Connecticut Region – NATIONAL SKI PATROL SYSTEM, INC.

PROGRAM REPORT

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

AS OF MARCH 31, 2021

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

|  |  |  |
| --- | --- | --- |
| **Assistant Advisor:** | **Name:**  | **Contact:**  |
| **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:** 2020-21 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:** 2020-21 Season

*Please list the SMART goals your program focused on this season, along with their achievement status. (****S****pecific,* ***M****easurable,* ***A****ttainable,* ***R****elevant and* ***T****ime bound)*

1.
2.

**Activities / Participation**

|  |  |  |
| --- | --- | --- |
| **Activity** | **# Instructors/****Other** | **# Participants** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Program Goals:** 2021-22 Season

*Please list the SMART goals your program focused on this season, along with their achievement status. (****S****pecific,* ***M****easurable,* ***A****ttainable,* ***R****elevant and* ***T****ime bound)*

1.
2.
3.

**Recruitment**

*Please describe your recruiting efforts to promote your program. This might include participants, staff or others.*

**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**

**BUDGET PERFORMANCE (2020-21 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Approved Season Budget** | **Spent through March 31** | **Anticipated Remaining to Spend** | **Variance (over/ under)** |
| Mileage |  |  |  |  |
| Meals |  |  |  |  |
| Lodging (# trips/people/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.* |

**BUDGET REQUEST (2021-22 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 |  |  |
| Meals |  |  |
| Lodging (# trips/people/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***:  |