> Human Resources/Managing Employees</td> <td><input type="checkbox"/> Government Contracting</td> <td><input type="checkbox"/> Exporting</td> </tr> <tr> <td><input type="checkbox"/> Customer Relations</td> <td><input type="checkbox"/> Franchising</td> <td><input type="checkbox"/> Risk Management</td> </tr> <tr> <td><input type="checkbox"/> Social Media</td> <td><input type="checkbox"/> Buy/Sell Business</td> <td><input type="checkbox"/> Disaster Planning</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (specify) _____</td> <td><input type="checkbox"/> Disaster Recovery</td> </tr> </table>				<input type="checkbox"/> Business Start-up/Preplanning	<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> Technology/Computers	<input type="checkbox"/> Business Plan	<input type="checkbox"/> Cash Flow Management	<input type="checkbox"/> eCommerce	<input type="checkbox"/> Business Financing/Capital Sources	<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Legal issues	<input type="checkbox"/> Managing a Business	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Importing	<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Exporting	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Franchising	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Social Media	<input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Disaster Planning		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Disaster Recovery
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*** 12. Partners Participating** (Check all that apply).

Please do not mark any organization that you marked in Field 2.

- | | | |
|--|--|--|
| <input type="checkbox"/> SCORE | <input type="checkbox"/> Trade or Professional Association | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> SBDC | <input type="checkbox"/> For-Profit Organization | <input type="checkbox"/> SBA (specify office) _____ |
| <input type="checkbox"/> WBC | <input type="checkbox"/> Online Training | _____ |
| <input type="checkbox"/> VBOC | <input type="checkbox"/> SBA District Office | <input type="checkbox"/> Other Government Agency (specify) _____ |
| <input type="checkbox"/> Cluster | <input type="checkbox"/> Minority Serving Institution(i.e. _____ | _____ |
| <input type="checkbox"/> Educational Institution | HBCU, etc.) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chamber of Commerce | | _____ |

*** 13. Are you charging a fee for this course?**

Yes (Go to Field 14)

No (Go to Field 16)

14. Attendee Fee

Full Fee	_____	x \$	_____	= \$	_____
	(# of attendees)		(fee per attendee)		
Discounted fee	_____	x \$	_____	= \$	_____
No Fee	_____	x \$	_____0_____	= \$	_____0_____
No Show Income	_____	x \$	_____	= \$	_____
Other Income		x \$		= \$	_____
15. Total Gross Fee Income				\$	_____

*** 16. Language(s) used**

- English Spanish
 Other (specify) _____

17. Name of the Sponsor

18. Name of Co-Sponsors (if applicable)