

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

SECTION CHIEF, PEQUOT

AS OF **March 31, 2024**

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

| | | |
|-----------------------------|-----------------------|-----------------------|
| PROGRAM ADVISOR: | Sue-Ellen Repeta | |
| CONTACT INFORMATION: | EMAIL ADDRESS: | serepetansp@gmail.com |
| | MOBILE PHONE: | 860.305.4002 |

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|---------------------------|--------------|-----------------|
| 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: Provide support for all Pequot Section Patrols. Assist the CT Region Director as needed |

EXECUTIVE SUMMARY: 2023-24 SEASON

Attended the Eastern Division Spring Officers meeting in Albany and carried proxy for CT Region Director and delivered region report as both CT Region Director and ARD were not able to make the meeting d/t injury. Attended region and local award banquets for 2/3 of section patrols. Presence at both CT OEC refresher dates. Assisted with OEC Sr Evaluation for CT Region. Was Available by email, text or phone to patrols if there was a need. Attended monthly CT Region leadership meetings.

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, **M**easurable, **A**ttainable, **R**elevant and **T**ime bound)*

- 1. Support CT region Director in achieving Ct Region specific goals and assist in providing information down line to area patrols.*
- 2. Attend 2024 spring Eastern Division Officers meetings.*
- 3. Participate/Support section Patrols as needed.*

ACTIVITIES / PARTICIPATION

| Activity | # Instructors/ Other | # Participants |
|---|---------------------------------|-----------------------|
| Stood in for CT Region Director for 2023 Eastern Division Spring Officers Meeting | | |
| Supported Patrols as requested | | |
| Participated in OEC Sr Evaluations for CT region | | |
| Attended both OEC Fall refreshers and Regional Banquet | | |

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. Support CT region Director in achieving Ct Region specific goals and assist in providing information down line to area patrols.*
- 2. Attend 2024 spring Eastern Division Officers meetings.*
- 3. Participate/Support section Patrols as needed.*

SUCCESSION PLANNING

Will Provide Successor with notes, contact numbers and previously submitted reports to ease transition into the role.

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. | | | | |

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 | | |
| 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: | | |

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) → | | | | | |