Survey of Coastal Management Program Partners and Stakeholders

The National Oceanic and Atmospheric Administration Office for ~~of Ocean and~~ Coastal ~~Resource~~ Management (OCRM) conducts periodic evaluations of state coastal management programs as required by the Coastal Zone Management Act. As part of the evaluation of the [name of state] coastal management program, the Office for Coastal Management~~OCRM~~ would like to obtain your perspective and opinion on the program's implementation and activities.

The evaluation will cover the time period of ~~from~~ [Month 20XX to Month 20XX].

Please note that the word "you" in the following questions refers to an organization or a person, as appropriate. If there are questions that do not apply to you, or questions you do not wish to answer, you may skip them.

Thank you for your participation in this survey.

1. How would you characterize the coastal management program's management of the state's coastal zone?
[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion. Also, Comment Box]

~~3~~2. What are the coastal management program's top one to three accomplishments?
[Three comment boxes]

~~5~~3. What are the ~~coastal program's~~ top one to three coastal management challenges/issues in the state ~~faced~~?
[Three comment boxes]

~~4~~9. What are the coastal management program's top one to three ~~Describe any priority~~ opportunities to make a bigger impact in the future? (Locally, regionally, and/or nationally) ~~for additional collaborations to improve coastal management in the state.~~
[Three ~~C~~comment box~~es~~]

~~2~~5. What are the coastal management program's top one to three strengths in implementing the state coastal management program?
[Three comment boxes]

~~4~~6. What are the coastal management program's top one to three biggest weaknesses in implementing the state coastal management program?
[Three comment boxes]

~~6. Describe your working relationship with the coastal management program.~~
~~[Comment box]~~

~~1~~7. What are the top one to three opportunities~~Do you have any recommendations~~ to improve effective implementation of the coastal management program?
[Three ~~C~~comment box~~es~~]

7. Describe any areas or ways in which your working relationship with the coastal program could be strengthened.
[Comment box]

8. Describe one to three major collaborations your organization had with the coastal management program to implement programs, initiatives, projects or activities.

Consider including:
a. goal of the collaboration
b. major activities undertaken
c. funding provided by the reserve and by your organization
d. technical assistance, research results, and/or monitoring data from the Reserve that your organization used and its value to the collaboration
e. short- and long-term impacts and the results of the collaboration
f. how the collaboration helped your organization achieve its mission and goals

Collaboration 1
[Comment box]
Collaboration 2
[Comment box]
Collaboration 3
        [Comment box]

810. How well does the federal consistency process work?
[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion.]

119. Discuss your rating of the federal consistency process in terms of what is working well and what is not working well.
[Comment box]

12. Identify any opportunities for improving the federal consistency process.
[Comment box]

1310. How effective is the permit process in balancing development and environmental protection?
[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion. Also, Comment Box]

1411. If you have applied for a permit, how would you rate the permit assistance provided by the program?
[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion. Also, Comment Box]

15. Identify any major changes in the permitting process that you are aware of and thir impact(s).
[Comment box]

16. Identify any opportunities for improving the permit process.

[Comment box]

~~18~~12. Is there anything else you would like to share?
[Comment box]

~~19~~13. Choose the category which best describes who you represent.
[Choice of radial buttons for Local Government, State Government, Federal Government, Business/Industry, Nonprofit/Nongovernmental Organization/Academia, and other. Comment box for Other (please specify)]

~~20. Provide your name.~~
~~*[Comment box]*~~

OMB Control # 0648-0661, expires March 31, 2016. ~~OCRM requires this information in order to adequately evaluate the ongoing approval and financial eligibility of CZMA coastal management programs~~. Public reporting burden for this collection of information is estimated to average 15~~30~~ minutes per completed survey~~response~~. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Carrie Hall,~~Kate Barba, Chief, National Policy and Evaluation Division, OCRM~~NOAA NOS/OCM/PPC, 1305 East-West Hwy., N/OCRM~~17~~, Silver Spring, Maryland 20910. A summary report of the survey results will be provided to the coastal management program and will be available to the public upon request. ~~This reporting is required under and is authorized under 16 U.S.C. 1458(a). Information submitted will be treated as public records; however, the identity of a respondent will be protected if the respondent's comments and responses are released.~~ Responses to this survey are voluntary. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection displays a currently valid Office of Management and Budget (OMB) Control Number.