OMB Control Number 0648-0448 Expiration Date: XX/XX/20XX

APPLICATION TEMPLATE FOR CORAL REEF STEWARDSHIP PARTNERSHIP Application Date: Submitted by: Application: I. Covered State or Federally Managed Area where proposed coral reef stewardship partnership will operate (required): II. Ecologically significant reef unit(s) of focus (required): Provide drop down menu III. Name of proposed partnership (required): IV. Federal Chair/Co-Chair (required, if applicable): V. State or County resource management agency Chair/Co-Chair (required, if applicable) VI. Covered Native Entity Chair/Co-Chair (required, if applicable) VII. Member Coral Reef Research Center(s) (required) Provide drop down menu VIII. Member Non-governmental Organization(s) (required) IX. Additional member(s) (required, if applicable) Χ. Partnership Description - brief description of the approach for this stewardship partnership including: how the partnership plans to operate and general coral reef conservation priority issues and areas. (required) XI. Existing coral reef action plan(s) that the partnership will be implementing (optional) XII. National Coral Resilience Strategy objectives addressed (optional)

Provide drop down menu

XIII. Potential financing mechanisms - list potential sources if funding to implement the priority objectives and actions of this stewardship partnership (optional)

Public Burden Statement

The public reporting burden for this information collection is estimated at 1 hour per response. This burden estimate includes time for reading the instructions, reviewing the questions, and completing the survey instrument. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: craig.a.reid@noaa.gov. You are not required to respond to this collection of information unless a valid OMB control number is displayed.