



STATE OF NEW HAMPSHIRE
 Department of Natural and Cultural Resources
 Division of Parks and Recreation
 Bureau of Trails



End of Year Reporting Form

Reports are due by May 1st of every calendar year.

Report Date submission: ____/____/____ for calendar year: _____

Organization Name: _____

Description of work completed in calendar year listed above. Attach additional sheet if necessary.

- Please include DNCR property name and name of trail (could be the same)
- Please include any hired contractors with # of hours
- Please include materials costs
- Please include all funding sources (private, town, grants, etc.)

Project Problems or delays in calendar year listed above: Attach additional sheet if necessary.

Anticipated Projects for next calendar year: Attach additional sheet if necessary.

- Please include DNCR property name and name of trail (could be the same)
- Please include any anticipated funding sources

Total # of volunteer hours by volunteers working on state properties for year of this report: _____ hours

Please list any volunteer that received a chainsaw safety certificate in the calendar year this report is for. If additional lines are needed please attach a list of additional names who received their chainsaw safety certificate for the calendar year this report is for.

Please include a scanned copy of all volunteers' Chainsaw Safety Certificate for the calendar year this report is for.

Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name: _____	is certificate attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Report completed by (administrator):

Name: _____ Signature: _____

Received by DNCR-BOT _____	Date: ____/____/____	Approved? YES <input type="checkbox"/>	NO <input type="checkbox"/>
Revision requested by DNCR-BOT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	