



# New Jersey Urban & Community Forestry 2023 Annual Accomplishment Report



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## **Part I: Community Information**

1. Reporting on Year: \_\_\_\_\_ 2. Date of Report Submission: \_\_\_\_\_

3. Community Name: \_\_\_\_\_

**If applicable**, in future years, would your community prefer to complete one application for both NJ Urban & Community Forestry and Tree City USA Recognition?

4. City Forestry Contact: (This person is the primary contact for NJUCF outreach & other correspondence)

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

First Name, Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

5. Municipal/County Department Responsible for tree management:

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

First Name, Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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## Part I: Community Information, cont.

6. Name of Tree Advocacy Board/Commission/Committee: (fulfills Standard 1 for Tree City USA, having a board is *not* required for NJUCF Accreditation)

Board Name: \_\_\_\_\_

First Name, Last Name of Chair: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

7. Other Tree Board Members:

Name: _____	Email: _____	Term Exp. Yr. _____
Name: _____	Email: _____	Term Exp. Yr. _____
Name: _____	Email: _____	Term Exp. Yr. _____
Name: _____	Email: _____	Term Exp. Yr. _____
Name: _____	Email: _____	Term Exp. Yr. _____

8. Community Tree Ordinance: (fulfills Standard 2 for Tree City USA, this is *not* required for NJUCF Accreditation)

Yes, my community has a tree ordinance

No, my community does not have a tree ordinance

9. Does your community have a tree care professional on staff (employed or retained)? E.g., Licensed Tree Expert, Certified Arborist, Forester, etc.

Other



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## Part II: Community Tree Budget

10. Community Population: (community must have annual budget of at least \$2 per capita to fulfill Standard 3 for Tree City USA, this is *not* required for NJUCF accreditation) \_\_\_\_\_

11. Budget Breakdown: (Note: If your community has an urban forestry budget already drafted you may attach it to your AAR submission in lieu of completing the fields below)

Tree Planting & Initial Care \$ \_\_\_\_\_

Tree Maintenance \$ \_\_\_\_\_

Tree Removal \$ \_\_\_\_\_

Management \$ \_\_\_\_\_

Utility Line Clearance \$ \_\_\_\_\_

Volunteer Time\* \$ \_\_\_\_\_

Other (please explain):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*rates can be found at <https://independentsector.org/>  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Total Community Forestry Expenditures \$ \_\_\_\_\_

12. Additional Information for Reporting Year

Trees Planted: \_\_\_\_\_

Trees Pruned: \_\_\_\_\_

Trees Removed: \_\_\_\_\_

13. Comments on Budget



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## **Part III: Community Engagement**

14. Arbor Day Observance: (fulfills Standard 4 for Tree City USA, this is *not* required for NJUCF accreditation)

My community celebrated Arbor Day:  Yes  No

Date of Celebration MM/DD/YYYY: \_\_\_\_\_

Brief Description:

15. Other than your community's Arbor Day Celebration, were there any other public/community events held to celebrate your urban tree canopy? If yes, please describe below.

## **Part IV: Continuing Education**

16. To what extent did the completed continuing education topics reflect the objectives in your management plan? Please use specific examples.



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## **Part V: Community Forest Management Plan (CFMP) Implementation**

17. Does your community have a tree inventory?  
What year was your tree inventory completed?

18. Determine and describe the extent to which your community achieved its top three CFMP goals for the year.

CFMP Goal #1:

*Comments -*

CFMP Goal #2:

*Comments -*

CFMP Goal #3:

*Comments -*

19. Identify and describe some specific barriers to completing these, or other, items in your community's CFMP. Was your community able to overcome these barriers? How?



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## Part VI: Comments

20. Please use the space below to detail comments, concerns, and or improvements for any part of the NJUCF Accreditation Program. If you have specific questions, please reach out to [community.forestry@dep.nj.gov](mailto:community.forestry@dep.nj.gov).

## Part VI: Signature and Submission

***Electronic Submissions & signatures preferred. Submit to [Rachael.Vannatta@dep.nj.gov](mailto:Rachael.Vannatta@dep.nj.gov)***

21. By signing and/or typing my name below, I hereby certify as the Shade Tree Representative, that the information in this report was shared with our Mayor and/or Governing Body and that the NJUCF Accreditation Status for my community is up to date and accurate.

Print Name

Signature

Title

Date