



## New Jersey Urban & Community Forestry 2023 Annual Accomplishment Report



*Instructions: Complete all fields of this form to the best of your ability and submit to New Jersey & Community Forestry (NJUCF) via email to **Rachael.Vannatta@dep.nj.gov**. Note: lines & boxes indicate fillable fields.*

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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: \_\_\_\_\_

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



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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 \_\_\_\_\_