

National Estuaries Restoration Project Entry Form Fields

OMB Control No. 0648-0479
Expiration Date: 08/31/2016

Please answer the following questions for your restoration project. For assistance on any of the fields, please see the project entry form instructions.
(*required field)

GENERAL INFORMATION

1. What is the name of this project? *

Note: Name should be a short, descriptive title that includes the specific location of the project and type of restoration being implemented.

2. What type of project is this? *

- Funded under the Estuary Restoration Act (ERA)
- Compensatory (required by state or federal law)
- All other restoration projects.

3. Provide a topic sentence(s) summarizing this project. *

4. Does this project include monitoring to gauge the success of restoration efforts? *

- Yes
- No

5. Does this project's monitoring plan meet ERA Council Monitoring Standards? *

- Yes
- No

6. If monitoring data or monitoring reports are available on the web, please provide a URL (web address).

7. What is the status of this project? * (Select One):

- Planning Stage
- Implementation Stage
- Implementation Complete
- Project Terminated

8. Provide the dates for each stage of this project as it occurs. *

Note: For projects in the planning stage, provide estimated implementation stage start date.

Actual implementation start date: _____(MM/YYYY)
Implementation completion date: _____(MM/YYYY)

*****Questions for ERA-funded projects only: *****

9. What is the size of the area which was/will be directly manipulated in acres?

_____ (Acres)

10. What is the overall size of the area being monitored?

_____ (Acres)

11. How were the measurements in questions 9 & 10 obtained (e.g. aerial photography, GIS, land surveys, etc)?

12. Provide the name of project's non-federal sponsor.

13. Provide the name of the lead federal agency. Select One:

- U.S. Army Corps of Engineers (USACE)
- National Oceanic and Atmospheric Administration (NOAA)
- U.S. Department of Agriculture (USDA)
- U.S. Environmental Protection Agency (EPA)
- U.S. Fish and Wildlife Service (FWS)
- Department of Transportation (DOT)

14. Provide the date of the ERA funding agreement.

_____ (MM/YYYY)

15. Has this project qualified as an innovative technology project as defined by the Council's Strategy?

- Yes
- No

If yes, please briefly describe the innovative technology.

16. Provide the ERA project number. _____

Address 1:

Address 2: _____

City: _____ State/Territory/Province: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Agency/organization/project Web site address: _____

GEOGRAPHIC LOCATION

1. Where is this project located?

State/Territory/Province: * _____

County/Parish: * _____

City: * _____

Tribe: _____

Region* (see map in Help page): _____

Zip Code (+4 if known): _____

USGS 8-digit HUC: _____

Latitude/Longitude (center of project site in decimal degrees to a minimum of four decimal points):

X coordinate* (longitude) _____

Y coordinate* (latitude) _____

USGS Topographic Quadrangle: _____

Congressional District: * _____

2. What method was used to obtain the latitude and longitude for the project site (e.g. GPS, Topographic map, website)? If known, please also provide the datum.

3a. Is there a GIS data layer (polygon) showing the boundaries of the area (to be) restored?

Yes No

3b. If yes and GIS contact is not listed as the primary project contact, please provide:

Contact first name _____ Contact last name _____

Contact phone number _____ Contact e-mail _____

BENEFITS

Please provide information on this project's expected and realized species, habitat, ecosystem, and socio-economic benefits.

1. Project Benefits* (see Instructions)	2. Description of benefit	3. If implemented, has this benefit been achieved?	4. Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet known	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet known	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet known	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet known	

HABITAT TYPES AND ACREAGE RESTORED

Please provide information on the habitat types which have been restored and/or will be restored by this project. Since a given project may restore multiple habitat types, please provide information for each habitat type restored.

Habitat types and acreage restored:

1. Habitat Type Restored* <small>(see Instructions) 1</small>	2. Tidal influence of habitat type:	3. Specifically describe this habitat type <small>(e.g. comments on tidal influence, photic/aphotic, location in estuary, etc.)</small>	4. Estimated acreage to be restored: *	For acres already restored, indicate how many acres were:				
				5. Restored*			6. Benefited <small>(not counted toward million acre goal)</small>	
				Created	Re-established	Rehabilitated	Enhanced 2	Protected 2
	<input type="checkbox"/> inundated <input type="checkbox"/> intertidal <input type="checkbox"/> not applicable							
	<input type="checkbox"/> inundated <input type="checkbox"/> intertidal <input type="checkbox"/> not applicable							
	<input type="checkbox"/> inundated <input type="checkbox"/> intertidal <input type="checkbox"/> not applicable							
	<input type="checkbox"/> inundated <input type="checkbox"/> intertidal <input type="checkbox"/> not applicable							

NOTES:

1 For projects providing fish passage, please provide acreage information for habitat actually restored (e.g. via stream channel, restructuring, placement of woody debris, best management practices, etc.), AND for entire stream area opened to fish migration (this information can be provided at the end of this section).

2 Acres reported in the "Enhanced" and "Protected" categories should not duplicate acres reported in the "Restored" category. If the same project acreage has been enhanced or protected as well as restored, report those acres only in the "Restored" category.

7. What method (e.g. aerial photography, GIS, land surveys) was used to determine the number of acres reported above as created, re-established, rehabilitated, enhanced and/or protected?

*****In-Stream (fish passage) projects only*****

8. If this project provided fish passage, how many stream miles were opened to anadromous fish?

_____ (Miles)

9. For the stream miles reported in #8 above, please provide an estimate of the acres (based on surface area) made accessible to anadromous fish.

_____ (Acres)

RESTORATION TECHNIQUES

Please list the restoration techniques used in this project.

1. Restoration technique(s)* (see Instructions)	2. Description of Technique (e.g. materials used, plant spacing)	3. Success of this technique	4. Comments on success
		<input type="checkbox"/> Very successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not successful <input type="checkbox"/> Not yet known	
		<input type="checkbox"/> Very successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not successful <input type="checkbox"/> Not yet known	
		<input type="checkbox"/> Very successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not successful <input type="checkbox"/> Not yet known	
		<input type="checkbox"/> Very successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not successful <input type="checkbox"/> Not yet known	

MONITORING AND SUCCESS CRITERIA

Please list the parameters and success criteria that were used in monitoring this restoration project.

1. Monitoring Parameter* (see Instructions)	2. Description (e.g. methods, frequency, etc.)	3. Monitoring start date (MM/YYYY)	4. Monitoring end date (MM/YYYY)	5. Quantitative Success Criteria (e.g. water depth > x for x hours/day)	6. Have the success criteria been met?	7. Comments on success criteria
					<input type="checkbox"/> Not yet known <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	
					<input type="checkbox"/> Not yet known <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	
					<input type="checkbox"/> Not yet known <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	
					<input type="checkbox"/> Not yet known <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	

NOTE: Submit monitoring results and reports to the NOAA Estuary Habitat Restoration Program manager. Results should include the project objectives, how the project area changed after restoration, and a prediction of the ability of the project to continue its success trend. If the project was not successful in meeting its objectives, please describe what will be done to improve the success of the project.

REGIONAL RESTORATION PLANS

If this project is being carried out in support of an existing regional restoration plan, please provide the following plan information:

1. Plan Name	2. Lead Organizations	3. Type of Plan (select one)	4. Date (MM/YYYY)	5. Plan URL
		<ul style="list-style-type: none"> <input type="checkbox"/> Business/industry <input type="checkbox"/> Federal <input type="checkbox"/> Local government <input type="checkbox"/> Multistate/regional <input type="checkbox"/> Nonprofit <input type="checkbox"/> State/territory/ province <input type="checkbox"/> Other 		
		<ul style="list-style-type: none"> <input type="checkbox"/> Business/industry <input type="checkbox"/> Federal <input type="checkbox"/> Local government <input type="checkbox"/> Multistate/regional <input type="checkbox"/> Nonprofit <input type="checkbox"/> State/territory/ province <input type="checkbox"/> Other 		

PARTNER INFORMATION

Add the following information for project partners:

1. Project Partner*	2. Type of Partner * (select one)	3. Partner web site	4. Additional information for partner
	<ul style="list-style-type: none"> <input type="checkbox"/> Federal <input type="checkbox"/> State/Territory/Province <input type="checkbox"/> Local Government <input type="checkbox"/> Tribal <input type="checkbox"/> Non-profit <input type="checkbox"/> Academic <input type="checkbox"/> Business/Industry <input type="checkbox"/> Private Citizen 		
	<ul style="list-style-type: none"> <input type="checkbox"/> Federal <input type="checkbox"/> State/Territory/Province <input type="checkbox"/> Local Government <input type="checkbox"/> Tribal <input type="checkbox"/> Non-profit <input type="checkbox"/> Academic <input type="checkbox"/> Business/Industry <input type="checkbox"/> Private Citizen 		
	<ul style="list-style-type: none"> <input type="checkbox"/> Federal <input type="checkbox"/> State/Territory/Province <input type="checkbox"/> Local Government <input type="checkbox"/> Tribal <input type="checkbox"/> Non-profit <input type="checkbox"/> Academic <input type="checkbox"/> Business/Industry <input type="checkbox"/> Private Citizen 		
	<ul style="list-style-type: none"> <input type="checkbox"/> Federal <input type="checkbox"/> State/Territory/Province <input type="checkbox"/> Local Government <input type="checkbox"/> Tribal <input type="checkbox"/> Non-profit <input type="checkbox"/> Academic <input type="checkbox"/> Business/Industry <input type="checkbox"/> Private Citizen 		

BUDGET INFORMATION

1. Provide the original proposed project cost estimate.

2. Of the total cost estimate, how much will go toward project monitoring?

3. List amount(s) for all applicable funding sources according to Project Phase (Planning, Construction, or Monitoring):

Project Phase	Federal			Non-Federal		
Planning	Cash	In-Kind	Lands, etc.	Cash	In-Kind	Lands, etc.
Construction	Cash	In-Kind	Lands, etc.	Cash	In-Kind	Lands, etc.
Monitoring	Cash	In-Kind	Lands, etc.	Cash	In-Kind	Lands, etc.

4. If desired, provide additional information on the project budget below (e.g., operations and maintenance costs, specifics on in-kind contributions, etc.):

*****Question for ERA-funded projects only: *****

5. If project implementation is complete, provide the total actual cost (planning and implementation only) for this project.

PHOTOS and VIDEOS

You may submit up to 5 pictures of your National Estuary Restoration project and 5 videos. These photos will be used in on-line project profiles that will appear on the web once your project has been approved. For each photo, please provide the following information:

1. Photo File Name	2. Date of Photo (MM/YYYY)	3. Photo Credit	4. Photo Caption	5. Child in Photo (Y/N)

NOTICE

Responses to this collection are required of grant recipients to support the Estuary Restoration Act. Collection of estuary habitat restoration project information will be undertaken in order to populate a restoration project database mandated by the Estuary Restoration Act of 2000. The database is intended to provide information to improve restoration methods, provide the basis for required reports to Congress, and track estuary habitat acreage restored. Estuary habitat restoration project information will be submitted by habitat restoration project managers through submission of project information to the NOAA Estuary Habitat Restoration Program manager. Project summaries will be accessible to the public via internet for projects funded by the Estuary Habitat Restoration Program.

Responses to this information collection are required to retain funding provided by the Estuary Restoration Act (ERA) and optional for projects that are not funded through the ERA but meet project requirements set forth in the Minimum Monitoring Data Standards. Confidentiality will not be maintained - the information will be available to the public. Public reporting burden for this collection of information is estimated to average four hours for new responses and two hours to update existing responses in the database, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the NOAA Fisheries Office of Habitat Conservation, Restoration Division, F/HC3, 1315 East West Highway, Silver Spring, MD 20910.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

The information collected will be reviewed for compliance with the NOAA Section 515 Guidelines established in response to the Treasury and General Government Appropriations Act, and certified before dissemination.