CARES Act - Resource Partner Grants

Reporting Data to EDMIS

April 23, 2020

EDMIS will be undergoing some small changes in order to support the data collection needed to calculate metrics. The metrics will measure our Resource Partner's activities directly related to the COVID-19 Pandemic Impact on Small Businesses.

EDMIS Changes:

- The creation of a Funding Source Code, "CARES", that indicate that the activities/services provided under that CARES Act Grant. (Applicable to the 641 and the 888)
- The creation of two (2) new categories for Nature of Counseling Requested and Nature of Counseling Provided on the 641, specific to COVID-19 Pandemic.
    1. COVID-19 Finance/Capital
    2. COVID-19 General Support
- The addition of four (4) Financial Assistance (on the 641 as SBA Financial Assistance) categories to record clients who have received capital via those programs.
    1. PAYROLL PROTECTION PROGRAM (PPP)
    2. ECONOMIC IMPACT DISASTER LOAN (EIDL)
    3. OTHER SBA DISASTER LOAN FOR COVID-19
    4. STATE/LOCAL COVID-19 LOANS OR GRANTS
- The addition of three (3) values for Referred Client To on the 641 to capture if clients are referred to SBA's PPP Program, SBA's Disaster Assistance for the EIDL or other disaster loan, or to State or local COVID-19 programs.
    1. SBA Capital Access (PPP)
    2. SBA Disaster Assistance
    3. State/Local COVID-19 Assistance
- The creation of two (2) new categories for Training Topic on the 888, specific to COVID-19.
    1. COVID-19 Finance/Capital
    2. COVID-19 General Support

These changes will not require changes to the XML formats currently used for 641 uploads (Counseling/Individual Training Sessions) or 888 uploads (Training Events). These changes are only extending the list of values that are valid for upload to EDMIS for those fields.

For those who are manually entering data into EDMIS, the data entry process has not changed. You will see the additional values on the screen or in the drop downs as you move through the data entry. PLEASE REMEMBER to select a Funding Source Code of "CARES" for the 641s (found on Part 3) and the 888; this code is used to determine which records to count towards the COVID-19 metrics.

The Form 641 below indicates the changes in value selections that are being made.

CARES Act - Resource Partner Grants

EDMIS Changes - SBA Form 641 for COVID-19 Pandemic

CLEAR FORM

U.S. Small Business Administration
Counseling Information Form

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

Client Number:
Location Code:
Initials of Data Inputer:

1. Name of the Office Providing the Service _____ 1a. Type of Client: ☐ Face to Face ☐ Online ☐ Telephone
2. City/State of Office Location

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)	4. Email
5. Telephone Primary Secondary	6. Fax

7. Street Address/PO Box (give business address if currently in business) 8. City | 9. State | 10. Zip | +4

11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes ☐ No ☐). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance.
Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or 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. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

12. Preferred date & time for appointment
Date: Time: | 13. Client Signature | Date:

PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more)	15. Ethnicity	16. Gender	17. Do you consider yourself a person with a disability?
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Male ☐ Female	☐ Yes ☐ No

18. Veteran Status ☐ No military, Reserve, or National Guard service   ☐ Veteran   ☐ Service-Disabled Veteran   ☐ Member of the Reserve   ☐ Active Duty   ☐ Member of the National Guard   ☐ Spouse of Military Member

19. Referred by? (Mark all that apply)
☐ SBA District ☐ SBDC ☐ Other Client ☐ Magazine/Newspaper ☐ Other (specify) _____
☐ Lender ☐ SCORE ☐ Educational Institution ☐ Word of Mouth ☐ USEAC
☐ Business Owner ☐ WBC ☐ Local Economic Development Official ☐ Television/Radio ☐ Boots to Business
☐ SBA Web site ☐ VBOC ☐ Chamber of Commerce ☐ Internet (please indicate website) _____

20a. Are you currently in business? ☐ Yes ☐ No (if no, skip to 30)   20b. If yes, are you currently exporting? ☐ Yes ☐ No
If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business (choose primary category)
☐ Mining ☐ Manufacturing ☐ Real Estate & Rental & Leasing ☐ Professional, Scientific & Technical Services
☐ Utilities ☐ Finance & Insurance ☐ Health Care & Social Assistance ☐ Management of Companies & Enterprises
☐ Information ☐ Wholesale Trade ☐ Accommodation & Food Services ☐ Agriculture, Forestry, Fishing & Hunting
☐ Construction ☐ Public Administration ☐ Arts, Entertainment & Recreation ☐ Administrative & Support
☐ Retail Trade ☐ Educational Services ☐ Transportation & Warehousing ☐ Waste Management & Remediation Services
                                                    ☐ Other Services (except Public Administration)

23. Business Ownership – What percentage of your business is male or female owned? ____%Male ____% Female	24. Date Business Started?(MM/YYYY)	25. Do you conduct business online? ☐ Yes ☐ No	26a. Are you a home based business ☐ Yes ☐ No 26b. Are you 8(a) certified? ☐ Yes ☐ No

27a. Total No. of Employees (full & PT) 27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT)	28a. For your most recent full business year, what were your: Gross Revenues/Sales $_____ +Profits/-Losses $_____ 28b. Amount of your Gross Revenues/Sales related to exporting $_____	29. What is the legal entity of your business? ☐ Sole Proprietorship ☐ Corporation ☐ LLC ☐ S-Corporation ☐ Partnership ☐ Other (specify) _____

30. What is the nature of counseling you are seeking? (Choose primary category)
☐ Start-up Assistance (How do I start a small business?) ☐ Human Resources/ Managing Employees ☐ Marketing/Sales (promotion, market research, pricing, etc.) ☐ Technology/Computers
☐ Business Plan ☐ Customer Relations ☐ Government Contracting (including certifications) ☐ eCommerce (using the Internet to do business)
☐ Financing/Capital (such as applying for a loan, building equity capital) ☐ Business Accounting/ Budget ☐ Franchising ☐ Legal Issues (such as, Should I incorporate?)
☐ Managing a Business ☐ Cash Flow Management ☐ Buy/Sell Business ☐ International Trade
☐ Tax Planning

Describe specific assistance requested in the space provided. _____

SBA Form 641 (10/24/2017)

Two Additional Values have been added:
- COVID-19 Financing/Capital
- COVID-19 General Support

U.S. Small Business Administration
Counseling Information Form

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

Client Number:
Location Code:
Initials of Data Inputer:

Funding Source: _____

Part III: Counselor Record

31. Client Name (please use the same name from original 641 Part 1) (Last, First, MI)	32. Email

33. Telephone Primary Secondary	34. Fax

35. Street Address /P.O. Box	36. City	37. State	38. Zip

39a. Is the client currently in business? ☐ Yes ☐ No (if no, skip to 44)
39b. Is the client currently exporting? ☐ Yes ☐ No
If yes, please turn to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply).

40. Date Business Started?

41a. Total No. of Employees: (Full & PT) _____
41b. Of total employees, how many are engaged in the exporting aspect of client's business?:
(Full & PT) _____

42a. As of the most recent full business year, what were the client's annual:
Gross Revenues/Sales $_____ +Profits/-Losses $_____
42b. As of the most recent full business year, how much of your client's Gross Revenues/Sales were related to exporting? $_____

43. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)

SBA Loan Amount $_____
Non-SBA Loan Amount $_____
Amount of Equity Capital Received $_____
No. of Government Contracts/Subcontracts _____
Annual Value of Government Contracts/Subcontracts Received $_____

Certifications
☐ 8(a)
☐ Hubzones
☐ SDB
☐ Other (specify state, local, etc)

SBA Financial Assistance
☐ Export Express
☐ Export Working Capital Loan
☐ Community Advantage
☐ Micro loan
☐ SBIR
☐ Other (SBIR, SBIC, 7(a) 504, etc.)

44. What was the nature of the counseling you provided the client? (choose primary category)
☐ Start-up Assistance (How do I start a small business?)
☐ Business Plan
☐ Financing/Capital (such as, applying for a loan, building equity capital)
☐ Managing a Business
☐ Human Resources/Managing Employees
☐ Customer Relations
☐ Business Accounting/Budget
☐ Cash Flow Management
☐ Tax Planning
☐ Marketing/Sales (promotion, market research, pricing, etc.)
☐ Government Contracting (including certifications)
☐ Franchising
☐ Buy/Sell Business
☐ Technology/Comp
☐ eCommerce (using to do business)
☐ Legal Issues (such incorporate?)
☐ International Trad
Please specify other counseling provided._____

45. Referred Client to (mark all that apply):
☐ WBC
☐ SCORE
☐ SBDC
☐ SBA District Office
☐ USEAC
☐ State Trade Agency
☐ Export/Import Bank
☐ OPIC
☐ Dept of Agriculture
☐ Dept of Commerce
☐ Dept of State
☐ U.S. Trade & Development Agency
☐ VBOC
☐ PTAC
☐ Other _____

46. Type of Session ☐ Face to Face ☐ Online ☐ Update ☐ Telephone ☐ Prep	47. Language(s) Used ☐ English ☐ Other (specify)_____ ☐ Spanish	48. History ☐ New Case ☐ Follow-up ☐ One Time	49. Date Counseled (MM/YYYY)

50. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):	51. Contact Hours Total contact hours that a client received	51b. Prep Hours Total amount of preparation spent by all counselors for a client

51c. Travel Hours Total amount of time it takes to travel to a client's location for counseling

52. Did more than one Counselor participate in this counseling session? Yes ☐ No ☐. If yes, how many counselors _____?

53. Counselor's Notes:

Annotations:

Funding Source Code – "CARES" has been added

Two Additional Values have been added:
- COVID-19 Financing/Capital
- COVID-19 General Support

This will be used to determine how many client are requesting support specific to needing capital.

Three additional values have been added:
- SBA Capital Access (PPP)
- SBA Disaster Assistance
- State/Local COVID-19 Assistance

Four additional values have been added:
- PAYROLL PROTECTION PROGRAM (PPP)
- ECONOMIC IMPACT DISASTER LOAN (EIDL)
- OTHER SBA DISASTER LOAN FOR COVID-19
- STATE/COMMUNITY COVID-19 LOANS OR GRANTS

Although the 641 is the preferred means of capturing any counseling provided (a signature will NOT be required during this time), with the volume of requests that you are receiving it may not be possible to collect a 641 for each person you are providing a service to. To ensure that EDMIS is still able to capture the data for the metrics and give you credit, we are asking that you track in as much detail as possible on a spreadsheet these clients and then submit an 888 record to provide us the data. See the 888 below for instructions on how this can be done.

CARES ACT – Resource Partner Grants

Collection of Clients Counseled Not Filling Out an SBA Form 641 on SBA Form 888

Funding Source Code – "CARES " has been added

Start Title with "COVID-19 Counseling" – it can be followed by any other text you choose.

Sum of counseling hours from your spreadsheet for all counseling clients reported on this 888

Total Number of unique clients receiving counseling from your spreadsheet. The sub-categories must be filled in but can be reported with the value "0".

Total number of counseling sessions from your spreadsheet. Count all session even those for the same client.

Two Additional Values have been added:

- COVID-19 Financing/Capital
- COVID-19 General Support

You will need to separate your worksheet into these two categories and make two 888 submissions to receive credit for those seeking COVID-19 Capital Infusion vs COVID-19 General Support

Minorities and the sub-categories much be filled in but can be reported with the value "0".

Please be sure to select On-line or Teleconference if reporting only a single client. Seminar or Course requires a minimum of 2 clients(attendees)

U.S. Small Business Administration
Management Training Report

OMB Approval No.:3245-0_
Expiration Date: 10/31/20_0
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	3. Date Training Started (m/d/yy)	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____

8. Total Number Trained _____

_____ Currently in Business _____ Total Veterans

_____ 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)

9. Total Number of Minorities Trained _____

Race

_____ Asians
_____ Blacks or African 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.
☐ Fee-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	15. What is the dollar amount of fees that your organization received?
Full Fee _____ x $_____ = $_____ (no. of attendees) (fee per attendee)	
Discounted Fee _____ x $_____ = $_____	
No Fee _____ x $ 0 = $ 0	**16. Language(s) Used**
No Show Income_____ x $_____ = $_____	☐ English ☐ Spanish ☐ Other (specify)_____
Other Income =$_____	
14. Total Gross Fee Income $_____	

17. Name of Sponsor

18. Name of Co-sponsors (if applicable)

_____   _____

_____   _____

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.

SBA Form 888 (10/24/2017) Previous Editions are Obsolete

The previous 888 example is the work-around to be used to capture **individual** counseling sessions where it was not possible to get a 641. If you are starting to provide "group counseling sessions" where a counselor and/or business advisor may be providing support to more than one client at a time, please consider these as Training Events and file an 888 just as you normally would. Please see the 888 below.

U.S. Small Business Administration
Management Training Report

Location Code:
Initials of Data Inputer:
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 in the notice of award.

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

2. Organization	3. Date Training Started (m/d/yy)	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   _____ Total Veterans

_____ 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)

9. Total Number of Minorities Trained _____

Race

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

11. Resource Partners Participating (check all that apply)

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

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 dollar amount of fees that your organization received?
Full Fee _____ x $_____ = $_____ (no. of attendees) (fee per attendee)	
Discounted Fee _____ x $_____ = $_____	
No Fee _____ x $__0__ = $__0__	**16. Language(s) Used**
No Show Income _____ x $_____ = $_____	☐ English ☐ Spanish ☐ Other (specify)_____
Other Income _____ = $_____	
14. Total Gross Fee Income $_____	

17. Name of Sponsor

18. Name of Co-sponsors (if applicable)

_____   _____

_____   _____

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.

SBA Form 888 (10/24/2017) Previous Editions are Obsolete

Annotations (blue callout boxes):

- This is up to you. You may want to indicate it is a 'group counseling' since this is not one of the options for Program Format.
- Funding Source Code "CARES"
- "1" for a group counseling session
- Total time for the group session (time the counselor/ advisor spent with the whole group.
- Number attending the session. If the sub-categories are required but "0" is valid if the number is unknown.
- The Number of Minorities and the sub-categories are required but "0" is valid if the number is unknown.
- Two Additional Values have been added:
  - COVID-19 Financing/Capital
  - COVID-19 General Support
- "Group Counseling" is not a valid Program Format so please select another format. Reminder: Seminar or Course requires a minimum of 2 clients(attendees)

Technical Guidance – 641 XML Uploads

Funding Source Code: "CARES"

New Value (Code):

Code	Description
CARES	CARES Act Funding (COVID19)

XML Element Definition

```
<!-- Part 3: Counselor Record -->
<xs:element name="CounselorRecord">
        <xs:complexType>
                <xs:sequence>
                        <xs:element name="SBASessionNumber" type="PositiveSmallIntegerType" minOccurs="0"/>
                        <xs:element name="PartnerSessionNumber" type="String20Type"/>
                        <xs:element name="FundingSource" minOccurs="0">
                                <xs:simpleType>
                                </xs:simpleType>
                        </xs:element>
                        .
                        .
                        .
```

Nature of Counseling Requested:

New Values (Codes):

Code	Description
18	COVID-19 Financing/Capital
19	COVID-19 General Support

XML Element Definition

```
<!-- Part 2: Client Intake -->
    <xs:element name="ClientIntake" minOccurs="0">
        <xs:complexType>
            <xs:sequence>
                <xs:element name="Race" minOccurs="0" maxOccurs="5">
                        .
                        .
                        .
                <xs:element name="CounselingSeeking" minOccurs="0">
                    <xs:complexType>
                        <xs:sequence>
                            <xs:element name="Code">
                                <xs:simpleType>
                                </xs:simpleType>
                            </xs:element>
                            <xs:element name="Other" type="String255Type" minOccurs="0"/>
                        </xs:sequence>
                    </xs:complexType>
                </xs:element>
            </xs:sequence>
        </xs:complexType>
    </xs:element>
```

Nature of Counseling Provided:

New Values (Codes)

Code	Description
18	COVID-19 Financing/Capital
19	COVID-19 General Support

XML Element Definition

```
<!-- Part 3: Counselor Record -->
    <xs:element name="CounselorRecord">
        <xs:complexType>
            <xs:sequence>
                <xs:element name="SBASessionNumber" type="PositiveSmallIntegerType" minOccurs="0"/>
                <xs:element name="PartnerSessionNumber" type="String20Type"/>
                            :
                            :
                <xs:element name="CounselingProvided" minOccurs="0">
                    <xs:complexType>
                        <xs:sequence>
                            <xs:element name="Code">
                                <xs:simpleType>
                                    <xs:restriction base="xs:positiveInteger">
                                        <xs:enumeration value="1"/>
                                            :
                                            :
                                        <xs:enumeration value="99"/>
                                    </xs:restriction>
                                </xs:simpleType>
                            </xs:element>
                            <xs:element name="Other" type="String255Type" minOccurs="0"/>
                        </xs:sequence>
                    </xs:complexType>
                </xs:element>
                            :
                            :
                            :
```

SBA Financial Assistance:

New Values (Codes):

Code	Description
7	PAYROLL PROTECTION PROGRAM (PPP)
8	ECONOMIC IMPACT DISASTER LOAN (EIDL)
9	OTHER SBA DISASTER LOAN FOR COVID-19
10	STATE/LOCAL COVID-19 LOANS OR GRANTS

XML Element Definition

```
<!-- Part 3: Counselor Record -->
    <xs:element name="CounselorRecord">
        <xs:complexType>
            <xs:sequence>
                <xs:element name="SBASessionNumber" type="PositiveSmallIntegerType" minOccurs="0"/>
                <xs:element name="PartnerSessionNumber" type="String20Type"/>
                    .
                    .
                    .
                <xs:element name="ResourcePartnerServiceContributed" minOccurs="0">
                    <xs:complexType>
                        <xs:sequence>
                            <xs:element name="SBALoanAmount" type="PositiveMoneyType" minOccurs="0"/>
                                .
                                .
                                .
                            <xs:element name="SBAFinancialAssistance" minOccurs="0">
                                <xs:complexType>
                                    <xs:sequence>
                                        <xs:element name="Code">
                                            <xs:simpleType>
                                                <xs:restriction base="xs:positiveInteger">
                                                    <xs:enumeration value="2"/>
                                                        .
                                                        .
                                                        .
                                                    <xs:enumeration value="99"/>
                                                </xs:restriction>
                                            </xs:simpleType>
                                        </xs:element>
                                        <xs:element name="Other" type="String255Type" minOccurs="0"/>
                                    </xs:sequence>
                                </xs:complexType>
                            </xs:element>
                        </xs:sequence>
                    </xs:complexType>
                </xs:element>
                    .
                    .
                    .
```

Referred Client To:

New Values (Codes)

Code	Description
SBACA	SBA Capital Access (PPP)
SBADA	SBA Disaster Assistance
LOCAL	State/Local COVID-19 Assistance

XML Element Definition

```xml
<!-- Part 3: Counselor Record -->
    <xs:element name="CounselorRecord">
        <xs:complexType>
            <xs:sequence>
                <xs:element name="SBASessionNumber" type="PositiveSmallIntegerType" minOccurs="0"/>
                <xs:element name="PartnerSessionNumber" type="String20Type"/>
                    .
                    .
                    .
                <xs:element name="ReferredClient" minOccurs="0">
                    <xs:complexType>
                        <xs:sequence>
                            <xs:element name="Code">
                                <xs:simpleType>
                                    <xs:restriction base="xs:string">
                                        <xs:enumeration value="USTDA"/>
                                            .
                                            .
                                            .
                                        <xs:enumeration value="PTAC"/>
                                    </xs:restriction>
                                </xs:simpleType>
                            </xs:element>
                            <xs:element name="Other" type="String255Type" minOccurs="0"/>
                        </xs:sequence>
                    </xs:complexType>
                </xs:element>
                    .
                    .
                    .
```

Technical Guidance – 888 XML Uploads

Funding Source Code: "CARES"

New Value (Code):

Code	Description
CARES	CARES Act Funding (COVID19)

XML Element Definition

```
<!-- Management Training Report (Form 888) -->
    <xs:element name="ManagementTrainingReport">
        <xs:complexType>
            <xs:sequence>
                <xs:element name="Version"/>
                <xs:element name="ManagementTrainingRecord" type="ManagementTrainingReportType"
maxOccurs="unbounded"/>
            </xs:sequence>
        </xs:complexType>
    </xs:element>
    <xs:complexType name="ManagementTrainingReportType">
        <xs:sequence>
            <xs:element name="SBATrainingNumber" type="PositiveIntegerType" minOccurs="0"/>
            <xs:element name="PartnerTrainingNumber" type="String20Type"/>
            <xs:element name="FundingSource" minOccurs="0">
                <xs:simpleType>
                    <xs:restriction base="xs:string">
                        <xs:enumeration value="1738"/>
                            .
                            .
                            .
                        <xs:enumeration value="JA10"/>
                    </xs:restriction>
                </xs:simpleType>
            </xs:element>
                .
                .
                .
```

Nature of Counseling Provided:

New Values (Codes)

Code	Description
18	COVID-19 Financing/Capital
19	COVID-19 General Support

XML Element Definition

```xml
<!-- Management Training Report (Form 888) -->
    <xs:element name="ManagementTrainingReport">
        <xs:complexType>
            <xs:sequence>
                <xs:element name="Version"/>
                <xs:element name="ManagementTrainingRecord" type="ManagementTrainingReportType"
maxOccurs="unbounded"/>
            </xs:sequence>
        </xs:complexType>
    </xs:element>
    <xs:complexType name="ManagementTrainingReportType">
        <xs:sequence>
            <xs:element name="SBATrainingNumber" type="PositiveIntegerType" minOccurs="0"/>
            <xs:element name="PartnerTrainingNumber" type="String20Type"/>
                :
                :
            <xs:element name="TrainingTopic" minOccurs="0">
                <xs:complexType>
                    <xs:sequence>
                        <xs:element name="Code">
                            <xs:simpleType>
                                <xs:restriction base="xs:positiveInteger">
                                    <xs:enumeration value="1"/>
                                        :
                                        :
                                    <xs:enumeration value="99"/>
                                </xs:restriction>
                            </xs:simpleType>
                        </xs:element>
                        <xs:element name="Other" type="String80Type" minOccurs="0"/>
                    </xs:sequence>
                </xs:complexType>
            </xs:element>
                :
                :
```

641 XML Example

```xml
<?xml version="1.0" encoding="UTF-8"?>
<!-- EDMIS2 Client/Counseling (641) Testing New Options for COVID -->
<CounselingInformation>
    <Version>17.0</Version>
    --#1
  <CounselingRecord>
        <PartnerClientNumber>12345</PartnerClientNumber>
    <Location>
            <LocationCode>54321</LocationCode>
    </Location>
    <ClientType>3</ClientType>
    <ClientRequest>
      <AddressPart1>
            <ZipCode>55558</ZipCode>
      </AddressPart1>
        <SurveyAgreement>N</SurveyAgreement>
      <ClientSignature>
            <Date>2020-04-09</Date>
            <OnFile>Y</OnFile>
      </ClientSignature>
    </ClientRequest>
    <ClientIntake>
        <Race>7</Race>
        <Ethnicity>HN</Ethnicity>
        <Gender>M</Gender>
        <Disability>2</Disability>
        <MilitaryStatus>3</MilitaryStatus>
      <Media>
            <Code>12</Code>
      </Media>
        <CurrentlyInBusiness>Y</CurrentlyInBusiness>
        <CurrentlyExporting>N</CurrentlyExporting>
        <CompanyName>ABC Company</CompanyName>
        <BusinessType>54</BusinessType>
      <BusinessOwnership>
            <Male>100</Male>
            <Female>0</Female>
      </BusinessOwnership>
      <BusinessStartDatePart2>
            <Month>10</Month>
            <Year>2017</Year>
      </BusinessStartDatePart2>
        <BusinessOnline>Y</BusinessOnline>
        <HomeBasedBusiness>Y</HomeBasedBusiness>
        <ClientIntake_Certified8a>N</ClientIntake_Certified8a>
        <TotalNumberOfEmployees>4</TotalNumberOfEmployees>
        <NumberOfEmployeesInExportingBusiness>0</NumberOfEmployeesInExportingBusiness>
      <ClientAnnualIncomePart2>
            <GrossRevenues>100000.00</GrossRevenues>
            <ProfitLoss>10000.00</ProfitLoss>
            <ExportGrossRevenuesOrSales>0.00</ExportGrossRevenuesOrSales>
      </ClientAnnualIncomePart2>
      <LegalEntity>
            <Code>3</Code>
      </LegalEntity>
      <CounselingSeeking>
            <Code>18</Code>
      </CounselingSeeking>
        <ClientActiveInactive>A</ClientActiveInactive>
    </ClientIntake>
    <CounselorRecord>
        <PartnerSessionNumber>54321_A</PartnerSessionNumber>
```

```xml
- <CounselorRecord>
    <PartnerSessionNumber>54321_A</PartnerSessionNumber>
    <FundingSource>CARES</FundingSource>
  - <AddressPart3>
      <ZipCode>55558</ZipCode>
    </AddressPart3>
    <CurrentlyInBusiness>Y</CurrentlyInBusiness>
  - <BusinessStartDatePart3>
      <Month>10</Month>
      <Year>2017</Year>
    </BusinessStartDatePart3>
    <TotalNumberOfEmployees>4</TotalNumberOfEmployees>
    <NumberOfEmployeesInExportingBusiness>0</NumberOfEmployeesInExportingBusiness>
  - <ClientAnnualIncomePart3>
      <GrossRevenues>100000.00</GrossRevenues>
      <ProfitLoss>10000.00</ProfitLoss>
      <ExportGrossRevenuesOrSales>0.00</ExportGrossRevenuesOrSales>
      <GrowthIndicator>Y</GrowthIndicator>
    </ClientAnnualIncomePart3>
  - <ResourcePartnerServiceContributed>
      <SBALoanAmount>0</SBALoanAmount>
      <NonSBALoanAmount>0</NonSBALoanAmount>
      <EquityCapitalReceived>0</EquityCapitalReceived>
      <NumberOfContractsReceived>0</NumberOfContractsReceived>
      <SBALoanAmountTxnNmb>0</SBALoanAmountTxnNmb>
      <NonSBALoanAmountTxnNmb>0</NonSBALoanAmountTxnNmb>
      <EquityCapitalReceivedTxnNmb>0</EquityCapitalReceivedTxnNmb>
      <GovernmentContractValue>0</GovernmentContractValue>
    - <SBAFinancialAssistance>
        <Code>8</Code>
      </SBAFinancialAssistance>
    </ResourcePartnerServiceContributed>
  - <CounselingProvided>
      <Code>18</Code>
    </CounselingProvided>
  - <ReferredClient>
      <Code>LOCAL</Code>
    </ReferredClient>
    <SessionType>2</SessionType>
  - <Language>
      <Code>1</Code>
    </Language>
    <History>2</History>
    <DateCounseled>2020-04-21</DateCounseled>
    <CounselorName>Jane Doe</CounselorName>
  - <CounselingHours>
      <Contact>0.50</Contact>
      <Prepare>0.50</Prepare>
      <Travel>0.00</Travel>
    </CounselingHours>
  - <MoreThanOneCounselorAttend>
      <Answer>N</Answer>
    </MoreThanOneCounselorAttend>
    <ExportCountries> </ExportCountries>
    <ClientActiveInactive>A</ClientActiveInactive>
  </CounselorRecord>
</CounselingRecord>
```

```xml
<?xml version="1.0" encoding="UTF-8"?>
- <ManagementTrainingReport>
    <Version>17.0</Version>
  - <ManagementTrainingRecord>
      <PartnerTrainingNumber>ABCDE</PartnerTrainingNumber>
      <FundingSource>CARES</FundingSource>
    - <Location>
        <LocationCode>54321</LocationCode>
      </Location>
      <DateTrainingStarted>2020-04-01</DateTrainingStarted>
      <NumberOfSessions>25</NumberOfSessions>
      <TotalTrainingHours>35</TotalTrainingHours>
      <TrainingTitle>COVID-19 COUNSELING: April 2020</TrainingTitle>
    - <TrainingLocation>
        <ZipCode>55740</ZipCode>
      </TrainingLocation>
    - <NumberTrained>
        <Total>20</Total>
        <CurrentlyInBusiness>0</CurrentlyInBusiness>
        <NotYetInBusiness>0</NotYetInBusiness>
        <Disabilities>0</Disabilities>
        <Women>0</Women>
        <Veterans>0</Veterans>
        <ServiceDisabledVeterans>0</ServiceDisabledVeterans>
        <ReserveGuard>0</ReserveGuard>
      </NumberTrained>
    - <NumberMinoritiesTrained>
        <Total>0</Total>
      - <Race>
          <Asian>0</Asian>
          <AfricanAmerican>0</AfricanAmerican>
          <NativeAmerican>0</NativeAmerican>
          <NativeHawaiian>0</NativeHawaiian>
          <White>0</White>
        </Race>
      - <Ethnicity>
          <HispanicOrigin>0</HispanicOrigin>
          <NotHispanicOrigin>0</NotHispanicOrigin>
        </Ethnicity>
      </NumberMinoritiesTrained>
    - <TrainingTopic>
        <Code>19</Code>
      </TrainingTopic>
    - <ResourcePartners>
        <Code>14</Code>
        <Other>Unspecified</Other>
      </ResourcePartners>
      <ProgramFormat>2</ProgramFormat>
    - <Language>
        <Code>1</Code>
      </Language>
      <TrainingActiveIndicator>A</TrainingActiveIndicator>
```

```xml
- <ManagementTrainingRecord>
    <PartnerTrainingNumber>FGHIJ</PartnerTrainingNumber>
    <FundingSource>CARES</FundingSource>
  - <Location>
        <LocationCode>54321</LocationCode>
    </Location>
    <DateTrainingStarted>2020-04-07</DateTrainingStarted>
    <NumberOfSessions>1</NumberOfSessions>
    <TotalTrainingHours>1.5</TotalTrainingHours>
    <TrainingTitle>Group Counseling: PPP Loan</TrainingTitle>
  - <TrainingLocation>
        <ZipCode>55133</ZipCode>
    </TrainingLocation>
  - <NumberTrained>
        <Total>10</Total>
        <CurrentlyInBusiness>0</CurrentlyInBusiness>
        <NotYetInBusiness>0</NotYetInBusiness>
        <Disabilities>0</Disabilities>
        <Women>0</Women>
        <Veterans>0</Veterans>
        <ServiceDisabledVeterans>0</ServiceDisabledVeterans>
        <ReserveGuard>0</ReserveGuard>
    </NumberTrained>
  - <NumberMinoritiesTrained>
        <Total>0</Total>
      - <Race>
            <Asian>0</Asian>
            <AfricanAmerican>0</AfricanAmerican>
            <NativeAmerican>0</NativeAmerican>
            <NativeHawaiian>0</NativeHawaiian>
            <White>0</White>
        </Race>
      - <Ethnicity>
            <HispanicOrigin>0</HispanicOrigin>
            <NotHispanicOrigin>0</NotHispanicOrigin>
        </Ethnicity>
    </NumberMinoritiesTrained>
  - <TrainingTopic>
        <Code>18</Code>
    </TrainingTopic>
  - <ResourcePartners>
        <Code>2</Code>
    </ResourcePartners>
    <ProgramFormat>2</ProgramFormat>
  - <Language>
        <Code>1</Code>
    </Language>
    <TrainingActiveIndicator>A</TrainingActiveIndicator>
</ManagementTrainingRecord>
```