The NOAA Office for Coastal Management conducts periodic evaluations of state coastal management programs as required by the Coastal Zone Management Act.

As part of the evaluation of the [State/Territory] Coastal Management Program, the Office for Coastal Management would like to obtain your perspective and opinion on the program's implementation and activities. The evaluation will cover the time period of [Month Year] to [Month Year]. Please note that the word “you” in the following questions refers to an organization or a person, as appropriate.

Regarding privacy, your responses will not be linked to your name. A summary report that includes combined survey responses will be made available to the program and will be made available to the public upon a Freedom of Information Act request.

If there are questions that do not apply to you, or questions you do not wish to answer, please 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?

Excellent Good Adequate Poor Very Poor No Opinion



Comments

1. What are the coastal management program’s top one to three accomplishments?

1.

2.

3.

1. What are the coastal management program’s top one to three challenges? (external obstacles and/or issues)

1.

2.

3.

1. What are the coastal management program’s top one to three strengths in implementing the state coastal management program?

1.

2.

3.

1. What are the coastal management program’s top one to three weaknesses in implementing the state coastal management program? (internal obstacles and/or issues)

1.

2.

3.

1. How effective is the permit process in balancing development and environmental protection?

Excellent Good Adequate Poor Very Poor No Opinion



Comments

1. If you have applied for a permit, how would you rate the permit assistance provided by the program?

Excellent Good Adequate Poor Very Poor No Opinion



Comments

1. How well does the federal consistency process work?

Excellent Good Adequate Poor Very Poor No Opinion



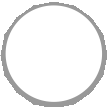
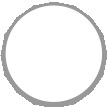
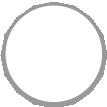
1. Discuss your rating of the federal consistency process in terms of what is working well and what is not working well.
2. What are the coastal management program’s top one to three opportunities to make a bigger impact in the future? (Locally, regionally, and/or nationally)

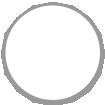
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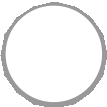
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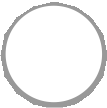
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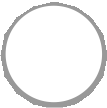
1. Is there anything else you would like to share?
2. Choose the category that best describes who you represent.

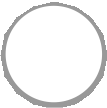
 Local Government  State Government  Federal Government

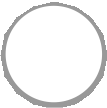
 Tribal Authority

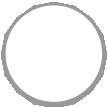
 Business/Industry

 Nonprofit/Nongovernmental Organization

 Community Group

 Academia

 Non-Affiliated/Independent

 Other

OMB Control Number 0648-0661. Expires: DD/MM/YYYY. Public reporting burden for this collection of information is estimated to average 15 minutes per completed survey. Send comments regarding this burden estimate, including any suggestions for reducing this burden, to Michael Migliori, NOAA NOS/OCM/PPC, 1305 East-West Hwy., N/OCM1, 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. Your survey responses will not be linked to your name. 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