

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

MOUNTAIN TRAVEL & RESCUE

AS OF 4/1, 2024

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

| | | |
|-----------------------------|-----------------------|------------------------|
| PROGRAM ADVISOR: | | Michael Lapierre |
| CONTACT INFORMATION: | EMAIL ADDRESS: | mlapierre179@gmail.com |
| | MOBILE PHONE: | 860 712-6658 |

| | | |
|---------------------------|---------------------------|---|
| ASSISTANT ADVISOR: | NAME: DAVID ALBANO | CONTACT: DAVIDALBANO@SBCGLOBAL.NET |
| 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: To enhance, educate Patrollers skills |

EXECUTIVE SUMMARY: 2023-24 SEASON

*With our course schedule President’s weekend in February we only attracted 3 students
Not enough to run class, we canceled until next season*

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.** (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 Moodle and Patroller school

ACTIVITIES / PARTICIPATION

| Activity | # Instructors/ Other | # Participants |
|----------------------------|-------------------------|----------------|
| | | |
| | | |
| Instructor Development AMN | | |
| | | |

PROGRAM GOALS: 2024-25 SEASON

*Please list your program’s SMART goals for **next** season. (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

RECRUITMENT/MARKETI

TO ADVOCATE FOR THE NEED OF ALL PATROLLERS TO TAKE THIS COURSE, FINDING A BETTER WAY

TO ADVERTISE OUR PROGRAM

SUCCESSION PLANNING

*Working with a group of instructor who want to share skills
and make the 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)

| <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 | |
| 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> |
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| Total the far-right column and enter this amount in "2. Budget Request" (prior page) ☐ | | | | | |