

## Survey of Reserve Partners and Stakeholders

The National Oceanic and Atmospheric Administration Office ~~for of Ocean and Coastal Resource~~ Management (~~OCRM~~) conducts periodic evaluations of national estuarine research reserves as required by the Coastal Zone Management Act. As part of the evaluation of [name] Reserve, [the Office for Coastal Management](#) ~~OCRM~~ would like to obtain your perspective and opinion on the reserve's implementation of its programs 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 well do you think the reserve is doing in addressing the following four National Estuarine Research Reserve System priorities?

a. Providing opportunities for research and monitoring.

*[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion. Also, Comment Box]*

b. Enhancing public awareness and understanding of estuarine areas through public education and interpretation opportunities.

*[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion. Also, Comment Box]*

c. Providing coastal decision makers with knowledge and tools to address critical resource management issues through the Coastal Training Program.

*[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion. Also, Comment Box]*

d. Protecting and restoring the reserve's resources.

*[Choice of radial buttons for Excellent, Good, Adequate, Poor, Very Poor, and No Opinion. Also, Comment Box]*

32. What are the reserve's top one to three accomplishments?

*[Three comment boxes]*

53. What are the [reserve's](#) top one to three [coastal management](#) challenges/[issues in the region](#) faced?

*[Three comment boxes]*

~~94. What are the reserve's top one to three Describe any priority opportunities for additional collaboration to further the reserve's mission of research, education, and stewardship to make a bigger impact in the future? (Locally, regionally, state-wide, or nationally).~~

~~[Comment box]~~

~~52. What are the reserve's top one to three strengths in implementing its programs?~~

~~[Three comment boxes]~~

~~46. What are the reserve's top one to three biggest weaknesses in implementing its programs?~~

~~[Three comment boxes]~~

~~6. Describe your working relationship with the reserve.~~

~~[Comment box]~~

~~7. Describe any areas or ways in which your relationship with the reserve could be strengthened.~~

~~[Comment box]~~

~~8. Describe one to three major collaborations your organization had with the reserve 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~~

~~a. Collaboration 1~~

~~[Comment box]~~

~~b. Collaboration 2~~

~~[Comment box]~~

~~c. Collaboration 3~~

~~[Comment box]~~

~~107. What are the top one to three opportunities to Do you have any recommendations for changes the reserve could make to improve its effectiveness implementation of the reserve's programs?~~

~~[Comment box]~~

~~118. Is there anything else you would like to share?~~

~~[Comment box]~~

~~129. 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)]

~~13. Optional: 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 national estuarine research reserves.~~ Public reporting burden for this collection of information is estimated to average ~~30~~ 15 minutes per ~~response completed survey.~~ Send comments regarding this burden estimate ~~or any other aspect of this collection of information~~, including suggestions for reducing this burden, to ~~Kate Barba~~ Carrie Hall, NOAA NOS/OCM/PPC ~~Chief, National Policy and Evaluation Division, OCRM~~, 1305 East-West Hwy., N/OCRM ~~17~~, Silver Spring, Maryland 20910. A summary report of the survey results will be provided to the reserve and will be available to the public upon request. Your survey responses will not be linked to your name. Responses to this survey are voluntary. 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. 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 OMB Control Number.