

CONNECTICUT REGION – NATIONAL SKI PATROL SYSTEM, INC.
PROGRAM REPORT

MOUNTAIN TRAVEL & RESCUE

AS OF 4/1/2025

Please complete and email
to
skip.mudge.nsp@gmail.com
-- by April 1, 2025

PROGRAM ADVISOR:	Michael Lapierre
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ASSISTANT ADVISOR:	NAME: DAVID ALBANO	CONTACT: DAVIDALBANO@SBCGLOBAL.NET
ASSISTANT ADVISOR:	NAME:	CONTACT:

MISSION STATEMENT

NSP: TO HELP KEEP PEOPLE SAFE ON THE MOUNTAIN AND DURING OTHER OUTDOOR ACTIVITIES.
PROGRAM MISSION STATEMENT: This should be consistent with NSP's Mission.

EXECUTIVE SUMMARY: 2024-2025 SEASON

Our course ran on Presidential weekend in February with 6 students
Participation on Moodle was excellent preparing them with a successful
Learning experience including a sleep out in a snow storm and a great search
And rescue scenario.

PROGRAM GOALS: 2024-25 SEASON

Please list the SMART goals your program focused on **this** season, along with their achievement status. **Refer to last year's report.** (**Specific, Measurable, Attainable, Relevant and Time bound)**

1. Maintain safety, work on improving classroom and field study
2. Have instructor workshop prior to next season
3. Work with MTR Supervisor

ACTIVITIES / PARTICIPATION

Activity	# Instructors/ Other	# Participants
Instructor Development AMN		

PROGRAM GOALS: 2025-26 SEASON

Please list your program's SMART goals for **next** season. (**Specific, Measurable, Attainable, Relevant and Time bound)**

4. Maintain safety, work on improving classroom and field study
5. Have instructor workshop prior to next season
6. Work with MTR Supervisor

- 7.
- 8.

RECRUITMENT/MARKETING

To Advocate for the need of all Patrollers to take course.

Finding better ways to advertise Program

SUCCESSION PLANNING

Working with a group of instructors who want to share skills

And make program a success. Give more responsibility to instructors.

PROGRAM BUDGET

1. BUDGET PERFORMANCE (2023-24 SEASON)

Please provide the \$ amount of your approved budget for the prior fiscal year. Please note if this budget included any unusual and/or one-time expenditures. For travel expenses, please specify trips/nights/people/rates, etc., as appropriate. You may show trip details at the end of the document if you wish.

	APPROVED SEASON BUDGET	SPENT TO DATE	ANTICIPATED REMAINING TO SPEND	VARIANCE (OVER/ UNDER)
Mileage				
Meals				
Lodging (# trips/rooms/nights/rates)				
Printing				
Postage				
Equipment				
Supplies	20	0		20
Textbooks/Instructional Aids				
Awards specific to program (e.g., Instr. Service Awards)				
Other (unusual or one time, explain in "Prog. Goals")				
Revenue (Expense Offset)				
Total	20	0		20
Notes: Please explain variances (i.e., over/underspending your approved budget by >10%). OVERSPENDING OF BUDGET ALLOWED ONLY WITH PRIOR APPROVAL OF REGION DIRECTOR.				

2. BUDGET REQUEST (2024-25 SEASON)

Please provide a brief comment on any increase or decrease, such as unusual or one-time expenditures. Explain basis for travel expense request.	REQUESTED	APPROVED
Mileage: (use Mileage Reimbursement Worksheet on following page to calculate expense) ¹		
Meals		
Lodging (# trips/rooms/nights/rates)		
Printing		
Postage		
Equipment		
Supplies	20	
Textbooks/Instructional Aids		
Awards specific to program (e.g., Instructor Service Awards)		
Other (unusual or one time, explain in "Program Goals")		
Revenue (Expense Offset)		
Total	20	
Notes:		

¹ If multiple trips, list mileage separately, either in Notes section (above) or as separate lines in Budget Request form.

3. Mileage Reimbursement Worksheet

Trip from/to	Miles Round Trip	Miles over 100	# trips	Total miles	Amount to be reimbursed
<i>Example: Hartford → Bromley (Sr. OET Clinic)</i>	<i>252</i>	<i>152</i>	<i>2</i>	<i>304</i>	<i>\$106.40</i>
Total the far-right column and enter this amount in "2. Budget Request" (prior page) →					