

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

MOUNTAIN TRAVEL RESCUE

AS OF 4/30, 2023

Please complete and email to skip.mudge.nsp@gmail.com by April 1, 2023

PROGRAM ADVISOR:			Michael Lapierre
CONTACT INFORMATION:		EMAIL ADDRESS:	mlapierre179@gmail.com
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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 tMission. HE MOUNTAIN AND DURING OTHER OUTDOOR ACTIVITIES.
PROGRAM MISSION STATEMENT: To enhance,educate Patrollers skills

EXECUTIVE SUMMARY: 2022-23 SEASON This should be consistent with N

We ran our Program in late spring after the ski season, giving easier opportunity to attend
The MTR program is also using more online module : “ Moodle” to enhance the course
We had 6 students attending and 7 instructors with 1 in training

PROGRAM GOALS: 2022-23 SEASON

Please list the SMART goals your program focused on **this** season, along with their achievement status. **Refer to last year’s report.** (Specific, **M** measurable, **A** Attainable, **R** Relevant and **T** Time bound)

1. Maintain safety,work on improving classroom and field study
2. Have instructors workshop prior to next season
3. Work with new Division MTR Advisor

ACTIVITIES / PARTICIPATION

Activity	# Instructors/ Other	# Participants
	7	6
none		

PROGRAM GOALS: 2023-24 SEASON

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

- 1. Maintain safety, work on improving classroom and field studies*
- 2. Have instructors workshop prior to next season*
- 3. Work with MTR Division advisor*

RECRUITMENT/MARKETING

To advocate for the need of all Patrollers to take this course, finding ways to advertise our program

SUCCESSION PLANNING

Working with a group of instructors who want to share their skills and make the program a success. Give more responsibilities to instructors to make it their own course.

PROGRAM BUDGET

1. BUDGET PERFORMANCE (2022-23 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			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			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 (2023-24 SEASON)

<i>Please provide a brief comment on any increase or decrease, such as unusual or one-time expenditures. Explain basis for travel expense request.</i>	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	0.00
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	0.00
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) ☐					