Connecticut Region – NATIONAL SKI PATROL SYSTEM, INC.

PROGRAM REPORT

Please complete and email to skip.mudge.nsp@gmail.com by **April 1, 2024**

|  |
| --- |
| *Enter Program Name* |

AS OF \_\_\_\_\_\_\_\_, 2024

|  |  |
| --- | --- |
| **Program Advisor:** |  |
| **Contact Information:** | **Email Address:** |  |
| **Mobile Phone:** |  |

|  |  |  |
| --- | --- | --- |
| **Assistant Advisor:** | **Name:**  | **Contact:**  |
| **Assistant Advisor:** | **Name:**  | **Contact:**  |

**Mission Statement**

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| **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:** 2023-24 Season

*Provide a brief overview of the past season. Highlights, focal points, key information you want the Region Director and Board to know. These should be tied into the season’s Goals.*

**Program Goals:** 2023-24 Season

*Please list the SMART goals your program focused on* ***this*** *season, along with their achievement status.* ***Refer to last year’s report****. (****S****pecific,* ***M****easurable,* ***A****ttainable,* ***R****elevant and* ***T****ime bound)*

1.
2.

**Activities / Participation**

|  |  |  |
| --- | --- | --- |
| **Activity** | **# Instructors/****Other** | **# Participants** |
|  |  |  |
|  |  |  |
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**Program Goals:** 2024-25 Season

*Please list your program’s SMART goals for* ***next*** *season. (****S****pecific,* ***M****easurable,* ***A****ttainable,* ***R****elevant and* ***T****ime bound)*

1.
2.
3.

**Recruitment/Marketing**

*Please describe your recruiting/marketing efforts to promote your program. How will you attract new or returning participants?*

**Succession Planning**

*Please discuss your plans for identifying, recruiting and/or mentoring your potential replacement. You do not need to specify the individual(s) here. Explain where you are in the process, number of potential successors, etc. A good succession plan makes it easier for you to advance while ensuring the continued growth of your program.*

**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 |  |  |  |  |
| 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** |  |  |  |  |
| ***Notes***: *Please explain variances (i.e., over/underspending your approved budget by >10%).* ***Overspending Of Budget Allowed Only With Prior Approval Of Region Director.*** |

1. **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]](#footnote-1) |  |  |
| Meals |  |  |
| Lodging (# trips/rooms/nights/rates) |  |  |
| Printing |  |  |
| Postage |  |  |
| Equipment |  |  |
| Supplies |  |  |
| 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** |  |  |
| ***Notes***:  |

# Mileage Reimbursement Worksheet

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

1. If multiple trips, list mileage separately, either in Notes section (above) or as separate lines in Budget Request form. [↑](#footnote-ref-1)