N.C. Forest Service Urban & Community Forestry
Financial Assistance Program

ACCOMPLISHMENT MEASURES REPORT

Contract Number: _____ **Date:** _____

Project Name: _____

Grantee Name: _____

Your Name: _____ **Title:** _____

Email: _____ **Phone:** _____

PLEASE CHECK THE ACCOMPLISHMENT MEASURES APPICABLE TO YOUR PROJECT AND ENTER THE TOTAL ACCOMPLISHMENT COUNT

Outreach

☐ Number of Outreach Events _____

☐ Number of Outreach Products _____

☐ Number of People Reached _____

Education & Training

☐ Number of Training Events _____

☐ Number of Training Products _____

☐ Number of People Trained _____

☐ Number of Hours of Training _____

☐ Number of CEU Hours of Training _____

Tree Inventories & Assessments

☐ Number of Trees Inventoried _____

☐ Number of Acres Analyzed _____

Tree Maintenance

☐ Number of Trees Pruned _____

☐ Number of Trees Removed _____

☐ Number of Trees Watered _____

Tree Planting

☐ Number of Trees Planted _____

Volunteer Participation

☐ Number of Trees Maintained by Volunteers _____

☐ Number of Trees Planted by Volunteers _____

☐ Number of Volunteer Engaged _____

☐ Number of Volunteer Hours _____