



New Jersey Urban & Community Forestry 2024 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.*

Prior to submitting, please ensure that all sections are complete, and the last page of the AAR is signed (electronic signatures are accepted and encouraged). It is strongly recommended to use Adobe to fill out and sign the document.

This annual report is separate from the Arbor Day Foundation Tree City USA Application. If you wish to apply to Tree City USA in addition to NJUCF Accreditation, please visit their website: arborday.org/treecity. Please note that questions #6, #8, and #10 relate directly to the current Tree City USA Standards.

Part I: Community Information

1. Reporting on Year: _____ 2. Date of Report Submission: _____

3. Community Name: _____

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 (if applicable)

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.

Part VI: Signature and Submission

Electronic Submissions & signatures preferred. Submit to 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 _____